

Blackpool Council

4 December 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, 10 December 2015 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

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

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

2 MINUTES OF THE PREVIOUS MEETINGS HELD ON 5 NOVEMBER 2015 AND 12 NOVEMBER 2015

(Pages 1 - 14)

To agree the minutes of the previous meetings held on 5 November 2015 and 12 November 2015 as a true and correct record.

3 APPOINTMENT OF CO-OPTEE

(Pages 15 - 18)

The Committee to consider the appointment of Ms Frances McErlane as a parent governor co-opted member to the Committee.

4 PUBLIC SPEAKING

(Pages 19 - 22)

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

5 FORWARD PLAN (Pages 23 - 30)

The Committee to consider the content of the Council's Forward Plan, December 2015 – March 2016, relating to the portfolios of the Cabinet Secretary.

6 THEMATIC DISCUSSION: MENTAL HEALTH (Pages 31 - 48)

To inform the Scrutiny Committee of local Mental Health Services and activity undertaken within the area to allow a thematic discussion to take place on the topic.

7 BLACKPOOL CLINICAL COMMISSIONING GROUP UPDATE REPORT (Pages 49 - 52)

To consider the presentation on current savings plans aimed at improving Quality, Innovation, Productivity and Prevention (QIPP) and current performance data.

8 ADULT SERVICES OVERVIEW REPORT (Pages 53 - 66)

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

9 CHILDREN'S SERVICES IMPROVEMENT REPORT (Pages 67 - 86)

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

10 WORKPLAN (Pages 87 - 102)

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

11 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Thursday, 4 February 2016 commencing at 6pm in Committee Room A.

Venue information:

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

Other information:

For queries regarding this agenda please contact Sharon Davis, Scrutiny Manager, Tel: 01253 477213, e-mail sharon.davis@blackpool.gov.uk

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Public Document Pack Agenda Item 2

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 5
NOVEMBER 2015

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	Hutton	Scott
Humphreys	O'Hara	Stansfield

Mr Fred Kershaw, Co-opted Member

In Attendance:

Mrs Carmel McKeogh, Deputy Chief Executive
Mrs Delyth Curtis, Director of People
Mr Carl Baker, Deputy Director of People (Children's Services)
Ms Karen Smith, Deputy Director of People (Adult Services)
Ms Amanda Hatton, Deputy Director Early Help and Social Care
Ms Val Raynor, Head of Commissioning
Mr Tim Bennett, Director of Finance, Blackpool Teaching Hospitals Trust
Mr David Sanders, Independent Chairman of Blackpool Safeguarding Children's Board
Mrs Claire Powell, Healthwatch
Mrs Lorraine Hurst, Head of Democratic Governance
Mrs Sharon Davis, Scrutiny Manager

Councillor Graham Cain, Cabinet Secretary for Resilient Communities
Councillor Eddie Collett, Cabinet Member for Health Inequalities and Adult Safeguarding
Councillor Maria Kirkland, Cabinet Member for Third Sector Engagement and Development

1 DECLARATIONS OF INTEREST

Councillor Kath Benson declared a and prejudicial interest in Item 9 'Blackpool Teaching Hospitals Trust – Financial Deficit and Impact Upon Quality of Care', the nature of the interest that she was an employee of Blackpool Teaching Hospitals Trust.

2 MINUTES OF THE LAST MEETING HELD ON 17 SEPTEMBER 2015

The minutes of the meeting held on 17 September 2015 were signed by the Chairman as a true and correct record.

3 PUBLIC SPEAKING

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

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 5 NOVEMBER 2015

4 EXECUTIVE AND CABINET MEMBER DECISIONS

The Committee considered the Executive and Cabinet Member decisions taken within the portfolio of the Cabinet Secretary since the last meeting. It was noted that only one decision had been taken in this period, PH52/2015 'Blackpool Challenge Board'. The decision had agreed the terms of reference of the Challenge Board and the Committee noted that detail of the progress of the Challenge Board was included within Item 6 'Children's Services Improvement Report'.

5 FORWARD PLAN

The Committee considered the items contained within the Forward Plan, November 2015 – February 2016, relating to the portfolio of the Cabinet Secretary, and requested further information regarding the proposed implementation of a Milk Fluoridation Scheme in primary schools in Blackpool.

Councillor Collett, Cabinet Member for Health Inequalities and Adult Safeguarding advised that a decision regarding a Milk Fluoridation Scheme had initially been planned approximately two years ago, however, Public Health England had issued guidance prompting further research, which had delayed the decision. He added that there was no fluoride in the water in Blackpool and that parents would be able to opt children out of the scheme.

The Committee queried the cost implications of the scheme and was advised that they were not yet known and would be fully investigated prior to any decision being taken.

6 CHILDREN'S SERVICES IMPROVEMENT REPORT

Mrs Del Curtis, Director of People presented the Children's Services Improvement Report to the Committee and advised that no Ofsted inspections of schools had taken place since the previous meeting. She added that the current number of children in care was 438 and that there had been an increase in the number of complex cases. The Committee also noted the Corporate Parent Conference scheduled to take place on 9 December 2015.

The Committee queried when the Improvement Plan, to which Blackpool Challenge Board was working, would be completed. Mr Baker, Deputy Director of People advised that a draft was available on the Council's website and a finalised plan would be approved by the Board on 1 December 2015. Members further queried whether all schools would be signed up to the Blackpool Challenge 'pledge' within a reasonable timescale. Mr Baker highlighted the complexities surrounding all schools agreeing to the same targets and advised that each school would also work to a set of bespoke targets included within the 'pledge'.

Members discussed the difficulty for some children of the transition between primary and secondary schools for some children and noted the ongoing work around this issue.

The Committee sought assurance that measures had been put in place following the

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safeguarding concerns that had triggered the Ofsted inspection of Highfield Humanities College. Mrs Curtis advised that work had been undertaken with the school to ensure the safeguarding issues were addressed. Further assurance was sought regarding the sponsor chosen by Highfield, Tauheedul Education Trust (TET), following recent negative media reports. The Committee was informed that TET had an excellent track record working with schools in deprived areas, with schools sponsored by TET amongst the highest performing in the country. Additionally, the Department for Education had formally communicated that Highfield would remain a community school.

Members discussed child protection audit activity and the high number of children currently in care. It was reported that audits had demonstrated that children had been appropriately taken into care and that many had very complex needs.

The CP-IS Project was discussed and it was reported that the project would allow data to be shared between the NHS and Children's Services, which included the Awaken Team, in relation to children who attended emergency settings who were either in care or subject to child protection plans. The Committee considered that this project should also include the walk-in centre, but was informed that there were no current plans to do so.

The Committee was advised that all children displaced by the closure of the two Council owned nurseries had found a new setting and that two requests for financial support for transport had been approved. Members queried when the projects to be provided by Better Start in the nurseries would commence and it was noted that some services had already started.

Members discussed the work of the Youth Offending Team and noted that a key priority was to wrap services around the young person and provide a single point of access. In response to questioning, Ms Hatton, Deputy Director Early Help and Social Care advised that the re-offending rate had reduced and that the level of contact with a young person was dependent on the level of need. She added that provision included targeting young people on the edge of risky behaviour and completion of Personal Education Plans. The Committee considered that children and young people who were not in education, training or work could be more prone to reoffending.

The Committee expressed concern that the number of calls to the Emergency Duty Team had risen by 100% and was advised that further work was required to identify the reason for the increase and any trends that there may be.

The Committee agreed:

1. To receive additional information at the next meeting of the Committee on the Transition Pilot Scheme based at South Shore Academy.
2. That an update on the progress of the Blackpool Challenge Board Sub Groups be included in the report to the next Committee meeting.
3. To receive additional information regarding results of the audit of children placed on a Child Protection Plan for a second time at the next meeting.
4. That the percentage of transience of children in care be circulated outside of the

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meeting.

5. To receive a case study at the next meeting highlighting the complexity of issues surrounding children in care.
6. To receive an overview of the work of Better Start, including priorities and targets, within the next Children's Services Improvement report.
7. That updates regarding the Emergency Duty Team continue to be included within the improvement report to allow the Committee to actively monitor concerns surrounding the 100% increase in calls.

7 BLACKPOOL CHILDREN'S SAFEGUARDING BOARD ANNUAL REPORT

Mr David Sanders, Independent Chairman of Blackpool Children's Safeguarding Board presented the Annual Report to the Committee and highlighted the priorities and progress against the priorities of the Board for 2014/2015. He advised that he had not been in post for the duration of the 2014/2015 year and considered that the priorities were not as strong as required.

Mr Sanders advised the Committee that the Improvement Notice issued by Ofsted had been lifted and added that a key focus of the Board was to improve data collection. It was considered that in order to provide assurance, the Board needed to understand trends and make comparisons nationally. Mr Sanders reported that additional key priorities for the Board in 2015/2016 included Thresholds, Getting It Right, the Multi Agency Safeguarding Hub, neglect and Early Help and that there would be a continued emphasis on Child Sexual Exploitation. He added that ensuring the voice of the child was heard was also a high priority and that a working group had been established to further this work.

Members queried the number of staff who had attended the safeguarding training offer and Mr Sanders agreed that the numbers had not been high. He advised that a full time trainer had been appointed to significantly increase the number of people attending. He added that Child Sexual Exploitation training had not been included in the figures.

The Committee discussed the excellent uptake of Child Sexual Exploitation training, in particular amongst taxi drivers, and Mr Sanders advised that work with the licensing trade including taxi drivers and the hotel industry was included within the Board's business plan for 2015/2016.

In response to a question, Mr Sanders advised that he considered the relationship between the Resilient Communities Scrutiny Committee and the Blackpool Children's Safeguarding Board to be very important and suggested that, in addition to continuing to present the annual report to Committee, the Committee was also consulted in the production of the Business Plan in February 2016.

The Committee agreed to receive a report in February 2016 to allow scrutiny of the Business Plan of the Blackpool Children's Safeguarding Board.

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8 PROMOTING THE USE OF VOLUNTEERS

Councillor Maria Kirkland, Cabinet Member for Third Sector Engagement and Development advised the Committee that she aimed to increase the number of volunteers in order to build a more sustainable community. She added that there were various projects ongoing and that it was a key aim to benefit the volunteer by assisting with development in order to help the volunteer re-enter employment.

The Committee considered that the approach to volunteers differed substantially across different services and noted that this was often related to what role the volunteer was undertaking. It was reported that whilst some roles offered through Adult Social Care required DBS checks, others such as Friends of Parks associations required very little to participate.

Members raised concerns that there was no central database for details of all volunteers and Councillor Kirkland agreed that improved coordination was required and would be taken as an action going forward. It was also noted that 'recruitment processes' varied substantially across different services and that a policy would be developed to provide a more consistent approach, whilst still allowing for the flexibility that different services required.

In response to a question, Councillor Kirkland advised that consideration was also being given to celebration events for volunteers and reported that the Volunteers Centre and Adult Social Care already held events for volunteers.

The Committee agreed to receive a report in 12 months in order to monitor the developments that had been made, in particular relation to a central database for volunteers, a policy for recruitment and a potential corporate celebration event.

**9 BLACKPOOL TEACHING HOSPITALS TRUST - FINANCIAL DEFICIT AND IMPACT UPON
QUALITY OF CARE**

Councillor Kath Benson, who had declared a prejudicial interest in the item, left the room for the duration of its consideration. Councillor Andrew Stansfield was in the Chair.

Mr Tim Bennett, Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust advised that the Trust had a significant financial challenge that was not unique with 78 out of 83 foundation trusts' facing a financial deficit. He highlighted the key reasons for the deficit as the use of agency staff, the cost of pay awards and the increasing costs of clinical negligence.

Members queried the action the Trust would take in order to reduce the use of agency staff and increase recruitment and retention of NHS staff. Mr Bennett advised that agencies could charge a premium as demand for services exceeded supply of staff. To alleviate this pressure, a national policy had been put in place that would commence in 2016 and would limit the amount agency staff could be paid to 25% more than an NHS wage. That, in

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addition to the benefits of working for the NHS such as sick pay, annual leave and a pension, would hopefully have a positive impact on the retention of staff. Mr Bennett added that the Trust was also being innovative in its approach to recruitment and retention by seeking employees from outside of the UK and considering how to promote a better work life balance for current employees.

In response to further questions, Mr Bennett advised that the key reasons for employees' leaving the Trust had been identified as retirement and a desire to work more flexibly. He added that the NHS needed to be able to respond to agencies who could offer staff a working pattern that they could control.

Mr Bennett advised that the Trust was also aiming to reduce the length of stay in hospital and that Blackpool Teaching Hospitals Trust recorded a length of stay up to one and a half days longer than other trusts. He added that the Trust was hoping to achieve a reduction in length of stay through streamlining processes and ensuring patients were given an expected date of discharge upon admission, as that was proven to reduce length of stay.

In response to further questioning, Mr Bennett advised that the significant increase in the cost of clinical negligence was not due to an increase in claims, but a national policy to discontinue the 'no claims discount' previously awarded to Trusts with lower claims for negligence.

The Committee queried if the Trust had produced a plan for financial recovery that would allow Members to understand the key targets of the Trust and how it was meeting those targets. Mr Bennett agreed that he would present the recovery plan to a future Committee meeting in addition to the strategy that had also been developed.

The Committee agreed to add consideration of the financial recovery plan and strategy to the Workplan.

10 ADULT SERVICES OVERVIEW REPORT

Ms Karen Smith, Director of Adult Services presented the Adult Services Overview Report and highlighted that Deprivation of Liberty Applications would be a consistent feature of reporting due to the statutory requirement to hold reviews within timescales.

It was noted that, at the previous meeting, the Committee had requested additional information regarding how feedback of services was sought. Members considered the additional information and noted that other organisations' published a selection of feedback on their website to inform the public of views of services and requested that something similar be considered for Adults Services.

The Committee discussed the safeguarding alert data from the previous quarter and noted that from the next quarter new categories of Modern Slavery and Adult Sexual Exploitation had been introduced. Ms Smith advised that it was likely that incidents in these two new categories would be recorded.

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In response to a question, Councillor Collett advised that his current concerns in relation to safeguarding adults included 'care at home' incidents. The Committee requested that additional focus be placed on safeguarding for adults cared for at home within the next report to Committee, including detail of trends and key issues. The Committee raised additional concerns relating to persons with dementia and other challenging conditions being cared for at home and the need to ensure carers were provided with the support required.

The Committee agreed:

1. To request that publishing a selection of feedback on the website be considered.
2. To receive the 'Pink Book', the Adult Services' Quarter 2 Performance Information when it was finalised.
3. That further information regarding the uptake of personal health budgets be included in the next report to Committee.
4. To receive additional information relating to safeguarding concerns of adults cared for at home including identification of any trends and the support offered to carers.

11 THEMATIC DISCUSSION: DEMENTIA CARE

The Committee considered the thematic discussion paper on dementia care and requested further information regarding the work to deliver Dementia Friends sessions to the local community. Ms Val Raynor, Head of Commissioning advised that work was ongoing with bus drivers, taxi drivers and pharmacists, amongst other businesses, to recruit local people to become dementia 'friends'.

