

# Blackpool Council

26 January 2016

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, 4 February 2016 at 6.00 pm  
in Committee Room A, Town Hall, Blackpool

### **A G E N D A**

#### **1 DECLARATIONS OF INTEREST**

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

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

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

#### **2 MINUTES OF THE LAST MEETING HELD ON 10 DECEMBER 2015** (Pages 1 - 10)

To agree the minutes of the last meeting held on 10 December 2015 as a true and correct record.

#### **3 PUBLIC SPEAKING** (Pages 11 - 14)

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

#### **4 SCRUTINY WORKPLAN** (Pages 15 - 32)

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

**5 FORWARD PLAN** (Pages 33 - 38)

The Committee to consider the content of the Council's Forward Plan, February 2016 – May 2016, relating to the portfolio of the Cabinet Secretary.

**6 EXECUTIVE AND CABINET MEMBER DECISIONS** (Pages 39 - 44)

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

**7 PERFORMANCE MONITORING - COMMUNITIES** (Pages 45 - 58)

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

**8 BLACKPOOL TEACHING HOSPITALS TRUST ACTION PLAN AND STRATEGY FOR FINANCIAL RECOVERY** (Pages 59 - 62)

To receive and consider a presentation on Blackpool Teaching Hospitals Trust Action Plan and Strategy for Financial Recovery.

**9 CHILDREN'S SERVICES IMPROVEMENT REPORT** (Pages 63 - 72)

To inform scrutiny 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 of services.

**10 THEMATIC DISCUSSION: SOCIAL CARE PLACEMENTS** (Pages 73 - 78)

To enable Members to discuss Social Care Placements in detail and undertake scrutiny of services.

**11 ADULT SERVICES OVERVIEW REPORT** (Pages 79 - 90)

To inform the Committee of the work undertaken by Adult Services on a day to day basis in order to allow effective scrutiny of services.

**12 PUPIL REFERRAL UNIT SCRUTINY REVIEW PANEL FINAL REPORT** (Pages 91 - 112)

The Committee to consider the Pupil Referral Unit Scrutiny Review final report.

**13 DATE AND TIME OF NEXT MEETING**

To note the date and time of the next meeting as Thursday, 17 March 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](mailto:sharon.davis@blackpool.gov.uk)

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# Public Document Pack Agenda Item 2

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 10  
DECEMBER 2015

## Present:

Councillor Benson (in the Chair)

Councillors

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

Mr Fred Kershaw, Co-opted Member  
Mrs Frances McErlane, Co-opted Member

## In Attendance:

Mrs Delyth Curtis, Director of People  
Ms Amanda Hatton, Deputy Director Early Help and Social Care  
Ms Lynn Gornall, Principal Social Worker and Head of Safeguarding (Adults)  
Mrs Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust  
Ms Lisa Moorhouse, Network Director Mental Health, Lancashire Care Foundation Trust  
Mr Steve Winterson, Director of Engagement, Lancashire Care Foundation Trust  
Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group  
Mr Mark Johnston, Deputy Chief Operating Officer, Blackpool Clinical Commissioning Group  
Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group  
Mrs Claire Powell, Healthwatch  
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 John Jones, Cabinet Member for School Improvement and Children's Safeguarding  
Councillor Maria Kirkland, Cabinet Member for Third Sector Engagement and Development

## 1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

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

The minutes of the previous meetings held on 5 November 2015 and 12 November 2015 were signed by the Chairman as a true and correct record.

## 3 APPOINTMENT OF CO-OPTEE

The Committee agreed to appoint Mrs Frances McErlane as a parent governor co-opted member to the Committee.

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**4 PUBLIC SPEAKING**

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

**5 FORWARD PLAN**

The Committee considered the items contained within the Forward Plan, December 2015 – March 2016 and noted that they were the same items as considered at the previous meeting of the Committee.