Members discussed the training on offer to nursing home staff, care at home staff, Councillors and other Council employees and it was reported that training would be ongoing due to staff turnover. It was noted that the training offer was well respected and had been requested by partners including Lancashire Fire and Rescue Service. Councillor Cain expressed concern that a recent training session for Members had been cancelled due to lack of interest and the Committee considered that it was essential that Members received training on dementia.

In response to questioning Ms Raynor advised that services were flexible and could adapt when younger people were diagnosed with dementia and described a case study to demonstrate when and how services could adapt. It was noted that there was still a gap in service provision for younger people with dementia and that the issue was being addressed through the Dementia Services Forum.

The Committee discussed the importance of early diagnosis and the ability of people to interpret the symptoms correctly in order to slow the progression of the disease through early use of medication.

The Committee recommended that all Councillors be requested to attend dementia awareness training.

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12 SCRUTINY WORKPLAN

Mrs Sharon Davis, Scrutiny Manager presented the Scrutiny Workplan report to the Committee and highlighted the Monitoring the Implementation of Recommendations table, which would be appended to every Scrutiny Workplan report going forward.

The Committee agreed:

1. To approve the Scrutiny Workplan subject to the inclusion of the additional reports requested previously in the meeting.
2. To note the Monitoring the Implementation of Recommendations table and the briefing note on the Uptake of Immunisations.

13 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as Thursday, 12 November 2015 commencing at 6pm in the Council Chamber.

Chairman

(The meeting ended at 8.45 pm)

Any queries regarding these minutes, please contact:

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Public Document Pack

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 12 NOVEMBER 2015

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	O'Hara	Scott	L Taylor
Humphreys	Ryan	Stansfield	

In Attendance:

Ms Sue Moore, Chief Operating Officer, Lancashire Care Foundation Trust
Ms Lisa Moorhouse, Network Director, Lancashire Care Foundation Trust
Mr Steve Winterson, Engagement Director, Lancashire Care Foundation Trust
Ms Debbie Nixon, Chief Operating Officer, Blackburn with Darwen CCG
Mr Paul Hopley, Deputy Senior Responsible Officer, Blackburn with Darwen CCG

Ms Karen Smith, Deputy Director of People (Adult Services)
Councillor Eddie Collett, Cabinet Member for Health Inequalities and Adult Safeguarding
Mrs Sharon Davis, Scrutiny Manager

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 LANCASHIRE CARE FOUNDATION TRUST: THE HARBOUR

Ms Sue Moore, Chief Operating Officer, Lancashire Care Foundation Trust (LCFT) reported that currently nine wards at The Harbour were open and additionally one ward was open but remained closed to new admissions. She added that there were four staff vacancies and that there had been difficulties recruiting and retaining staff, which had been compounded by the move to a three shift pattern from a two shift pattern. Ms Moore advised that the three shift pattern provided a benefit to patients as it ensured staff worked over a five day period rather than a three day period providing greater consistency, however, many staff preferred to work over three days.

Ms Lisa Moorhouse, Network Director (LCFT) advised that currently nine patients from Blackpool resided in adult wards at The Harbour, 14 from Blackpool resided in older adult wards and none resided in the Psychiatric Intensive Care Unit (PICU) at The Harbour. She added that 24 patients from Blackpool resided in other facilities outside of Blackpool.

It was reported that the Care Quality Commission (CQC) Inspection report covering all services provided by the Trust had recently been published and Ms Moorhouse highlighted some of the references to The Harbour within the report and reported the overall judgement to be 'Requires Improvement.'

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The Committee highlighted the CQC report which commented that not all new staff had received an induction at the time of the inspection and queried why that had been the case. Ms Moorhouse advised that although many of the staff were new to The Harbour they were not new to the Trust and had previously received a Trust induction. She added that since the inspection in April, procedures had been changed and all new staff to the site received an induction to The Harbour on their first day.

Members also noted that the CQC Inspection report had commented on the support provided for staff and sought assurance that appropriate levels of support and appraisals were in place. Ms Moore advised that all appraisals were undertaken, however, there had been a delay in uploading the appraisals to the new online system, which is what the CQC had considered as part of the inspection. Ms Moore acknowledged that support had not been as good as it could have been and added that the new three shift pattern had ensured greater support.

The CQC inspection report had also raised concerns, which the Committee noted regarding the consistency of approach to smoking and the Committee was advised by Ms Moorhouse that staff had been trained in smoking interventions and the importance of implementing a consistent approach across the site had been highlighted to staff.

The Committee raised concerns regarding the incomplete ligature risk assessments as highlighted in the CQC inspection report and was advised by Ms Moorhouse that the assessments had been completed at the time of inspection and that there had been a lack of communication between two Care Quality Commission departments. Members did not accept the explanation and requested that evidence be provided to the Committee that the risk assessments had been undertaken. The Trust agreed to circulate the completed risk assessment reports to the Committee.

The Committee queried how improvement made against concerns raised in the CQC inspection report would be monitored. Mr Paul Hopley, Blackburn with Darwen CCG advised that all commissioners and stakeholders had received feedback from the inspection and the Commission was working with the Trust on an action plan to address the issues raised. The action plan would be monitored by NHS England, Blackburn with Darwen CCG, as lead commissioners, and Lancashire Care Foundation Trust. He added that a quality board would also be formed to consider actions and highlight good practice.

The Committee noted that the total number of patients from Blackpool currently placed in inpatient facilities was 47 and queried whether the level of provision had increased or decreased since the closure of Parkwood and Lytham and opening of The Harbour. Members were advised that the same model of care was in place and there had been no change to the level of provision.

Members noted previous involvement in a Joint Health Scrutiny Committee set up to consider the development of The Harbour and the strategy for inpatient mental health services. The Committee advised that through the Joint Committee, Blackburn with Darwen

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CCG had provided assurance that the quantity of beds would be sufficient and that the number of beds required would reduce in the future. The Committee was strongly of the view that that had been proved not to be the case.

Mrs Debbie Nixon advised that the model used to determine the number of beds required had been based on an expected reduction in the need for beds. A deliberate decision had been taken to phase the building of the two additional new units and assurance was given that a unit would not be closed unless it was safe to do so. The model of assumptions had been tested in 2014 and had proved to be accurate, however, it was accepted that further testing was required to determine if more beds were required.

Mrs Nixon was reported that there had been a significant number of additional patients presenting a need for an inpatient bed, however, referrals were 2% less in 2015 than 2014. She advised that additional community support had been put in place to ensure patients could stay within their own homes if appropriate. She added that an independent person would be brought in to further scrutinise plans and assumptions made. Members asked further questions regarding the independent piece of work to be carried out and were advised that an independent person would be appointed who had the expertise to retest the assumptions made and an in depth review would be undertaken specifically considering the Psychiatric Intensive Care Unit. It was agreed that the results of this review would be shared with the Committee.

In response to questioning, Ms Moore advised that the levels of sickness absence amongst staff at the Trust were consistent and that no impact upon sickness had been seen from the move to a three shift working week. The sickness levels were approximately seven per cent and predominantly related to stress in the long term cases and anxiety or lower back pain in the short term. Ms Moore added that sickness absence was part of the rationale for moving to three shifts and it was hoped the change would have a positive impact upon sickness levels. It was noted that the new shift system had only been operation a short amount of time and therefore an evaluation had not been carried out on the impact of the change.

Mr Hopley advised that a national study had been carried out that had produced an in depth report demonstrating that moving to a three shift pattern did reduce sickness absence levels. The three shift pattern was considered a higher quality model of care and also allowed for greater resilience in covering when staff called in sick.

Members sought assurance that when agency and bank staff were utilised they were employed in a safe and appropriate manner. Ms Moore advised that all staff were vetted and cleared before working for the Trust. Agency staff would be utilised on wards that were less challenging whilst experienced staff were moved to care for more challenging patients. In response to a further question the Committee was advised that there was a maximum of 10% agency staff at a time at The Harbour. In addition a Senior Duty Matron was on site 24 hours a day who would make decisions on how to deploy staff based on need.

In response to a question Ms Moore advised that when fully staffed The Harbour had 415 full time equivalent posts. There were currently four full time equivalent vacancies. She

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added that additional staff had been recruited to some job types in order to compensate for other job types where it was more difficult to recruit staff. Other measures taken to recruit included an 'in a day' approach whereby all checks and interviews were carried out in one day to allow an appointment to be made on the day, which had sped up the process of recruitment considerably.

Members discussed the training offer and availability for staff at The Harbour and queried the poor uptake. Ms Moore agreed that take up of training had been poor and that the training system had been redesigned to increase the number of attendees. The Committee raised concerns that staff were not being released to attend training sessions and noted the difficulties in balancing attendance at training sessions with ensuring The Harbour was fully staffed.

The Committee queried whether external bodies such as security firms were utilised to transport patients from the Harbour to appointments at Blackpool Victoria Hospital and was advised by Ms Moore that was not the case and, dependent on the needs of the patient, between one and three Harbour staff would accompany patients to appointments away from The Harbour. A Member of the Committee intimated that a private security firm had been used previously and representatives from Lancashire Care Foundation Trust refuted the suggestion.

Members questioned why the Byron Ward at The Harbour remained closed and how Lancashire Care Foundation Trust would ensure there would be no further fatalities on the Ward. Ms Moore advised that an independent investigation had been commissioned into the incident on Byron Ward. It was reported that the independent person had liaised with the family and the final report was due before the end of 2015. She added that staff had been suspended where appropriate and action had been taken, with a palpable change made to the way services were run. Ms Moore commented that it was impossible to guarantee further incidents would not occur but measures had been put in place including retraining of staff and recruitment of additional staff. In response to further questioning Ms Moore advised that the Ward would formally reopen in January 2016.

The Committee further questioned the measures that had been put in place to compensate for the Byron Ward closure and was advised that an additional Psychiatric Intensive Care Unit (PICU) had been opened in Ormskirk, which would remain open once the Byron Ward had reopened to provide additional capacity.

Members discussed the repatriation of patients who had been placed outside of Lancashire Care Foundation Trust beds back into Blackpool and how the Trust prioritised clinical need when identifying the most appropriate bed for a patient. It was noted that a key challenge was the number of beds available and Mrs Nixon, Blackburn with Darwen CCG advised that a number of measures were being put in place to alleviate the pressure on beds including street triage by the Police and the development of a clinical decision unit to provide quicker assessment of patients. With regards to repatriation, Members noted that patients would only be moved when clinically ready.

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Ms Moore advised that the Blackpool Gazette had incorrectly reported the spend on private beds to be £850 per night. The true spend was £450 per night per bed, which was double the price of an NHS bed. However, she reiterated that patients would only be repatriated when safe to do so and clinically ready.

It was noted that key challenges for the Trust included the discharge of patients and length of stay and that approximately 40 patients currently residing in inpatient beds were considered to not need them anymore. The Committee further queried how patients were currently assessed and if that caused some beds to be 'blocked' by assessment. Ms Moorhouse advised that one of the aims of the clinical decision unit was to speed up assessment of patients and prevent blockages. She added the decision unit was based on best practice. It was requested that an analysis of the impact the decision unit had on capacity be provided to the Committee in three months.

The Committee agreed to receive a further report from Lancashire Care Foundation Trust in approximately three months covering:

1. The results of the independent investigation into the incident on Byron Ward in appropriate detail, whilst respecting confidentiality of the parties involved.
2. The results of the independent piece of work to be undertaken regarding the model used to determine the number of inpatient beds required.
3. Additional information regarding the increase in community provision.
4. An analysis of the impact of the clinical decision unit on the capacity of beds available.
5. Assurance that the failings identified within the CQC inspection report were being addressed.
6. An update on the impact of the new recruitment and retention strategy.

It was also agreed that a copy of the ligature risk assessments be circulated to the Committee immediately following the meeting.

3 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as Thursday, 10 December 2015 commencing at 6pm in the Council Chamber.

Chairman

(The meeting ended at 19.35)

Any queries regarding these minutes, please contact:
Sharon Davis, Scrutiny Manager
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E-mail: sharon.davis@blackpool.gov.uk

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	10 December 2015

APPOINTMENT OF CO-OPTEE

1.0 Purpose of the report:

1.1 The Committee to consider the appointment of Ms Frances McErlane as a parent governor co-opted member to the Committee.

2.0 Recommendations:

2.1 To approve the appointment of Ms Frances McErlane as a parent governor co-opted member to the Committee.

2.2 To note the remaining Parent Governor and diocesan co-opted member vacancies.

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

- 5.1 The School Standards and Framework Act 1998 requires the Council to have Parent Governor Representatives on the relevant Overview and Scrutiny body dealing wholly or partly with education functions. The representatives are entitled to participate in discussions on any issue but are only able to vote on any matter which relates to the education functions of the Council.
- 5.2 The School Standards and Framework Act 1998 and the Education Act 1996 requires the Council to have Church representatives on the relevant Overview and Scrutiny Committee which considers education matters. Like the Parent Governor representatives, they are entitled to participate in discussions on any issue, but only able to vote on any question which relates to the education functions of the Council.
- 5.3 The Council's Constitution allows for membership of the following representatives in order to comply with the statutory requirements:
- One Church of England diocese representative
 - One Roman Catholic diocese representative
 - Two Parent Governor representatives; and
 - such other representatives of other faiths or denominations as may be agreed
- 5.4 At the meeting of full Council on 22nd May 2015, it was agreed that the Resilient Communities Scrutiny Committee should appoint the diocesan co-opted representative (Mr Fred Kershaw, Church of England, the Roman Catholic position is currently vacant) and the two Parent Governor co-opted representatives (at the time both positions were vacant).
- 5.5 The Scrutiny Manager is continuing to seek appointments to the remaining statutory positions.

Does the information submitted include any exempt information?

No

List of Appendices:

None

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	10 December 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	5 November 2015

FORWARD PLAN

1.0 Purpose of the report:

1.1 The Committee to consider the content of the Council's Forward Plan, December 2015 – March 2016, relating to the portfolios of the Cabinet Secretary.

2.0 Recommendations:

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

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

3.0 Reasons for recommendations:

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

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

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

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 The Forward Plan is prepared by the Leader of the Council to cover a period of four months and has effect from the first working day of any month. It is updated on a monthly basis and subsequent plans cover a period beginning with the first working day of the second month covered in the preceding plan.

5.2 The Forward Plan contains matters which the Leader has reason to believe will be subject of a key decision to be taken either by the Executive, a Committee of the Executive, individual Cabinet Members, or Officers.

5.3 Attached at Appendix 5 (a) is a list of items contained in the current Forward Plan. Further details appertaining to each item contained in the Forward Plan has previously been forwarded to all members separately.

5.6 Witnesses/representatives

5.6.1 The following Cabinet Members are responsible for the Forward Plan items in this report and have been invited to attend the meeting:

- Councillor Cain
- Councillor Collett

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 5a – Summary of items contained within Forward Plan
November 2015 – February 2016.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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EXECUTIVE FORWARD PLAN - SUMMARY OF KEY DECISIONS

(DECEMBER 2015 to MARCH 2016)

* Denotes New Item

Page Nº	Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
2	January 2016	Adult Social Care Charging Policy	12/2015	Executive	Cllr Cain
9	January 2016	To consider the Implementation of a Milk Fluoridation scheme in Primary schools in Blackpool	23/2015	Executive	Cllr Collett

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision Ref N° 12/2015	To consider and approve the revised charging policy for Adult Social Care services. Blackpool's Fairer Contributions Policy has been revised and updated to reflect the requirements of the Care Act 2014. The new Adult Social Care Charging Policy will cover the charging arrangements for both residential and non-residential services.
Decision making Individual or Body	Executive
Relevant Portfolio Holder	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date on which or period within which decision is to be made	January 2016
Who is to be consulted and how	<ul style="list-style-type: none"> • Service users directly affected by the changes resulting from the implementation of the revised Policy. • Local third sector organisations with a specific interest in adult social care. <p>Consultation will be conducted by post, through the website and through stakeholder events.</p>
How representations are to be made and by what date	Representations must be made in writing (either by letter, e-mail or the on-line survey) to the responsible officer. The dates of the consultation are subject to confirmation.
Documents to be submitted to the decision maker for consideration	Report The Adult Social Care Charging Policy The Equality Analysis A Report on the outcome of the Consultation Exercise
Name and address of responsible officer	Karen Smith Deputy Director of People (Adult Services) e-mail: karen.smith@blackpool.gov.uk Tel: (01253) 476803

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision Ref N° 23/2015	To consider the Implementation of a Milk Fluoridation scheme in Primary schools in Blackpool
Decision making Individual or Body	Executive
Relevant Portfolio Holder	Councillor Eddie Collett, Cabinet Member for Adult Safeguarding and Reducing Health Inequalities
Date on which or period within which decision is to be made	January 2016
Who is to be consulted and how	Universal Scheme will be available to all Primary aged school children and based on participation by choice consent by parents
How representations are to be made and by what date	Previous stakeholder engagement with school and parents and health and primary care dental practitioners
Documents to be submitted to the decision maker for consideration	Report to be submitted
Name and address of responsible officer	Dr Arif Rajpura Director of Public Health. e-mail arif.rajpura@blackpool.gov.uk Tel: (01253) 476361

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Steve Winterson, Engagement Director, Lancashire Care NHS Foundation Trust.
Date of Meeting	10 December 2015

MENTAL HEALTH SERVICES IN BLACKPOOL

1.0 Purpose of the report:

To inform the Scrutiny Committee of local Mental Health Services and activity undertaken within the area to allow a thematic discussion to take place on the topic.

2.0 Recommendation:

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:

3.1 To provide sufficient information to assure the Committee that the provision of Mental Health Services within Blackpool is robust.

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:

Not Applicable

4.0 Council Priority:

4.1 The relevant Council Priority is

- Communities: Creating stronger communities and increasing resilience.

5.0 Background Information

5.1 The Resilient Communities Scrutiny Committee requested a joint presentation from Lancashire Care Foundation Trust and partners on the key challenges and priorities and how these are being met.

A report was requested as a starting point for the discussion, to cover:

- setting the scene,
- key challenges,
- what partners are doing
- what are the priorities
- how partners are meeting the priorities for services and partners
- comments from the service user – what do they think about services?

The report was prepared in collaboration between Lancashire Care NHS Foundation Trust, Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool CCG, Blackburn with Darwen CCG and Healthwatch Blackpool.

5.2 Setting the scene

Mental Health Services in Blackpool are delivered primarily by Lancashire Care NHS Foundation Trust (LCFT), Blackpool Teaching Hospitals NHS Foundation Trust (BTH) and Blackpool Council with support from a range of third sector partners.

This is different to the model for the rest of Lancashire, where LCFT provide all Mental Health services.

In Blackpool, the Single Point of Access, Primary Mental Health Services (including Increasing Access for Psychological Therapies - IAPT) Child and Adolescent Mental Health Services (CAMHS) and Recovery Team are provided by Blackpool Teaching Hospitals. These services are commissioned by Blackpool CCG.

Historically there have been long waiting times for service users to access IAPT services. These waiting times are reducing all over Lancashire.

Lancashire Care provides Secondary Mental Health Services for Adults and Older Adults as well as Children's Psychological Services.

In addition to Community Mental Health services, Lancashire Care manages the provision of a purpose built inpatient unit, The Harbour. In total there are 154 beds at the Harbour, which is a little over 50% of the total adult inpatient capacity for LCFT across the county with the other units being based in Lancaster, Ormskirk, Blackburn and Burnley.

5.3 **Key Challenges**

Mental health problems are amongst the most common forms of ill health and they can affect any one of us, at any point in our lives.

Blackpool has the fifth highest rate for all mental health conditions in the country.

Blackpool has a higher rate of people claiming sickness benefit due to mental health problems – not only in the North West but England as a whole.

5.4 **What partners are doing**

The Harbour, Lancashire's largest Mental Health Inpatient Unit was opened in March 2015, as part of a long term strategic plan to develop a network of specialist inpatient mental health beds supporting the overall provision of Mental Health Services across Lancashire. The Unit provides care for patients and service users not just from Blackpool and the Fylde Coast but other parts of Lancashire too.

The Harbour contains 10 wards – 4 Acute (Functional) Mental Health wards, 2 Psychiatric Intensive Care wards (PICU), 2 Advanced Care wards, and 2 for patients with Dementia. Currently, the Female PICU at the harbour, Byron Ward, is closed to admissions and will be reopening within the next two months. An intensive training programme has been undertaken successfully across both PICUs to ensure staff are equipped to provide appropriate care for those people with complex mental health problems.

The inpatient service is managed on a county wide basis, and while every effort is made to admit patients to a bed close to home, the primary focus is to admit to a clinically appropriate facility within Lancashire.

When demand exceeds supply inpatients are placed with private providers, many in Lancashire and more across the North West. In exceptional circumstances people may be placed some distance from home but in these cases, repatriation is a priority when a local bed becomes available.

LCFT has been working with commissioners to develop other services to reduce the reliance on inpatient beds and these will be coming on stream in phases over the next 4 months. Already, commissioners have funded additional PICU capacity in Ormskirk which was opened in late September and is benefitting patients.

Blackpool CCG has a waiting list initiative in place to reduce waiting times for IAPT; BTH are aiming to meet the targets by April 2016.

Healthwatch Blackpool ran a 'concerns' survey in May-June 2015 to collect data and views of people who use Blackpool's health and social care services. (Appendix A) Among the results and feedback received were issues that residents were having when accessing mental health services. Healthwatch Blackpool decided that a survey developed in conjunction with groups, stakeholders and other service users would be a good strategy to collect quantitative and qualitative data from users of mental health services and those who may have a mental health condition but who haven't accessed formal mental health services.

Findings from the survey were shared with partners including Blackpool Council, LCFT, BTH and Blackpool CCG.

A Blackpool mental health alliance board has been established, at which BTH, LCFT and the council are represented at a senior level monthly meeting chaired by the Blackpool CCG Chief Operating Officer. The board considered this report and a formal joint response was submitted to Healthwatch from Blackpool Council and Blackpool CCG.

Several new initiatives are being piloted in Blackpool, for example the police and a mental health nurse on duty undertaking street triage. This is aimed at reducing crisis issues and resolving things quickly rather than conveying to a busy Accident and Emergency department which is not always the right environment for people when they are distressed by life events.

5.5 Recruitment and Retention

There has been a sustained recruitment programme at the Harbour, both prior to its opening and subsequent to it. In the summer, LCFT introduced a 3-shift pattern which is an evidenced- based approach to improving both outcomes for patients and the health and well-being of staff.

There is a national shortage of qualified mental health nurses, and LCFT has experienced difficulty in attracting sufficient nurses to the Harbour. It is important to note that due to the national shortage of nurses and competition for staff both in the NHS and private sector, the Trust has been affected by some people accepting posts within the Trust and then leaving before their contract started having decided to work elsewhere.

There are a number of approaches the Trust is taking across the organisation in order to attract, and more importantly retain, both newly qualified and experienced staff. These include (but are not limited to):

- Rotational posts across inpatients and community teams
- Portfolio posts leading to a wide range of experience to allow people to identify their preferred area of work

- Leadership development programmes
- Induction and Preceptorship Programmes to support staff through these important first few weeks
- Clinical Supervision
- In addition, the Harbour also has a full Duty Matron structure in place, which provides round the clock senior supervision and support to the wards

In terms of recruitment, the intensive approach continues, as well as new exploration of alternative markets, role redesign and an emphasis on the function of the wider multi-disciplinary team alongside nurses, e.g. therapists, psychologists, support workers etc.

5.6 **The priorities and how partners are meeting them.**

Patients are taken by ambulance from The Harbour to Blackpool Victoria's A and E Department. Lancashire Care and Blackpool Teaching Hospitals work closely together to reduce the impact this has.

A significant risk for Blackpool Victoria Hospital is Mental Health patients presenting at A and E.

Facilities to reduce admissions, two 15 bedded Assessment Wards and a six space Clinical Decision Unit, and support for earlier discharge in the form of step-down accommodation, are now under development, with phased implementation from December onwards. This will increase the number of inpatient beds available from 297 to 327.

These are likely to be located in East Lancashire but will have the effect of relieving some of the pressure on The Harbour.

5.7 **Comments from the service user**

The Healthwatch Blackpool Survey asked questions that were developed in collaboration with service users to reflect and quantify some of the main issues that were raised by people with mental health issues at a series of focus groups and 1:1 interviews, which in summary were;

- The time it takes to get an assessment, treatment and support.
- People not feeling involved in decisions around their care, not feeling listened to and that their views don't count.
- Lack of clarity about what to do in a crisis and how to access timely and appropriate support
- Stigma and discrimination people with mental health issues feel they are subjected to

Due to the complexities of mental healthcare provision in Blackpool, it was difficult to always identify the service (and therefore provider) that service users were commenting upon, which was addressed in the formal joint response from Blackpool Council and Blackpool CCG.

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 6 (a), Healthwatch Blackpool Report

6.0 Legal considerations:

Not applicable

7.0 Human Resources considerations:

Contained within the body of the report.

8.0 Equalities considerations:

There are no equalities issues.

9.0 Financial considerations:

Continued use of bank and agency nurses is not the most economic solution, but as recruitment improves, this cost will reduce.

Having patients cared for in the Private Sector is a significant cost pressure, and one which is considered closely with Commissioners. The two facilities to reduce admissions will help to reduce this cost pressure.

10.0 Risk management considerations:

Staffing and financial risks are actively managed by Lancashire Care, Blackpool Teaching Hospitals, Blackpool CCG and Blackburn with Darwen CCG.

11.0 Ethical considerations:

Not applicable

12.0 Internal/ External Consultation undertaken:

Extensive public consultation has been conducted as Mental Health Services have been developed to the current model.

In addition, there is ongoing communication at an executive level with Commissioners, service users and their carers and other stakeholders.

13.0 Background papers:

13.1 None.

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Healthwatch Blackpool

Mental Health survey, July 2015

www.healthwatchblackpool.co.uk



Contents

Page 2	Introduction
Page 3	Results of those diagnosed with a mental health condition
Page 5	What happens in a crisis?
Page 6	Results of those who haven't accessed mental health services
Page 8	Conclusion and findings
Page 9	Case study and diversity information

Introduction - Why did we do this?

Healthwatch Blackpool ran a 'concerns' survey in May-June 2015 to collect data and views of people who use Blackpool's health and social care services. Among the results and feedback we received were issues that residents were having when accessing mental health services. Healthwatch Blackpool decided that a survey developed in conjunction with groups, stakeholders and other service users would be a good strategy to collect quantitative and qualitative data from users of mental health services and those who may have a mental health condition but who haven't accessed formal mental health services.

Our aim:

To bring to light stories and experiences of individuals with a mental health condition to identify any issues and highlight good practice so that this can be used in the development and delivery of services for local people with mental health needs.

What we did:

We developed a set of 30 questions based on NICE Mental Health Quality statements <https://www.nice.org.uk/guidance/cg136/chapter/quality-statements> to collect the views and experiences of mental health service users and those who haven't accessed mental health services but live with a mental health condition. We ran a series of focus groups to test the questions before publishing our on-line survey on 1st July which was promoted on our website, through social media platforms and directly with mental health services. In addition we visited a number of groups and spoke directly with people who have a mental health condition.

Thank you to:

Empowerment Charity, The Friendship Club, Steve Royle and everyone from Blackpool Inspirations. Rachel and the team from Making Space. The Blackpool, Fylde & Wyre Mental Health forum and their Chairperson - Christina Mckenzie-Townsend. This report couldn't have been made without your contributions.

Disclaimer

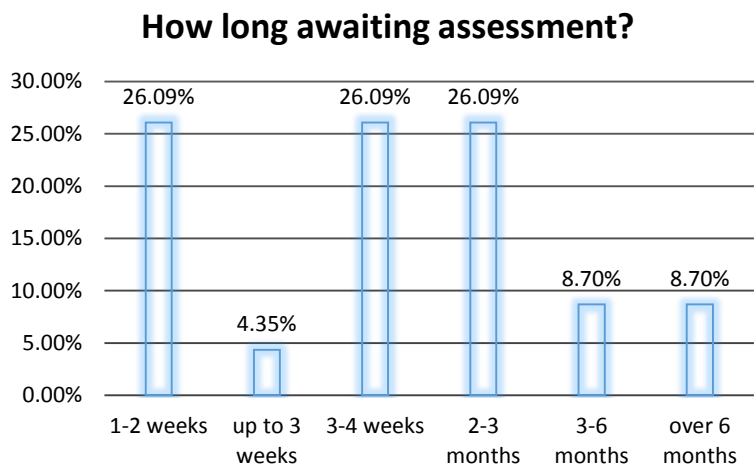
Please note that this report relates to views collected over the specific dates 1st - 31st July 2015. Our report is not a representative portrayal of the experience of *all* members of the community just the sample who completed our survey.

Report on people who answered yes to being diagnosed with a mental health condition.

Of 86 responses 47 (57.32%) told us that they had a diagnosis of a mental health condition. These were varied - 20 respondents shared their condition with us. Our survey reached those suffering with:

Depression Bi polar Paranoid delusions Schizophrenia
PTSD (*Post traumatic stress disorder*) Generalised anxiety disorder
Anorexia nervosa ADHD (*Attention deficit hyperactivity disorder*)
Addiction (*Prescription drug, illegal drugs and other harmful substances*)
Manic depression affective disorder OCD (*Obsessive compulsive disorder*)

NICE guidelines state that an individual should be offered a face to face appointment with a professional in mental health services within 3 weeks of referral.



ONLY 30% of the people we surveyed reported to have had an assessment with a mental health professional within 3 weeks.

52% had to wait up to 3 months and **8%** had to wait over 6 months.