**6 THEMATIC DISCUSSION: MENTAL HEALTH**

Ms Lisa Moorhouse, Network Director, Lancashire Care Foundation Trust (LCFT), Mr Steve Winterson, Engagement Director, LCFT, Mrs Pat Oliver, Director of Operations, Blackpool Teaching Hospitals Trust, Ms Helen Lammond-Smith, Blackpool Clinical Commissioning Group (CCG) and Mrs Claire Powell, Healthwatch were in attendance for the thematic discussion on mental health in Blackpool. The report was presented as read and contained information regarding key challenges, priorities and the service user's perspective of mental health services.

Members noted the complexity of mental health services in Blackpool and the number of different services and providers in operation and queried how a joined up approach was provided to patients. Ms Lammond-Smith advised the Committee that an Alliance Board had been established of senior representatives from the providers and the CCG to discuss key issues on a regular basis. Ms Moorhouse added that alternative approaches had also been trialled to ensure joined up provision including employing the same manager across two different organisations to create a better pathway for patients.

The Committee discussed the waiting times for patients to access Psychological Therapies, provided by the Hospitals Trust and commissioned by Blackpool CCG. Ms Lammond-Smith advised that waiting times had been up to 10 months and that an initiative had been put in place to reduce waiting times, which had had a significant impact. She added that the Hospitals Trust was on target to achieve the national targets for waiting times for Psychological Therapies by the end of March 2016. The Committee requested an update on waiting times in approximately six months.

Members raised concerns regarding the recent national news story of the failure to investigate deaths by Southern Health and also discussed concerns relating to some of the comments made in response to the survey undertaken by Healthwatch Blackpool. The Committee in particular was concerned with service provision around patients recently discharged from mental health services and cited comments in the Healthwatch report pertaining to feelings of isolation.

Mrs Powell advised that there did appear to be a gap in service provision for patients who had been discharged and that service users had set up their own support group to fill the gap. She added that there was concern that no funding had been provided for the support

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group and that it may not be sustainable.

In response to further questions, Mr Winterson advised that LCFT would be undertaking an additional piece of work with Healthwatch Blackpool in order to interpret the survey presented to Members further and to obtain additional narrative from patients. It was requested that that additional piece of work be submitted to the Committee for consideration in due course.

The Committee noted that Blackpool had the fifth highest rate for all mental health conditions in the country and queried what preventative measures were being put in place to impact upon the challenge that caused. It was noted that a full response to the question would be requested from Public Health following the meeting. Additionally, Ms Lammond-Smith advised that the CCG was working with the Council in order to provide therapy alongside employment support and was also considering Department of Health guidance that patients suffering with long term conditions such as diabetes were more at risk of suffering from mental health issues and the additional provision that could be put in place to target the patients concerned.

In response to a question the Committee was advised by Ms Lammond-Smith that waiting times for Child and Adolescent Mental Health Services (CAMHS) were currently two to three weeks. She added that although CAMHS provided care up to 16 years, should a young person be almost 16 prior to referral then the young person might be referred into adult services. Additionally, if a young person was over 16 but was receiving ongoing treatment from CAMHS that person would continue to receive treatment from CAMHS and would not be transferred, unless appropriate to do so. In response to a further question, Ms Lammond-Smith advised that there had been CAMHS interaction with the HeadStart bid and how to measure the impact of the bid was currently being considered.

Members queried the priorities in relation to mental health services in particular regard to the work being undertaken to reduce the impact of patients transferred to Accident and Emergency from The Harbour. Mrs Oliver advised that further work was being undertaken to understand the physical needs of mental health patients in order to prevent a need to attend Accident and Emergency. Currently an average of two patients per day were transferred from The Harbour by ambulance. She added that links to out of hours service provision and medical skills of staff at The Harbour were being considered in order to prevent unnecessary admission to hospital.

In response to further questions, Mrs Oliver advised that all A and E staff were trained regarding mental health issues, but all were not Mental Health Act trained meaning that not all staff could undertake mental health assessments. Ms Lammond-Smith advised that the first of two 15 bedded Assessment Wards in East Lancashire would open in January 2016 and the second by the end of March 2016.

The Committee discussed risk assessments and noted that initial assessments were undertaken by the relevant Trust and signed off by the Care Quality Commission. Ms Moorhouse added that ongoing risk assessments of buildings would be undertaken by the

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Estates Team, whilst ongoing risk assessments of patients would be undertaken by the most relevant clinician. She added that all staff required to undertake risk assessments would have been appropriately trained to do so.