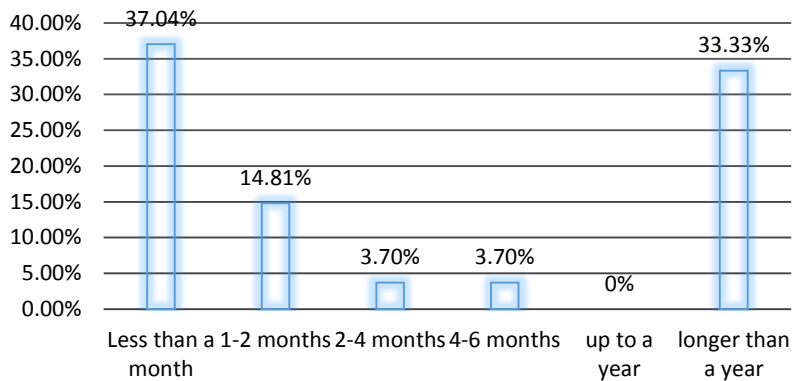
“It was a bit of a long winded process.”

“The waiting time to be seen for actual counselling was over a year and by then I was at risk of suicide and I felt like I wasn't given any help. Off my own back I decided to join youth groups to help give me peer support and that helped me personally but from a medical perspective I wasn't given the help I needed quick enough”

“I had a mental breakdown and after therapy with the crisis team's psychologist I uncovered memories of childhood sexual abuse. Since then, I've been unable to work and struggle with the basic functions of living. I suffer from crippling anxiety and trauma flashbacks. I have made some changes in my life, with the help of the original therapy but I am still waiting for the psychological therapy for this. Until I do, I'm unable to move on and this has led to suicide attempts and me being totally isolated. Individuals are not at fault, it's the length of the waiting list for specialist input”

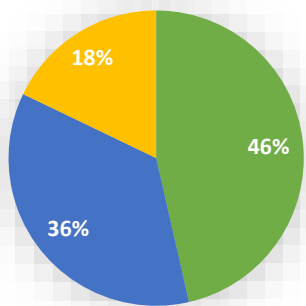
“I was treated by the crisis team and their clinical psychologist and then referred to the CCTT. This was over 12 months ago and there’s still no sign of it starting soon. I’m in limbo, unable to move on and having to cope with crippling symptoms and distress. The issue isn’t the staff, it’s the system that is causing the problems.”

How long awaiting Treatment?



People using mental health services should feel they are treated with empathy, dignity and respect (nice.org.uk). We asked people how they felt they were treated.

Were you treated with respect?



■ Yes ■ No ■ Sometimes

64% felt that they were treated with respect some or all of the time by the professionals they dealt with. **36%** didn’t feel they were treated with respect.

The majority of people we spoke to told us their GP was really understanding:

“From my GP and the woman who did my assessment, yes. The counsellor I was given for CBT was awful. I am a journalist and he asked me if I was an undercover reporter.”

“Rather like just being a part on conveyor belt”.

“I have found my own ways to cope, with the support of my GP.”

Are people involved in decisions around their care?

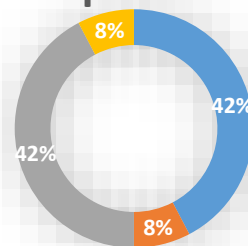
People using mental health services should jointly develop a care plan with mental health and social care professionals, and be given a copy with an agreed date to review it (nice.org.uk)

The majority (57.69%) of people polled either weren’t involved with their care plan, didn’t receive one or weren’t told what one is. **50%** of people didn’t receive a care plan.

“Although mental disorders are widespread, serious cases are concentrated among a relatively small proportion of people who experience more than one mental health problem.”

(The British Journal of Psychiatry, 2005)

Did you get a care plan?



■ Yes I was involved ■ Yes but I wasn’t involved
 ■ No, I didn’t receive one ■ Whats a care plan?

“Excellent from my GP, but nothing from anywhere else in the NHS.”

*“MH midwife - excellent
Perinatal MH nurse - excellent”*

*“CPN 7/10
Psychiatrist 5/10
Crisis Team 0/10”*

How would you rate the support you received?

“I have a CPN and psychiatrist support 9/10”

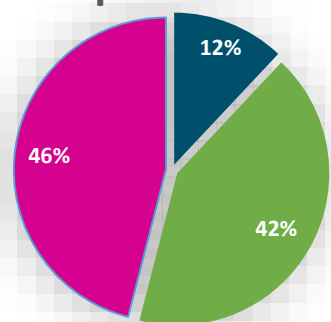
“Crisis team 8/10”

“Zero to none!”

Crisis support

People using mental health services who may be at risk of crisis should be offered a crisis plan (nice.org.uk).

Were you given a Crisis plan?



■ At risk offered a plan ■ At risk NOT offered a plan ■ Not at risk

Of those who were at risk of a crisis, only **38%** were given help to recognise the warning signs of their condition worsening and given clear advice as to what to do to avoid reaching crisis. Almost half (42%) of the people identified as some-one at risk of a crisis were **NOT** offered a crisis plan.

However, of those who actually needed to access crisis support, the majority were assessed by a professional and responded to quickly and 80% felt that got the help they needed.

“Getting help (in a crisis) takes a long time. Going via A&E Blackpool is a waste of time. Lots of waiting around to be sent home with leaflets”

“I am able to contact my care coordinator or the crisis team if out of office hours when things get too much. There are some amazing staff members who show empathy and compassion, allowing me to feel less alone”

Mental health and stigma

People using mental health services should feel less stigmatised in the community and NHS, including within mental health services (nice.org.uk)

“I would not want my employer to know, stigma is worse from professional people”

73% of respondents who answered this question said that there was a stigma attached to their mental health.

“One organisation I went to said because I was a man I couldn't have experienced domestic violence”

“[Stigma comes] from older people, not really from people my own age. A lot of people my own age have gone through the same thing.”

81% of respondents who answered that they hadn't been diagnosed with a mental health condition but had tried to access services and help they felt that there was a stigma towards people who suffer and it affects their willingness to seek support.

“Yes, through experience at work where HR tried to discipline me for having time off work due to my mental health I feel invisible as it is a condition that is not visible to the naked eye.”

People who haven't accessed Mental Health Services

34 of the 87 individuals polled answered no to having been diagnosed with a mental health condition but have tried to seek mental health support. Anxiety was the main condition the respondents shared with us and depression and bereavement were amongst other problems people shared with us.

Have you tried to find support, what did you do and what happened?

67% of people said they had been unsuccessful in accessing support. Respondents who gave reasons said they had seen the GP and just been prescribed tablets such as anti-depressants or sleeping tablets. We had 2 respondents who said they have no idea where to go or who to turn to.

“I went to the GP and several community groups only to be turned away. Something about not being the right criteria”

Only 62% of people said they had been treated with understanding, empathy and dignity throughout the process.

People described a range of strategies they used to help them manage their mental ill health on a day to day basis, which varied from being creative to regular exercise and volunteering to “help other people feel good”.

“I do creative stuff for a group now but until they were recommended I was turned away from other support”

The majority of people who answered the question told us that medication, regular contact with their GP and information from other services is their preferred method for dealing with their mental health issues. 46% of people saying it works and 45% saying it works sometimes. Only 9% of respondents told us that this support is not effective.

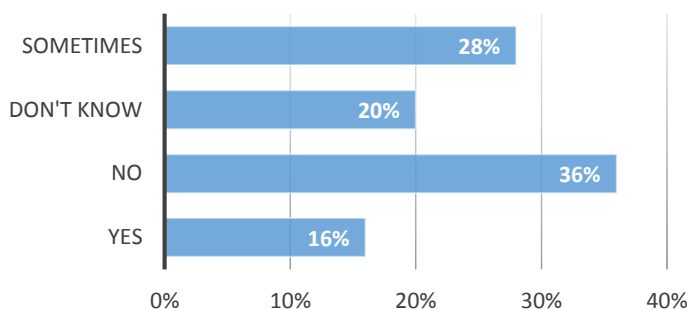
“(Mental health issues) only happen occasionally. No day to day problems.”

People using mental health services should feel confident that the views of service users are used to monitor and improve the performance of services
(nice.org.uk)

Only 16% of people thought that the views of service users were taken into account by the people who provide a service to them.

People felt that service providers do not always appreciate the difficulties for people with mental health needs and accommodate them appropriately.

Are services designed for you?



“The nature of depression and anxiety is the need to be or feel secluded from society. However if you don’t attend appointments it’s presumed that you’re no longer wanting help when the opposite is in fact the case.”

“I feel fobbed off, like I’m in a torpedoed lifeboat.”

“No empathy and if you don’t engage you’re presumed to be fine”

“There isn’t a day centre for us to attend or time appropriate services, they have some groups which are too far for me to travel or at awkward times. I struggle to get regular sleep due to my medication if I miss a group I’m not invited or allowed back”

“My situation is quite unique and I don’t fit into a neat category, but all individual staff members take that into account and show understanding.”

How could services be improved?

“I feel like there is a period from 18- 26 that should have its own mental health services because you are still quite young and, there could be peer support that could be put in place. Like there is CAMHS for younger people after you turn 18, there is no targeted support, or if there is, a lot of people are unaware of it.”

The general opinion that was evident from talking to individuals, focus groups and the consultation feedback was the need for more community and ongoing support, particularly when your needs are classed as “low”. They told us that there was a lack of places for people with mental health needs to meet and gain support from each other and professionals on a regular basis. We spoke to one group who told us, “There used to be a day centre, now there is no place for us to go when we need more help.”

“Where is the aftercare support? We need somewhere to go after we have been in the Harbour.”

“There is no communications between services and inside Gateway (The mental health department in Blackpool). They’re oversubscribed and people are treated like numbers in

“I used to have a CPN for life now its 6 weeks then I have to go through the system again! We used to see people constantly there was always support available now all I get is a 15 minute phone call it’s not the staff’s fault they’re as passionate as ever just the cuts.”

“Encourage physical health team liaison (in my case obstetrics). Mental health team plan not acknowledged by my obstetric team until forced to do so.”

“They know we won’t speak out because of the nature of mental health so they cut our budget.”

Conclusion & Findings

ONLY 30% of the people we surveyed reported to have had an assessment with a mental health professional within 3 weeks. 52% had to wait up to 3 months and 8% had to wait over 6 months. People should receive an appointment for a mental health professional within the recommended 3 weeks.

There appears to be a lack of community support available for those who do not meet eligibility criteria. 67% said they had been unsuccessful in accessing appropriate support.

Service users should be informed of their right to a formal community assessment and how to access this.

Of those who were at risk of a crisis, 42% were NOT offered a crisis plan and only 38% were given help to recognise the warning signs of their condition worsening and given clear advice as to what to do to avoid reaching crisis. People should have more information and support to avoid reaching crisis.

Care plans should be developed jointly with the service user, and include activities that promote social inclusion such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants. Support should be provided to help the service user realise the plan and they should be given an up-to-date written copy of the care plan, and agree a suitable time to review it.

More support and understanding of the challenges people with mental health needs face when trying to attend appointments and assessments. 70% of the people we spoke to didn’t know that they could have a trained advocate or other appropriate person to support them at meetings.

Health and social care providers should consider employing service users to be involved in training teams of health and social care professionals and supporting staff in 'person-centred care'. Such training should be tailored to the needs of people who attend mental health services and should be evaluated using experience of care as an outcome. They should also consider employing service users to monitor the experience of using mental health services, especially inpatient services, for example by paying them to undertake exit interviews with service users who have recently left a service.

“My relationship with my son’s father ended after being together for a long time and after that my life changed. As a single parent I was being harassed constantly and ended up having to get Victim Support Police Team involved. I was a target of abuse and having property in my home stolen and people trying to break in. Then I was sexually assaulted by 2 men. This really was the final straw for me and I had a break down and now suffer with depression and anxiety attacks. I never go out as I can have a panic attack and I am very wary of people now, especially men. I have had to manage this alone for many years until I got so depressed I considered suicide so asked for help but was placed on a waiting list. I have recently moved home and Doctors. I been receiving more care and they have been a great support and take time to listen to me and understand my condition and are helping me get the right help.”

(Case study from a female service user)

(Case study from a male service user)

“I have suffered from depression on and off for years. I have accessed counselling for years either through voluntary services, occupational health at work or paid for it, I took an overdose four years ago in the April by the time I got access to a psychological wellbeing practitioner it was in the November by this time I didn't really need it and was only offered three 30 minute face to face sessions and three 30 min phone sessions, there just isn't enough access to psychological support I have now been on anti-depressants for 5 years”

Diversity & Ethnicity data

Respondent’s age range:

- Under 16 0.00%
- 16-24 6.45%
- 25-39 35.48%
- 40-45 29.03%
- 55-69 25.81%
- 70+ 3.23%

Gender:

- Male 46%
- Female 54%

Sexual orientation

- Gay 3%
- Lesbian 3%
- Heterosexual 76%
- Bi-sexual 3%
- Prefer not to say 15%

Ethnic background

- White British 94%
- White Scottish 3%
- Black Caribbean & White 3%

(Total responses - 86 from 1st July - 31st July 2015)

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Mr David Bonson, Chief Operating Officer
Date of Meeting	10 December 2015

BLACKPOOL CLINICAL COMMISSIONING GROUP UPDATE REPORT

1.0 Purpose of the report:

1.1 To consider the presentation on current savings plans aimed at improving Quality, Innovation, Productivity and Prevention (QIPP) and current performance data.

2.0 Recommendations:

2.1 To receive and scrutinise the presentation identifying any topics for further consideration by the Committee.

2.2 To determine the Committee's role in monitoring the savings plans and performance data and any future reporting from the Clinical Commissioning Group on the issues.

3.0 Reasons for recommendations:

3.1 To ensure constructive and robust scrutiny of the public health annual 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? No

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

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

5.0 Background Information

5.1 Mr David Bonson, Chief Operating Officer will be in attendance at the meeting and will provide a presentation on:

1. Current savings plans aimed at improving Quality, Innovation, Productivity and Prevention. The current 2015/2016 schemes fall into the categories of:
 - Referral management
 - New models of care
 - Patient pathway review
 - Prescribing
 - Other
2. Current performance against the key national NHS metrics including NHS Constitution Measures such as Referral to Treatment and Cancer waiting times and NHS Constitution Support Measures such as mixed sex accommodation breaches and cancelled operations.
3. An update on patient choice highlighting the importance of choice and the work Blackpool CCG is doing to ensure the choice agenda is delivered.

Does the information submitted include any exempt information?

No

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. None

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services
Relevant Cabinet Member:	Councillor Graham Cain
Date of Meeting	10 December 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 of the service.

2.0 Recommendation:

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

3.0 Reasons for recommendation:

- 3.1 For Members of the 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 Communities: Creating stronger communities and increasing resilience.

5.0 Background Information

5.1 Personal Health Budgets

As requested at the previous Committee meeting, the present position regarding the uptake of Personal Health Budgets in Blackpool is set out below.

Residents identified as eligible for Personal Health Budget: 94

Residents offered a Personal Health Budget: 94

Residents using a Personal Health Budget (PHB) during Quarter 2 2015: 13

Proportion of residents using PHBs in receipt of Continuing Health Care: 12%

There is a scoping exercise with local stakeholders to understand where Personal Health Budget would be beneficial which is currently in progress.

The Council and Blackpool Clinical Commissioning Group are progressing Personal Health Budgets through their wider agenda as part of the Clinical Commissioning Group 5 year plan. Consideration is being made to utilise reclaimed unspent Personal Health Budget funds to fund specific pilots for mental health and learning disability patients and those with long term conditions.

5.2 Shared Lives Short Break Project – Update:

What is the Shared Lives Service?

The Blackpool Shared Lives Service has specially recruited Carers who provide support within their own homes in the local community.

The aim of the service is to match Carers with individuals who need the support on offer. The service ensures that everyone has a say in the matching and placing of a person, and continued support is offered throughout the lifetime of the placement. People who use the service are welcomed as 'one of the family'.

The Shared Lives Service can be used for the following:

- **Short Breaks and Respite** – These are for a specified period of time ranging from an overnight stay to a week or longer period as part of a planned break
- **Emergency Placements** – These can be made quickly to respond to a

particular need such as a relationship breakdown, illness, bereavement or safeguarding issue. The aim is to ensure that the person has a safe place to stay whilst issues are dealt with.

- **Longer Term Care** – This is where the person moves in on a longer-terms basis and lives as a member of the Carer’s family.
- **Daytime Short Breaks** – This is where the person spends times with the Carer on a regular basis on one or more days in the week.

Shared Lives Plus was awarded a Carer’s Fund grant from the Cabinet Office to support further development of Shared Lives to support family carers. Following communications to all members, 12 services were identified as partner sites for this project and were awarded a small grant from the total grant award.

The aim of the project is to help Shared Lives services to reach more family carers, to support them in their caring role through offering short breaks and day support in Shared Lives for the family members they support. The learning from this project will be shared across the Shared Lives sector to support the growth and development of Shared Lives nationally, this also meets the criteria for unpaid carers under the Care Act.

Blackpool Shared Lives service submitted an expression of interest to Shared Lives plus and was selected to take part in the short breaks project with an aim to:

- Secure 10 additional short break arrangements in one year
- Recruit additional carers to offer diversity and more matching opportunities

Blackpool Council funded an additional Shared Lives Officer post for 12 months, this commenced on the 1 July 2015 and is likely to continue to match and respond to the increased demand for the service.

The project commenced in February 2015 and the service began to work on meeting the targets set, and by November 2015 the following had been achieved:

- 11 new short break arrangements
- 7 new day support arrangements

The Blackpool Shared Lives Team have planned and promoted recruitment events using various council and external locations. The service has been promoted at college events, conferences, GP surgeries, Dental surgeries, libraries, day care centres, Department for Work and Pension events and carers’ events. A volunteer distributed leaflets and posters in Blackpool and existing carers were approached to recommend and promote the service to others.

Discussions with HR have taken place and those at risk of losing their jobs have been

made aware of the service and the opportunities available within shared lives for future occupation.

The service has been able to provide both emergency and planned short break placements, working to support people from age of 16 with a variety of different needs including mental health issues, dementia, learning disability, physical disability and social isolation.

An extension to the project has been granted to support an additional five short break arrangements/families. A total of £8,000 pounds has been granted from the fund to contribute to the delivery of the project.

Blackpool Shared Lives service has exceeded the original target of 10 new arrangements by 8, achieving the most arrangements of all 12 services involved in the project. This has been thanks to a concerted team effort that was only achieved thanks to the utilisation of the fantastic existing Shared Lives Carers who have provided the new arrangements.

5.3 Friends and Family Test

In response to a suggestion made at the Scrutiny Committee Meeting of the 10th September 2015, the Adult Service Department has been investigating the feasibility of using a methodology similar to the NHS Friends and Family Test to seek feedback from service users and their carers. The NHS test invites people to answer the question “How likely are you to recommend our service to friends and family if they needed similar care or treatment?” People can rank their answer from “extremely likely” to “extremely unlikely” and also have the opportunity to explain their ranking by adding comments. The Department is looking into how this could be incorporated into a “Trip Advisor” style of review and introduced into appropriate services in order that potential users of the services can benefit from the feedback of others. Information will be provided to Members as things develop.

5.4 Published Feedback

At the Scrutiny Committee Meeting on the 5th November 2015, the Director of Adult Services was asked to consider publishing a selection of feedback on the website. It can be confirmed that the Adult Services Annual Report from the Customer Relations Team contains a selection of compliments and lessons learnt from complaints. This is published on the Council’s website and can be found at

<https://www.blackpool.gov.uk/Residents/Health-and-social-care/Documents/Adult-Services-Annual-Customer-Feedback-Report-2014-15-31.07.15.pdf>

5.5 Training

On 23rd September the Contracts Team met with Care Quality Commission Regional Manager for a training session that covered Regulations, Inspection Methodology, Special Measures, Enforcement Policy, and Notifications.

Further training and awareness raising will be discussed with the Care Quality Commission Regional Manager at their quarterly meeting with the Director of Adult Services on 27th November. This will include training and awareness raising for Members and Council Staff to take place in the New Year.

Dementia Awareness Training for 6 Councillors is to be held on 27th November. This will cover what dementia is, what we are doing locally, and how we can make the community more dementia friendly.

All contracted Residential Care Homes have now had dementia training either from the Council's Dementia Care Homes Officer or from their own training provider. Over 75% of staff within these homes who have had our training have completed it. We are continuing to target the remaining 25%.

Of our six contracted Care at Home agencies only one is not engaging with training from the Council's Dementia Care Homes Officer. The remaining one is accessing training from another source.

Following a request from our Residential Care Provider Forum, dementia awareness training has been delivered to families of residents and volunteers working with Residential Care Providers.

Dementia awareness training provided for BCH Sheltered Housing staff and Care and Repair staff.

The Council's dementia work with Trinity Hospice has been submitted to an international dementia conference due to take place Sydney, Australia in 2016.

5.6 Dementia Tender Summary

Bury Council are leading a tender exercise (which has been commissioned on behalf of the North West Association of Directors of Adult Social Services Group), to produce a dementia perspectives report in 2016 for the region. A representative from the Contracts and Commissioning Team will represent Blackpool as part of a small team evaluating tender submissions.

The report will provide an overview of the work that is being undertaken to support people with dementia and their carers by statutory, voluntary and education sectors

across the North West region. It will highlight progress made and gaps in service development and provision; setting this work against national guidance and obtaining the views and experiences of people with dementia and their carers.

It is expected that the report will have the following benefits for the region: -

- It will give a comprehensive “state of the region” report in one place
- It will highlight good practice and enable the sharing of good practice
- It will not “criticise” or compare one area against another
- It will allow for the wider dissemination of plans and strategies and would encourage joint working across the wider regional area
- It will highlight the areas for improvement to inform future planning
- It will be of use in assisting the development of future commissioning intentions

Evaluation will take place in December with the 12-month contract awarded in January.

5.7 CQC Inspection Outcomes

	Blackpool Number	Blackpool %	National Number	Blackpool %
Outstanding	0	0.00%	16	1.45%
Good	24	70.59%	686	62.25%
Requires Improvement	9	26.47%	332	30.13%
Inadequate	1	2.94%	68	6.17%

The figures relate only to inspections carried out under the CQC’s new methodology. The Blackpool figures relate to care homes. The national figures relate to all regulated services not just care homes.

- Blackpool has a higher proportion of homes that are ‘Good’ than the national picture.
- Blackpool has a lower proportion of homes that are ‘Require Improvement’ than the national picture.
- Blackpool has a lower proportion of homes that are ‘Inadequate’ than the national picture.
- One provider is currently suspended to new care packages. This home has been rated as inadequate by the CQC.
- Nine Residential Care Providers listed by the CQC as requiring improvement.

- Five providers currently on an Enhanced Monitoring regime:
- In the last month two homes have been moved from Suspension to Enhanced Monitoring.

Safeguarding

5.8 Deprivation of Liberty Applications

- 5.8.1 Since April 2015, the Council has received 500 applications for the authorisation of a Deprivation of Liberty. This figure includes applications that have been forwarded on to other authorities where they are the funding body for the person who is the subject of the application.

Blackpool Council currently has 280 people subject to an authorised Deprivation of Liberty with approximately 10 of these placed outside of the area where Blackpool holds funding responsibility.

In addition to the 280 authorised applications there are approximately 45 cases subject to active assessment and processing by Adult Social Care services.

NOTE - The figures quoted will change on a daily basis due to incoming applications, cessations of authorisations due to changes in circumstances and the number of completed assessments but show an upward trend.

5.8.2 Safeguarding Overview

Safeguarding activity continues to be a significant area of work for Adult Social Care. Figures gathered from the 1st October 2015 show that the rate at which alerts were received by the Council since that date has risen slightly compared with the rate for Quarters 1 and 2. Any increase in safeguarding activity inevitably creates an additional workload - particularly for safeguarding leads (team managers and senior practitioners), Social Workers and for care providers where they may be party to the concern.

Where the wellbeing and safety of the individual or individuals alleged to have been harmed must be the primary concern of Adult Social Care, alerts can be dealt with via methods of intervention that may not require a formal safeguarding process. As can be seen by the split in the alert figure (below) much activity in Adult Social care is carried out in this type of work in addition to the formal safeguarding enquiry approach.

Of the 102 alerts received and closed since October 1st 2015, fewer than half have

been progressed into full and further enquiry, with half of cases deemed to be incidents only. Substantiated cases number 3; partly substantiated cases stand at 1 and not substantiated / inconclusive reaching 5. Thirty eight cases are ongoing.

Using either formal safeguarding approaches or other types of intervention, the best outcome for individuals can be achieved by taking a person-centered approach through Social Work, other professional intervention, work with contracted providers about the quality of care and by ensuring effective informal carer support. Individuals who are unable to participate in the process can be supported by an advocate appropriate to his or her needs.

Where there are a number of issues (see below) that may involve commissioned providers there is evidence generally of an increasing commitment to work collaboratively. The Head of Safeguarding now attends both residential and domiciliary care provider forums to deliver information, conduct workshops, give and receive feedback on issues of mutual concern and to engage in a partnership approach to delivering safe care to those adults who may be at risk of harm.

For example: focussed work is underway with the Council's contract monitoring team, domiciliary care providers and safeguarding leads to establish more effective communication pathways between the parties involved.

5.8.3 Additional safeguarding information requested by Scrutiny related to those cared for in their own home

The available analysis from the Quarter 1 and Quarter 2 safeguarding figures indicates that:

Although data requirements under new regulation from April 2015 makes individual types of carer more complex to identify, there were 72 alerts alleging that 'private sector support staff' were alleged to have caused harm. This category would include paid domiciliary care staff amongst that number. A further 88 alerts indicated that the person alleged to be posing the risk was a family member or relative / friend.

Paid care staff

The following additional information has been provided by the contract monitoring team and encompasses the outcomes of all concerns about paid domiciliary care providers since 1st January 2015. These concerns include (for example) errors in medication, late or missed visits, quality of care issues etc. The figures include any

complaint, concern or safeguarding issue. Of the 160 issues raised with the contract team about domiciliary care providers

13% were substantiated

5% were unsubstantiated

23% were logged as an incident

43% were logged for information

Two examples of the types of harm that were alleged in these cases are related to medication errors and to missed visits.

Of the 29 concerns in this area that include an aspect of medication, (either missed, late or errors) 18 were either logged as an Incident or were Substantiated.

Prevention is at the heart of addressing concerns of this nature. As an approach therefore, the Care at Home Providers have met to discuss the issues they are facing with medication. As a forum, they have resolved to meet with representatives from social worker teams, the hospital discharge team and health together with the Medication Management Pharmacist employed by the Council to try and clarify some of the terminology and agree a common way forward.

Missed visits which have the potential to place adults with care and support needs at risk of harm total 54. When a missed visit is raised as an issue, the contracts team will take a proactive approach and contact the provider to obtain information regarding the reason for the missed visit and what action the provider is taking to try and ensure this does not happen again.

The number of missed visits is noted on the Key Performance Indicators (KPIs) that the providers submit on a quarterly basis, and the information is reviewed at the 6 monthly Contract Review meetings.

Training for domiciliary care providers

Where effective safeguarding is underpinned by attention to 'prevention', a series of free full-day training events that incorporate aspects of dignity, respect, safeguarding and mental capacity (including supported decision making) have been delivered (on site) to domiciliary care agencies in 2015 by the Professional Leads team.

Sessions conducted to date have engaged both managers and staff at all levels. A sample of the feedback indicating how the learning will be implemented by those

staff is as follows:

- To treat the service user with respect and to not assume that they cannot participate
- Care appropriately - just don't give generic care
- Apply knowledge of how to treat individuals they come into contact with respect and dignity
- Focus on promoting Dignity, Respect and Safeguarding
- Think about how to record how they promote dignity and how to respect and safeguard and record this.

Based on their involvement in those sessions, domiciliary care agencies have then actively requested further expert input on risk management and care planning and dates have been scheduled.

Training on the process of safeguarding has also recently been delivered to agency managers at the Domiciliary Care Provider forum and similarly to carers and family forums and was well received.

The Dementia Officer employed by the Council is also delivering 'Lets Respect' (Dementia) training to Domiciliary Care Providers as required

Informal (non-paid) carers

The Care Act 2014 set out a new duty for a Local Authority to offer an assessment of the needs of informal (family or friend) carers where they are providing essential care to others with eligible care and support needs. Aside from providing information and advice, the carer's assessment identifies circumstances when a carer may be eligible to receive services in their own right.

Support for carers aims to maintain their caring role and their wellbeing. This preventative approach can minimise the issues that create carer breakdown which could result in harm to the cared for person - or indeed the carer him/herself.

Aside from Care Act Training on a legal footing, staff awareness of the duty and the importance of preserving carer wellbeing is delivered in a number of different ways; one of which is via a tiered approach to multi –disciplinary practitioners by

professional leads in partnership with the Carers Centre. To date, 49 assessors who will conduct the assessments have attended the Carer Level 3 briefing over 8 sessions.

Since April 2015, figures show that there were 464 completed carer assessments and 94 terminated carer assessments.

5.9 Budget and Equality Impact Assessment

A summary of the Adult savings by area is attached at Appendix 8 (a). All savings proposals have been subject to an equalities impact assessment.

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 8 (a), Budget Savings Summary

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.

Adult Savings (Summary)

Service	Amount £	Detail
Adult Social Care	364,000	Savings to be made across all Social Work Teams
Care and Support	557,000	To include savings across in-house provider services, such as Intermediate Care, BCIL, Supported Living, Care at Home, Vitaline, Day Services and Respite
Commissioning and Contracts	109,000	All commissioning and contracting and quality management functions
Business and Resources	171,000	Including Systems Team and Business Intelligence and increase income targets
Safeguarding	55,000	Review of some key functions
Commissioning Placements and Contracts	144,000	Contracts and commissions across adult services to be reviewed
Fees and Charges	100,000	Review current charges

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Delyth Curtis, Director of People
Relevant Cabinet Member:	Councillor Graham Cain
Date of Meeting	10 December 2015

CHILDREN'S SERVICES IMPROVEMENT REPORT

1.0 Purpose of the report:

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

2.0 Recommendations:

- 2.1
- To note the contents of the report and to ensure that current work continues to meet statutory obligations and that work to prepare for external inspections continues.
 - To continue to meet statutory monitoring, challenge and support obligations
 - To work with schools to support improvement and preparation for external scrutiny and support the work of the Blackpool Challenge Board in order to improve the progress and attainment of Blackpool Children especially at KS3 and KS4

3.0 Reasons for recommendations:

- 3.1 For Members of the Scrutiny Committee to be fully informed as to the day to day work of the Children's Services Directorate and have assurance that Blackpool is continuing to meet its statutory obligations for future inspection requirements. The LA remains retains a statutory responsibility to monitor all schools in order to support improvement and raise the attainment and progress for all children in the Local Authority Area.

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

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

3.3 Other alternative options to be considered:

Services are subject to national and statutory frameworks.

4.0 Council Priority:

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

5.0 Reports

5.1 School Improvement Processes

The School Improvement Team has carried out a joint desk top/school evaluation exercise with the majority of maintained schools to enable an overall Local Authority category and identification of appropriate support. The meetings involved both the Headteacher and the Chair of Governors of each school. This process has been Quality Assured for robustness.

The School Improvement Team have begun the autumn term visits, which follow on from categorisation and will provide an opportunity for school priorities to be challenged and supported appropriately from a Local Authority perspective.

5.2 Progress on the Blackpool Challenge Sub Groups:

5.2.1 Data and Evidence Sub group

The Data and Evidence Sub group is primarily focussed on KS4 progress and tracking. The group have to date reviewed curriculum papers to be completed, to include each course, exam board and number of entrants; looked at case studies on assessment; discussed analytical tools to support and will present their findings to the next Challenge Board.

5.2.2 Teaching and Learning Sub Group

The Teaching and Learning Sub Group has continued to focus on Continuing Professional Development (CPD) Systems and Quality Assurance. It will soon be linking CPD with impact on learning.

All CPD is now recorded on the Blackpool Challenge Google website and a CPD

mapping exercise to ensure that appropriate support is provided has taken place. There has been greater emphasis on reading including 'Million Minutes' across a number of schools, which saw St John Vianney win a prize of books for the school.

5.2.3 **Inclusion Sub Group**

The Behaviour Advisory Teachers Partnership has been reconstituted and has met to review process for permanent exclusions, managed moves and complex In-Year Fair Access Cases. Requests for managed moves and additional support will be managed by this group. Exceptions will be referred to the Inclusion Board chaired by Councillor Jones. All High schools are represented at the Partnership.

The Inclusion Sub Group will also oversee the Blackpool Challenge Transition Project – Year 5 to Year 7. The purpose of which is to ensure successful transitions particularly into the secondary phase. There are a number of young people whose needs are not being met during this crucial time and as a result, an increasing number are being permanently excluded, are electing for home education or give consideration to moving to another provision which further compounds the transience across the town.

The model will bring together primary and secondary colleagues, provide avenues for cross phase working and sharing of curriculum programmes and professional development opportunities. This will aim to retain some of our most challenged or challenging young people and help them achieve and avoid the need for Pupil Referral Unit intervention.

The background to this comes from the fact that Blackpool has the largest Pupil Referral Unit in the country with 314 learners between the ages of 7 and 16 accessing provision at the end of June 2015, prior to the year 11 leavers.

The majority of young people in Blackpool can and will manage within the mainstream arena with little need for additional support. There are however a number of young people presenting with complex need such as poor social skills, emotional well-being and hidden learning needs such as Speech, Language and communication (SLCN). If the appropriate understanding or support for these is not available, these needs are subsequently manifesting as behavioural challenges within the classroom.

The Primary to Secondary Transition Pilot will involve a transition programme with South Shore Academy, Waterloo Academy, Revoe Academy, Thames Academy and Mereside Primary led by Educational Diversity. The model will:

- Identify a Year 5 cohort of up to 12 learners who may benefit from some early transition work in readiness for secondary age learning

- Develop a cross phase staff team who will work together to develop a curriculum and pastoral model that will bridge the gap between key stage 2 and 3
- Identify professional development needs across the two sectors and provide opportunities to share good practice and develop new learning.
- Introduce rigorous assessment of individual young people to include behaviour, speech, language and communication, learning needs, social and emotional, which will allow for increased access to learning through an increased awareness of needs
- Ensure targeted use of interventions through an alignment of pupil premium monies across the 12 students.
- Develop shared policies and procedures across the settings so that both staff and students have a clear understanding of expectations
- Ensure smooth transition of learning through shared understanding of the level a young person is working at prior to key stage 3 transition process.
- Introduce inter agency working for identified families through information sharing and use of family engagement officers
- Provide opportunities for staff to observe each other across different settings, challenge thinking and create joined up development work
- Develop opportunities for young people to learn and have experience across both settings from the start of year 5
- As the cluster model develops, encourage mirroring the model with other settings and areas of the town.
- Utilise resilience and mindfulness projects from Headstart

Leaders across the five settings will meet to refine the philosophy for the transition programme, establish key staff who will be involved, identify the learning area at South Shore Academy for the delivery model and agree protocols and expected outcomes.

A time map will be developed across the settings with an understanding of key dates such as SAT's, Open evenings, 'moving up days', consultation events and interim review periods. It is imperative that parents and carers are involved from the outset as in order for this to work, we will need their full commitment and engagement in the programme. Opportunities for joint parent and pupil sessions will be a fundamental element if we are to make long term change for the individual pupil and their families. Consideration will also be given to inviting parental representation on the leadership panel for the programme.

The impact on improved outcomes will be agreed at senior leadership across the settings with additional scrutiny provided by members of the Inclusion sub group of the Blackpool Challenge Board. It is anticipated that they will be developed and refined over the pilot.

5.3 **Attendance**

In 2014 /15 the Pupil Welfare Service undertook 5,226 visits to family homes, 381 court meetings of concern were provided and 1,953 letters were sent out. The service supported 48 children and schools when the young people were not collected after school and parents couldn't be located, as well as recording 1,482 safeguarding actions and advice. Of the cases 77% worked with improved attendance at school. Legal proceedings are necessary for a small number of cases and when this was necessary last academic year 70% improved attendance in the terms following the legal proceedings.

5.4 **Ofsted inspections – Early Years**

Based on published reports, the overall percentage of settings and childminders with Ofsted gradings of good or outstanding is 88.9%, with 91% of childminders and 84.2% of group childcare settings. Group childcare provision for our youngest children is of higher quality, with 88.5% of full day and sessional care for under 5s being judged as good or outstanding. This compares to national figures (as at 31 March 2015, which is the most recent data available) of 85% overall, 84% of childminders, and 87% of group settings (this overall national figure also includes childcare on domestic premises, of which we have none in Blackpool).

There have been no full inspections of schools this term. Unity's monitoring visit will be reported to the next Scrutiny Committee meeting.

5.5 **Bid for Early Implementation of the 30 hours free childcare**

Blackpool has registered interest in being an early implementer for the introduction of the 30 hours free childcare policy. If successful it will involve working with a small number of early years childcare nurseries and childminders to pilot the additional 15 free entitlement hours from September 2016, which is a year ahead of the national roll out planned for September 2017. The pilot will involve working with the Department for Education on raising awareness of the initiative, developing the eligibility checking mechanism to establish parents' entitlement to the additional hours and mapping the capacity of the Blackpool childcare sector to meet the potential demand for additional hours of childcare. The result of the bid will be known later this year or early in 2016.

5.6 **Children's Commissioning Team**

Consultation and feedback from service users is a key contributing factor in informing and transforming Service Delivery and striving towards continuous improvement. In order to gain this feedback the Children's Commissioning Team, in conjunction with key stakeholders, is holding a consultation event inviting service

users from the following areas named below to provide feedback.

The areas are Child & Adolescent Mental Health Services (CAMHS); Maternity Services; Speech & Language Therapy Services and services that are Commissioned for Children with a Disability that do not include those already mentioned. Following feedback from service users the consultation event is proposed to be held Saturday 23rd January 2016 at Blackpool Zoo. We are inviting feedback and input around areas of excellence, areas for development and any gaps in provision. We are also looking to recruit service users to participate in future forums to ensure a continuous cycle of improvement.

A mixture of commissioning and service reviews are due to commence in December in light of the budget savings proposals for Children's Services. (Appendix A). Work has also been completed on the Equality Impact Assessment(s) for all reviews. Consultation will start with staff, stakeholders and young people.

5.7 Children's Social Care

5.7.1 Young People looked after under voluntary agreement

The service continues to undertake significant amounts of audit activity. Most recently we have undertaken an audit of those young people that are looked after under a voluntary agreement (Section 20 of the Children Act, 1989). The purpose of this work was to look the care plans for these young people and consider if reunification with family is possible or if we need to take action to share parental responsibility. This work fits with recent national policy changes and guidance as a result of case law which places a much stronger emphasis on the need for Section 20 to be used in a very time limited way and with a much tighter emphasis on consent.

5.7.2 Emergency Duty Team

The Emergency Duty team is now formally under review as part of the budget savings target. This review will consider the nature of referrals and activity that comes to the team and the underlying issues that may have created this. The review will look at options for a more effective service design including the possibility of sharing services with other agencies or Local Authorities.

5.7.3 Case Studies (Social Care)

As requested at the previous meeting of the Committee the following case studies are anonymous but give a flavour of the types of challenge that are currently faced by Children's Services.

The Smith Family; Mrs Smith has moved to Blackpool 6 weeks ago. She has

presented at her GP and is pregnant (estimate 7 months). She is fleeing domestic abuse in Manchester. Since being in Blackpool she has embarked on a new relationship and is intending to cohabit with her new partner. He has convictions for sexual offending. She has had four children removed in Manchester due to domestic abuse and risks posed by her previous partners.

Action taken; A pre-birth assessment undertaken with the family to look at risk and resilience factors. In this case the risks were felt to be:-

- Previous history of removal
- History of domestic violence
- Current partner has sexual offences
- Concerns regarding the decision to cohabit in a very new relationship and the ability to put needs of the child before own needs
- Late presentation of pregnancy.
- No significant changes since the removal of previous children.

Therefore the recommendation of the assessment is removal at birth under an interim care order. However, due to recent case law (re A and Re BS) judges are now very reluctant to agree removal and work on a standard of barely adequate care. Therefore in this case the decision of the court was to return the baby to the mother under a placement with parent's agreement and schedule of expectations. There will also be an intensive support package in place with three times per day visits from the Families In Need Team. The contingency plan will be removal and placement for adoption.

Challenges; This sort of case poses a significant challenge – we find ourselves managing care plans with very high levels of risk, which we may not feel are appropriate. In addition the resource level required to support families is very high. This is a growing feature nationally and the North West Assistant Directors group is capturing these issues and raising them with the judiciary.

The Jones Family; Jo Jones is 15. He lived with his mum in central Blackpool. Jo has a recent history of increasingly aggressive behaviour and has been cautioned by the police for anti-social behaviour. His mum is saying he is beyond her control and he needs to be in care. She was offered a range of support but after a couple of months this breaks down and she refuses to allow him back into her house. There are no other family members that will take him and therefore he is placed in emergency foster care by the Emergency Duty Team over a weekend. The foster placement breaks down due to persistent missing from home episodes and Jo continues to return to his mum's address. She calls the police and he is removed from her premises on a number of occasions. Following the most recent of these incidents he ran in front of a car stating he wishes to be dead. On two recent occasions he has also cut his wrists and been found with a ligature around his neck. He has been

placed in a number of residential placements but these break down due to his challenging behaviour and self-harming. He has been referred to Children and Adolescents Mental Health Services but the diagnosis is that his actions are behavioural and not due to mental health issues. His current placement provider has now given notice to end the placement due to his behaviour.

Challenges; this sort of case poses a number of challenges. Placements to meet needs of this type are very difficult to find and the lack of a diagnosis makes access to therapeutic support very difficult. Typically these young people end up in out of county placements which are very costly and often are not able to appropriately meet needs.

5.8 **Corporate Parent Panel**

The Corporate Parent Panel took place on the 29th October 2015. At the meeting the revised Terms of Reference were agreed; the plan for a Christmas Dinner for Care Leavers was endorsed and it was agreed that Care Leavers who could not or did not want to attend would be provided with a Christmas Hamper. It was agreed that a letter would be drafted in the name of the Corporate Parent Panel and sent to all business leaders, Councillors and staff in order to get as many donations as possible; Councillor Jones and young people representatives agreed to liaise with the Business Leaders Forum to see if business partners could support the initiative to offer our children work experience or apprenticeships and promote the Christmas campaign at the same time. Following consultation with young people the Panel agreed, that children and young people in care would not be referred to as Looked After Children and would be collectively known as 'our children.' It was agreed that the Panel would receive an item on recent complaints to every meeting to ensure that young people were receiving the service they deserved.

5.9 **Child Protection Activity – Safeguarding Quality & Review**

Performance

The number of initial child protection conferences per 10,000 population continues to remain high and rose throughout August (185.7) and September (181.2). The number remains significantly higher than the England average (56.8) and our Statistical Neighbours (83.3), but was a slight decrease from the highest reported figure in July 2015 of 188.1 per 10,000 population. The high number of initial conferences and the continuing high number of children on child protection plans continues to place pressure on council services and external partners who work in the safeguarding children arena.

The number of children subject to Child Protection Plans for the month of August 2015 was 369, the highest figure to date. This decreased in September to 342, the

lowest figure this year and illustrates how child protection figures can fluctuate from one month to another.

In August 2015, 91.3% and in September 92.3% of Individual Child Protection Conferences were held within 15 working days of the start of the section 47 enquiry. This means that in July and August three cases were not held within the statutory timescale. However, the percentage has increased overall and as a service we continue to perform significantly higher than the England average (69.3%) and our Statistical Neighbours (74.6%).

Since the 1st April 2015, 100% of review child protection conferences have been held within timescale, which is excellent when considering the high throughput of work. The Safeguarding Chairs have been thanked for their hard work.

A further 'Key Performance Indicator' (KPI) for the Safeguarding, Quality and Review Service is the percentage of children who become subject to a Child Protection Plan for a 'Second or Subsequent Time'. In May 2015, our performance was 17.2%. In June/July 2015 it was noted that there was an increase to 22.4%. In August the percentage dropped to 18.4% and again in September to 17.1%. This remains higher than our Statistical Neighbours (12.6%) and England (15.8%). However, it should be noted that previous performance had remained fairly constant at between 17.2% and 18.4%.

An audit has been undertaken with regard to the percentage of children who became subject to a child protection plan for a 2nd or subsequent time. It should be noted that children are counted as being subject to a child protection plan for a second or subsequent time regardless of how long ago they became subject to the first plan.

A second or subsequent child protection plan is not necessarily wrong because it may reflect a new risk of significant harm to a child that had not existed previously. What is important is that high and low performance is monitored to ensure that all issues that could be impacting on the safeguarding and protection of children are explored and addressed appropriately.

The audit showed that from 1st July 2014 to 1st August 2015, there were 475 new child protection plans of which 93 had a previous plan. This equates to 44 families (18 sibling groups and 26 individual children). Out of the 93 cases that had a previous plan, 45 cases had a subsequent plan within a two year timeframe and 24 of those had the identical category of plan on both occasions and would suggest that the previous concerns were still evident. For three of the families in that cohort the audit indicates that they had their original child protection plan ended prematurely. The auditor raised concerns with regards to the progression of the child in need plans following the end of the original child protection planning; in that outstanding

work was not completed; work was not coordinated when stepped across to level 3 services or the case was closed prematurely to children's social care. Some individual cases had the same category of plan on both occasions with an additional category being added of emotional abuse at some point and there will be circumstances where children do encounter a new risk once a child protection plan has ceased but figures within the audit evidence that the new risk is relatively low at 11%. High levels of second and subsequent plans can indicate premature ending of initial plans, or failure to provide continuing family support, once the plan has ceased.

The audit made the following comments for consideration, which are now being taken forward;

- Full participation of agencies throughout planning including agencies working with adults within the family home is critical.
- Lack of parental participation in plans hindered progression within cases.
- Some areas of risk identified became lost resulting in appropriate agencies not being present at meetings and risk assessments were not completed prior to plans ceasing.
- Changes to a child protection chair and appropriate agencies not being present increases the risk of information being lost.
- The child protection plan needs to be clear, monitored and developed within the core group. Progression is not always evident within minutes and child protection plans ceasing whilst work remains outstanding is a concern.
- A full case history must be taken into account when considering the threshold of significant harm, especially in relation to cases of long standing neglect and parent's ability to maintain changes; decisions to close cases where concerns had been raised within the child in need period were evident and the 'stepping across' process from child protection to child in need is not robust in some cases with meetings not taking place within recommended timescales.
- Poor quality of child in need recordings resulted in no clear plan for the family and did not evidence progression and there needs to be clear expectations of what needs to happen in cases following closure to social care including support at level 1-3.

5.10 **Looked After Children Safeguarding, Quality & Review**

Performance

The number of children who are 'looked after' per 10,000 population also continues to be high, and increased slightly in August (154.8) and September (156.2). Again this is significantly higher than the England average (60.0) and our Statistical Neighbours (89.9). This continues to present a significant challenge for the Council, Children's Services and partner agencies, in meeting the needs of this highly vulnerable group

in times of financial austerity.

The 2014/15 aggregate figure of Looked After Children (LAC) Review in timescale for the year was 97.9% and performance so far this year is consistent with this performance, however slightly below the 2015/16 target of 98% at 97.8%. 100% was attained for April and July with 99.1% for August and 97.8% for September which again is a good performance from the Independent Reviewing Officers.

The 2015/16 percentage of LAC Reviews where the young person was consulted prior to the review is currently 93.5%, which has significantly increased since the 2013/14 figure of 75.4%. Instances not meeting this standard have generally stood at between one and three cases a month in 2015 and usually reflect exceptional circumstances pertaining to the child that precludes the IRO contact. This figure is kept under constant scrutiny by the Service Manager for this area.

The percentage of young people with a LAC review who were consulted on Date, Time, Venue, Agenda, Participants of Review Meeting for 2014/15 was 90.7% as compared with 71.22% for 2013/14 and 58.42% for 2012/13 demonstrating significant team progression in the area of children's participation. Consolidating on this improvement remains a priority for 2016/17; however figures are currently around 80%.

The percentage of LAC Reviews where the young person participated for 2014/15 was 95.6% as compared with 86.9% for 2013/14 and 90.9% for 2012/13, with continuous development and improvement demonstrated. At present 94.9% of children have participated in their review.

5.11 **Transience**

South Beach ; The area for the original pilot scheme was the same as the South Beach selective licensing area - running west of Seaside's Way from Chapel Street in the north to the Pleasure Beach in the south. Initial inspections of all properties have been completed, with 1,690 people contacted and 950 provided with some support. The initiative has received a positive response from the community and feedback from individuals who have been supported suggests that the proactive approach to offer help and support before crisis point has made a difference. The police statistics show a downward trend in Anti-Social Behaviour call outs linked to the private rented sector.

Work to engage the local community in shaping their own neighbourhood is still on going, currently focused on a weekly drop in event that is regularly attended by upwards of 40 individuals who can get advice, socialize, and volunteer. The recent new funding resource will enable an increased presence of the Transience team in the area to contact and support more residents, develop further ways of supporting

the local community, and also evaluate in more detail what has been achieved to date.

Claremont ; Work covering the whole of the Claremont ward started in August 2014. Most of the first sweep of inspections has been completed to date. The transience team has had contact with 1,264 people and provided support to 602.

Work to support the local community will now be further developed, building on an existing local drop in, and helping to co-ordinate community activities. Great Places Housing Association is also committed to working with the Council in addressing issues within the community.

Areas for further development and the priorities for the next six months are:

- To further develop the strategic partnership
- To agree and implement a comprehensive evaluation plan, and update the cost-benefit analysis
- To develop a wider community group in Claremont, in partnership with Great Places HA, working with interested parties and existing community groups
- To continue to support and develop the community groups in South Beach
- To re-visit and review earlier contacts in South Beach
- To establish a “drop in” base within South Beach
- To plan for further work in the Central area and start to develop links with the existing community groups in those neighbourhoods
- To carry out a partnership consultation workshop to discuss progress, issues and future plans

5.12 **Adult Learning**

A mock inspection of Adult, Community and Family Learning Service took place last month. The Adult, Community and Family Learning service provides learning courses for over 3,000 vulnerable adults in Blackpool and is externally funded by the Skills Funding Agency – there is no core Council funding. As the service is a registered learning provider with the Skills Funding Agency, the service is under the jurisdiction of the Ofsted Common Inspection Framework.

The Purpose of the service to help residents to help themselves and others in their local community through informal and formal learning

Priority Curriculum areas include the following, Basic Skills (English, Maths, Digital), Employability Skills – a Pathway To Work, life skills (including emotional well-being, volunteering) and Family Learning.

The priority groups include Adults in the top 30% worst Lower Super Output Areas,

Unemployed – more chaotic vulnerable long term, building up hours of work, Low – moderate mental health needs, Learning disabilities, Homeless, Domestic Abuse victims and Vulnerable Families in Childrens Centres, Schools and other community settings.

The key strengths that came out of the mock inspection focused on leadership and management and the commitment and passion shown by staff to improve outcomes. It was felt that teaching, learning and assessment is very good and tutors on most courses use a broad range of strategies to inspire and challenge learners. Tutors are well-qualified and experienced in their subject areas and in addition have other highly relevant qualifications and although learners have complex personal support as well as significant learning needs, the majority confirm that they enjoy learning and as a result develop a wide range of skills to enable them to move forward in their lives. Feedback to learners was also regarded as helpful and timely.

Areas for improvement include the fact that there is currently no efficient and central means of managing and collating all of the separate strands of quality assurance activity, including that relating to sub-contractors. The Service relies too heavily on hand-written/manual data which serves to undermine effective organisational performance management. Also information from initial assessment and the group profile is not always used to inform planning to ensure that the needs of individual learners are being fully met and that the more able learners are sufficiently stretched and challenged consistently across programmes.

In going forward the findings and actions required have been fed into a revised Performance Management Plan 2015/16 which was signed off by the Adult Learning Management Committee, chaired by Cllr Jones on November 10th 2015.

5.13 **Better Start**

In the early years, children's experiences have a major impact on their development and future outcomes. By ensuring they have the best possible start in life, we enable them to maximise their achievements, which in turn builds a stronger Blackpool for us all. That is why the work of Blackpool Better Start, a partnership led by the NSPCC, made up of the Blackpool community including parents, Police, Local Authority, the Hospital Trust, Clinical Commissioning Group, Public Health and the Voluntary Sector, is so important to our town.

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

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

development and to be ready for school.

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

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

One of the things that is known to support positive brain development is the back-and-forth interaction between the baby and their caregiver, known as 'Serve and Return' interactions. This crucial aspect of development helps to build strong foundations for brains, forming a good basis for a child's future and enabling them to cope better with life's challenges. Better Start will ensure that high quality support is available to our communities by delivering appropriate services and evidence based interventions, including those which promote the 'serve and return' that our children so richly deserve and that will enable our families to thrive.

Within 10 years the partnership is determined to change outcomes for our youngest children and their families which will create a generational change for our town and our people. The developmental strategy focuses on two key milestones for families: Healthy Gestation and Birth and School Readiness. These will achieve long lasting positive outcomes for all our babies and children and form strong foundations for when they are parents themselves.

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

Delivering these services and others within the town enables families and communities to thrive. Better Start will create programmes that support children's healthy brain development and we can improve outcomes for our youngest children, their families and for our town.

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

As part of the overall regeneration of the town, Better Start is linked into some of the other key initiatives which will help us to reinstate pride within the town and regenerate the town back to a stable, healthy and vibrant community. All of the initiatives and work undertaken to transform services for 0-3’s will be viewed within the wider vision of the transformation of Blackpool.

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

The strategic programme of action is based around four cornerstones:

- Public Health – change for a population
- Evidence Based Intervention – change for those with additional needs
- Refraining and System Transformation – building shared understanding and shared action
- Centre for Early Child Development – building and sharing learning

Appendices:

Appendix 9 (a), Commissioning Service Review Budget Savings Proposals

Appendix 9 (b), Timetable

Does the information submitted include any exempt information? Yes/No

6.0 Legal considerations:

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

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 There is a duty under the **Children’s and Families Act** to co-produce all policies with parents and children/ young people (CYP). Positive feedback has occurred from parent and charity groups to the DFE about parental engagement and engagement with children/ young people was seen as not being a major concern on a DFE monitoring visit. However, it has been highlighted by internal self-evaluation that engagement with CYP could be better and work is ongoing with the Chief Executives department to put in further structures to enable this to improve. It was also recognised that “hard to reach” parents views have not been obtained and a parent telephone survey is proposed.

There is a requirement under **the 2011 Education Act** to progress a School Led System. This is achieved through the work of the Challenge Board, School Federation and School Forum.

13.0 Background papers

None

Budget Savings – Children’s Services 2015-2017

Service	Target - £	
General efficiencies including removal of vacant posts, income targets etc	868,000	This will include small scale reviews of Children with Disability (CWD) Team, Contact Team, Emergency Duty Team, Learning Outside the Classroom, SEND, Fostering and Adoption
Review of Bispham 331 and Argosy Children’s Home(s)	400,000	See attached timetable. The review will be scoped and agreed with staff and consultation with young people, carers and families will take place.
Review of the following services under a proposal for an adolescent hub; <ul style="list-style-type: none"> • Pupil Welfare • LAC Over 12 • YOT • Connexions • Youth • Wish & Hub Services 	260,000	See attached timetable. The review will be scoped and agreed with staff and consultation with young people, carers and families will take place.
Review of Hornby Road – CWD residential respite unit.	400,000	See attached timetable. The review will be scoped and agreed with staff and consultation with young people, carers and families will take place.

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Commissioning/Service Review Timetable

The following reviews are scheduled to take place within the next 6-9 month period. Please find some key details below:

Name of Review	Final report to be completed by	Commissioning Review or Service review (Commissioning Review is Commissioning led – Service Review is Service manager led)	Name of Commissioning Lead and / or Commissioning Link	Date of 1st Meeting with service lead to be held by (Commissioning led arranged by Commissioning, service led arranged by Service lead)
Argosy & Bispham	29/02/16	Commissioning Review	Adam Bowater	Friday 4 th December 15
Hornby Rd	29/02/16	Commissioning Review	Traci – Lloyd Moore	Friday 4 th December 15
Emergency Duty Team	31/08/16	Commissioning Review	Adam Bowater	1 st April 2016
Learning Outside the Classroom	29/02/16	Commissioning Review	Kim Wood	Friday 4 th December 15
SEND (PRU SERF Out of Borough Schools, Transport)	31/07/16	Commissioning Review	Kim Wood	1 st April 2016
Families in need	28/07/17	Commissioning Review	Debbie Park	1 st April 2017
Contact Team	28/02/16	Service Review	Claire Grant	Friday 4 th December 15
Fostering Team	31/08/16	Service Review	Debbie Park	1 st April 2016
Children's Safeguarding Team	31/08/16	Service Review	Adam Bowater	1 st April 2016
Adoption Team	31/08/16	Service Review	Kim Wood	1 st April 2016
Vulnerable Adolescent Hub	31/01/16	Service Review	Debbie Park	Friday 4 th December 15
Children with Disabilities Team	31/08/16	Service Review	Kim Wood	1 st April 2016

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Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	10 December 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 Recommendations:

- 2.1 To approve the Committee Workplan, taking into account any suggestions for amendment or addition.
- 2.2 To monitor the implementation of the Committee's recommendations/actions.
- 2.3 To approve the Public Health Scrutiny Review Scoping Document.

3.0 Reasons for recommendations:

- 3.1 To ensure the Workplan is up to date and is an accurate representation of the Committee's work.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.2b Is the recommendation in accordance with the Council's approved budget? N/A
- 3.3 Other alternative options to be considered:
None.

4.0 Council Priority:

- 4.1 N/A

5.0 Background Information

5.1 Scrutiny Workplan

5.1.1 The Scrutiny Committee Workplan is attached at Appendix 11 (a). The Workplan is a flexible document that sets out the work that the Committee will undertake over the course of the year.

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

5.2 Scrutiny Review Checklist

5.2.1 The Scrutiny Review Checklist is attached at Appendix 11 (b). The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny.

5.3 Training Schedule

5.3.1 A training schedule has been developed in order to assist Members of the Committee with their work. The schedule is as follows:

<u>Care Act 2014</u> To receive an overview of the Care Act 2014 including what it means for the Council and public.	18 th January 2016 6pm Members Training Room
<u>Providing a focussed challenge to Health bodies:</u> Based upon the guidance provided by the Department of Health to support Local Authorities to deliver effective health scrutiny.	Tbc April 2016

5.4 Implementation of Recommendations/Actions

5.4.1 The table attached to Appendix 11 (c) has been developed to assist the Committee to effectively ensure that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

5.4.2 Members are requested to consider the updates provided in the table and ask questions as appropriate.

5.5 Public Health Scrutiny Review Scoping Document

5.5.1 If timetabling allows, each review panel scoping document will be submitted to Committee for approval prior to commencement of a review. Attached at Appendix 11 (d) is the Public Health Scrutiny Review Scoping Document for approval.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 11 (a), Resilient Communities Scrutiny Committee Workplan

Appendix 11 (b), Scrutiny Review Checklist

Appendix 11 (c), Implementation of Recommendations/Actions

Appendix 11 (d), Public Health Scrutiny Review Scoping Document

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.

RESILIENT COMMUNITIES SCRUTINY COMMITTEE WORKPLAN 2015/2016	
2 nd July 2015	<p>Council Plan</p> <p>ADULTS - Adult Services Overview Report - Thematic Discussion: Quality and Residential Care</p> <p>CHILDREN - Children's Services Improvement Report</p> <p>HEALTH - Blackpool Teaching Hospitals Foundation Trust – Patient Experience - Healthwatch</p> <p>Roles, Responsibilities and Attributes of Scrutiny Members</p> <p>Protocol on Scrutiny Committee/Cabinet Member/Officer Relations</p> <p>Scrutiny Review Checklist</p> <p>Scrutiny Workplan</p>
17 th September 2015	<p>CAF Complaints Annual Report</p> <p>ADULTS – Adult Services Overview Report</p> <p>CHILDREN – Children's Services Improvement Report - Thematic Discussion: Child Sexual Exploitation</p> <p>HEALTH - Blackpool Clinical Commissioning Group report - Vanguard - Public Health Annual Report</p> <p>Scrutiny Workplan</p>
5 th November 2015	<p>ADULTS – Adult Services Overview Report - Thematic Discussion: Dementia Care</p> <p>CHILDREN – Children's Services Improvement Report - Blackpool Children's Safeguarding Board Annual Report</p> <p>THIRD SECTOR – Promoting the use of volunteers</p> <p>HEALTH - Blackpool Teaching Hospitals Foundation Trust Report – Financial Standards and Quality of Care</p> <p>Scrutiny Workplan</p>
12 th November 2015	THE HARBOUR
10 th December 2015	<p>ADULTS – Adult Services Overview Report</p> <p>CHILDREN – Children's Services Improvement Report</p> <p>HEALTH - Blackpool Clinical Commissioning Group Overview report - Thematic Discussion: Mental Health</p> <p>Scrutiny Workplan</p> <p>Public Health Scoping Document</p> <p>PRU Scoping Document</p>
4 th February 2016	<p>Council Plan – Performance Monitoring – Communities</p> <p>ADULTS – Adult Services Overview Report</p> <p>CHILDREN - Children's Services Improvement Report - Thematic Discussion: Social Care Placements</p>

Appendix 11 (a)

	<p>HEALTH – Blackpool Teaching Hospitals Foundation Trust Action Plan and Strategy for financial recovery</p> <ul style="list-style-type: none"> - Blackpool Teaching Hospitals Foundation Trust – Feedback on CQC inspections <p>Scrutiny Workplan Establish review panel to consider Quality Accounts Educational Attainment Scoping Document PRU Scrutiny Panel final report</p>
11 th February 2016 (to be confirmed)	THE HARBOUR
17 th March 2016	<p>ADULTS – Adult Services Overview Report</p> <ul style="list-style-type: none"> - Thematic Discussion: Transforming Care for Adults with Learning Disabilities (Winterbourne View) <p>CHILDREN – Children’s Services Improvement Report</p> <ul style="list-style-type: none"> - Child Sexual Exploitation – Progress against actions <p>HEALTH - Blackpool Clinical Commissioning Group – New Models of Care Performance</p> <ul style="list-style-type: none"> - Healthwatch <p>Scrutiny Workplan</p>
22 nd March 2016	<p>Members of the Tourism, Economy and Resources Committee also invited</p> <p>THEMATIC DISCUSSION: DOMESTIC VIOLENCE THEMATIC DISCUSSION: HOMELESSNESS</p>
12 th May 2016	<p>ADULTS - Adult Services Overview Report CHILDREN – Children’s Services Improvement Report</p> <ul style="list-style-type: none"> - Thematic Discussion: Tbc <p>HEALTH - Blackpool Teaching Hospitals Foundation Trust Report</p> <ul style="list-style-type: none"> - Public Health report - Joint Health and Wellbeing Strategy <p>THIRD SECTOR – Community Engagement</p> <p>Scrutiny Workplan</p>
9 th June 2016	<p>Council Plan – Performance Monitoring - Communities</p> <p>ADULTS - Adult Services Overview Report</p> <ul style="list-style-type: none"> - Thematic Discussion: Tbc <p>CHILDREN – Children’s Services Improvement Report</p>

SCRUTINY SELECTION CHECKLIST

Title of proposed Scrutiny:

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

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

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

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

Please give any further details on the proposed review:

Completed by:

Date:

MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
02.07.15	Healthwatch Blackpool circulate the outcomes from Consumer Reviews and Consultations to Resilient Communities Scrutiny Committee Members.	Ongoing	Ellen Miller	Outcomes are regularly circulated. To date Members have received reports pertaining to: Mental Health, Outpatients, Dentistry, Maternity Services	Green
02.07.15	Formal six monthly reporting from Healthwatch, with the ability for Healthwatch to raise any issues outside of this timescale informally to Members, who could escalate them to the next available Committee meeting.	17 th March 2016	Ellen Miller/Sharon Davis	Scheduled for 17 th March 2016	Not yet due
02.07.15	Blackpool Teaching Hospitals Foundation Trust circulate regular information regarding Patient Experience outside of the Committee meeting to allow Members to escalate any issues to the Committee.	30 th November 2015	Pat Oliver	The Trust is currently identifying the most appropriate information to be circulated. Regular updates are being requested.	Red
02.07.15	Copies of the School Profile and School Improvement Plan outside of the Committee meeting to allow Members to escalate any issues to the Committee.	30 th November 2015	Sharon Davis	Circulated.	Green
02.07.15	Performance update in relation to the priority to reduce the number of children in the Pupil Referral Unit.	31 st December 2015	Sharon Davis/Del Curtis	A Scrutiny Review Panel has been established to consider performance of the Pupil Referral Unit in more detail. Meeting to be held 13 th November 2015 and key performance data was considered at this meeting. Completed.	Green

02.07.15	Summary of all Ofsted inspection reports within the Children's Services Improvement Report and to receive full Ofsted inspection reports outside of the Committee meeting as and when they are published.	Ongoing	Del Curtis/Sharon Davis	A summary of Ofsted Inspection reports is included in every Children's Improvement report. Full inspection reports to be circulated outside of meetings.	Green
10.09.15	An update on the progress made in the New Models of Care approach with a focus on performance and the impact on patients, including case studies.	31 st March 2016	Sharon Davis/ Roy Fisher	Scheduled for 17 th March 2016.	Not yet due
10.09.15	Scrutiny review panel to consider the Public Health Annual Report in more detail.	31 st January 2016	Sharon Davis	Membership determined. Scoping meeting held on 28 th October 2015. Review to be held in January 2016.	Amber
10.09.15	To request that the potential use of a similar test to the NHS friends and family test for appropriate services be investigated.	4 th February 2016	Hilary Shaw	Update included within the Adult Services Overview Report – it is being investigated. Further updates to be provided to Committee in due course.	Amber
10.09.15	More detail be provided in the commentary regarding incident type in future Complaints Annual Reports.	September 2016	Hilary Shaw	To be included in the 2016 Annual Reports.	Not yet due
10.09.15	Training session on how both the Council and the CQC regulate services.	28 th February 2016	Sharon Davis/ Karen Smith	The detail around a training session is being investigated.	Amber
10.09.15	Panel to consider school attainment 2015 in detail and consider the links to transition between primary and secondary schools.	28 th February 2016	Sharon Davis	Membership determined. Scoping and training for the meeting to be held 5 th January 2016 with the review held in February 2016.	Amber

Appendix 11 (c)

10.09.15	Consider progress made against the Child Sexual Exploitation Action Plan and to focus on education around child sexual exploitation and the work being carried out to identify the reasons why offenders' offended.	31 st March 2016	Sharon Davis/ Amanda Hatton	Scheduled for 17 th March 2016.	Not yet due
05.11.15	Additional information at the next meeting of the Committee on the Transition Pilot Scheme based at South Shore Academy.	10 th December 2015	Del Curtis	Included in Children's Services Improvement Report December 2015	Green
05.11.15	Update on the progress of the Blackpool Challenge Board Sub Groups.	10 th December 2015	Del Curtis	Included in Children's Services Improvement Report December 2015	Green
05.11.15	Additional information regarding results of the audit of children placed on a Child Protection Plan for a second time.	10 th December 2015	Del Curtis	Included in Children's Services Improvement Report December 2015	Green
05.11.15	Percentage of transience of children in care be circulated outside of the meeting.	31 st January 2016	Del Curtis/Sharon Davis	To be circulated.	Not yet due
05.11.15	A case study at the next meeting highlighting the complexity of issues surrounding children in care.	10 th December 2015	Del Curtis	Included in Children's Services Improvement Report December 2015	Green
05.11.15	Overview of the work of Better Start, including priorities and targets.	10 th December 2015	Del Curtis	Included in Children's Services Improvement Report December 2015	Green
05.11.15	Updates regarding the Emergency Duty Team continue to be included within the improvement report to allow the Committee to	Ongoing	Del Curtis	Included in Children's Services Improvement Report December 2015	Green

	actively monitor concerns surrounding the 100% increase in calls.				
05.11.15	Report to allow scrutiny of the Business Plan of the Blackpool Children's Safeguarding Board.	4 th February 2016	David Sanders	To be received at February 2016 meeting.	Amber
05.11.15	To monitor the developments that had been made, in relation to a central database for volunteers, a policy for recruitment and a potential corporate celebration event.	November 2016	Carmel McKeogh/ Councillor Kirkland	To be received 12 months after date of meeting.	Amber
05.11.15	Consideration of the Blackpool Teaching Hospitals NHS financial recovery plan and strategy to the Workplan.	4 th February 2016	Sharon Davis/Tim Bennett	Added to the workplan for 4 th February 2016	Amber
05.11.15	To request that publishing a selection of feedback on the website be considered re Adult Services.	10 th December 2015	Karen Smith	Included in Adult Services Overview Report.	Green
05.11.15	To receive the 'Pink Book', the Adult Services' Quarter 2 Performance Information.	31 st December 2015	Karen Smith	Circulated to Committee on 25 November 2015.	Green
05.11.15	That further information regarding the uptake of personal health budgets be included in the next report to Committee.	10 th December 2015	Karen Smith	To be included in Adult Services Overview Report.	Green
05.11.15	To receive additional information relating to safeguarding concerns of adults cared for at home including identification of any trends and the support offered to carers.	10 th December 2015	Karen Smith	To be included in Adult Services Overview Report.	Green

Appendix 11 (c)

05.11.15	All Councillors be requested to attend dementia awareness training.	31 st March 2016	Sharon Davis	Email sent from the Chairman of the Committee requesting Leaders to promote attendance at future training sessions. The Committee to receive an update in 6 months on attendance.	Amber
12.11.15	<p>To receive a report from LCFT in approximately three months:</p> <ol style="list-style-type: none"> 1. The results of the independent investigation into the incident on Byron Ward in appropriate detail, whilst respecting confidentiality of the parties involved. 2. The results of the independent piece of work to be undertaken regarding the model used to determine the number of inpatient beds required. 3. Additional information regarding the increase in community provision. 4. An analysis of the impact of the clinical decision unit on the capacity of beds available. 5. Assurance that the failings identified within the CQC inspection report were being addressed. 6. Update on impact of the new recruitment, retention strategy. 	29 th February 2016	Sue Moore/Sharon Davis	To be added to workplan.	Not yet due
12.11.15	A copy of the ligature risk assessments be circulated to the Committee immediately.	30 th November 2015	Sue Moore/Sharon Davis	Risk assessments requested from LCFT. Awaiting receipt of reports to be circulated. (23.11.15)	Red

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Scrutiny Review Scope	
Proposed Title	Scoping Date
Public Health	28/10/15
Criteria and reasons for selecting topic	
<p>At the Resilient Communities Scrutiny Committee on 17 September 2015, Members expressed concern that there were a large number of issues raised by the Public Health Annual Report that required detailed consideration and agreed to establish a Panel meeting to consider the annual report in more detail. The Panel would also consider the wider determinants of health and the targets and priorities moving forward. Concern was also expressed that many of the main issues had been known for some time and little progress had been made. The Panel would also consider how progress could be made.</p>	
Which objectives within the Corporate Performance Plan does this topic address?	
<p>Improving health and wellbeing especially for the most disadvantaged.</p>	
How is it envisaged that the scrutiny will assist in meeting the objectives listed above?	
<p>The Panel meeting will ensure a detailed level of scrutiny of the Public Health Annual Report and make recommendations as appropriate, in line with improving health and wellbeing.</p> <p>Consideration will also be given to targets and priorities going forward and how progress can be made against these targets (where it has not been made previously) to improve health and wellbeing.</p>	
What are the main objectives of the scrutiny?	
<p>To scrutinise the Public Health Annual Report in appropriate detail and consider how progress could be made in addressing many of the recurrent public health issues identified in the report.</p>	
What specific issues will be addressed as part of the scrutiny?	
<ul style="list-style-type: none"> • Detailed scrutiny of the Public Health Annual Report • The wider determinants of health across Blackpool • The remit, priorities and targets of Public Health and the Health and Wellbeing Board and how targets are being acted upon and progress tracked • The reasons why progress in improving health and wellbeing previously has been slow • How progress could be made in addressing the recurrent health issues • The context of local government budget cuts and its impact on public health 	
What possible outcomes are envisaged in terms of service improvements / benefits to the community?	
<p>It is envisaged that that recommendations may help to address long-standing, recurrent issues in relation to health of residents in Blackpool.</p>	

How will the public be involved? (consider invitations / press releases for meetings, consultation with community groups / clubs, etc)
Due to the matter to be considered, the public will not be involved in this review.
How will the scrutiny achieve value for money for the Council / Council Tax payers?
Effective scrutiny of the Public Health Annual Report and any recommendations arising from the review will aim to help to improve health outcomes for Blackpool residents.
What primary / new evidence is needed for the scrutiny?
<ul style="list-style-type: none"> Public Health Annual Report 2014
What secondary / existing information will be needed? (include background information / existing reports (consider Internal Audit) / legislation / central government information and reports, etc.
<ul style="list-style-type: none"> Due North: Report of the Inquiry on Health Equity for the North. Details and performance of public health projects
Which Council officers / departments will provide information, advice and assistance for the scrutiny?
Director of Public Health Cllr Collett, Reducing Health Inequalities and Adult Safeguarding
What type of meetings (e.g. fact finding, evidence gathering, consultations, questioning, site visits), and how many in number are envisaged for the scrutiny?
One meeting will be held to gather evidence and come to conclusions.
Timescales / likely duration of enquiry
A scoping meeting was held on 28 October 2015 and the Panel agreed the review meeting to be held on 8 January 2016.
Lead Scrutiny Officer
Chris Kelly, Senior Democratic Governance Adviser (Scrutiny)
Scrutiny Panel Members
Cllr Benson (Chairman), Cllr Humphreys, Cllr Galley, Cllr Singleton, Cllr O'Hara, Cllr Critchley