The Committee agreed:

1. To receive an update on the progress to meet the national waiting list target for Psychiatric Therapies in approximately six months.
2. To receive the results of the additional piece of work regarding feedback from service users from Healthwatch Blackpool and LCFT in due course.
3. To seek a response to the questions regarding preventative work from Public Health following the meeting.

## **7 BLACKPOOL CLINICAL COMMISSIONING GROUP UPDATE REPORT**

Mr Mark Johnston, Deputy Chief Operating Officer, Blackpool Clinical Commissioning Group gave a presentation to the Committee on Quality, Innovation, Productivity and Prevention (QIPP), performance and patient choice. He advised that a number of initiatives had been put in place to achieve savings of £3.2 million, however, the current forecast was that savings of £1.8 million would be achieved. He added that work was ongoing to close the gap but that Blackpool CCG was forecasting a deficit for the financial year.

The Committee discussed a number of the initiatives highlighted in the presentation including New Models of Care, which had previously been discussed by the Committee in detail, the pathway review, referral management and prescribing.

In response to a question regarding the Falls Pathway Review, Mr Johnston advised that there were dedicated falls nurses based in the six Blackpool neighbourhoods and patients continued to be assessed at home. Following further questioning, Mr Johnston advised that the CCG had commenced work to educate care home staff around fall management as part of a wider training programme.

Members noted that performance against the Paediatric Pathway Review was 'red' and Mr Johnston advised that that was related to the level of financial saving made to date, which was much lower than forecasted.

The Committee was informed that a number of the initiatives relating to Prescribing related to reducing spend by replacing high cost products with low cost products which were as effective. Members commented that it was important to communicate and explain changes to medication to patients.

Mr Johnston advised that a Care Homes Pharmacist had recently been appointed with a view to reviewing medication prescribed to older people in receipt of repeat prescriptions to identify if the medication continued to be necessary.

The Committee discussed the previous work of the Health Scrutiny Committee and noted that concern had been raised regarding patients receiving prescriptions from the Urgent

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Care Centre being unable to obtain medication from the pharmacist on site at Blackpool Victoria Hospital. Mr Johnston agreed to investigate the issue and report back to the Committee through the Chairman.

Members were informed of the additional initiatives designed to save money including the closure of the Windsor Unit respite care. The Committee queried if service users had been consulted regarding the changes and was advised that that had been the case. In response to further questioning, Mr Johnston advised that not all service users had been happy following the closure of the unit or their ability to access respite provision since it had closed. He explained that many service users accessing the Windsor Unit had been receiving unequal access to services, which in many cases was more than they were entitled to. He advised that the majority of service users had acknowledged that they had been receiving an unfair level of respite in comparison to carers not in receipt of support from the Windsor Unit.

Mr Johnston provided the Committee with an overview of performance in Blackpool against the NHS Constitution Measures and the NHS Constitution Support Measures and highlighted areas of good and poor performance between April 2015 and September 2015. He advised that although performance of 'A and E admissions, transfer or discharge within four hours of arrival' had been good until September 2015 it was predicted that in the last quarter of 2015 performance would drop.

Mr Johnston advised that the percentage of patients seen within two weeks for an urgent referral for breast symptoms was below target and that that was largely related to patient choice, with many women choosing to wait longer than two weeks. He added that further education was required to ensure women realised the importance of attending an appointment as quickly as possible.

Members queried the performance of the percentage of 'patients receiving first definitive treatment for cancer within two months (62 days)' and was informed that although targets were not met every month, figures were based on a small number of complex patients. Mr Johnston added that the pathway of every patient in that category would be analysed to determine if improvements could be made.

Mr Johnston advised that the statistics relating to the North West Ambulance Service were Lancashire wide and that performance in Blackpool was very high.

Mr Johnston concluded the presentation by informing Members of the importance of patient choice and highlighted the top 10 choices of hospital for Blackpool CCG residents.

The Committee agreed:

1. To receive performance reports from Blackpool CCG biannually commencing in approximately six months.
2. To request that Mr Johnston investigate the use of the pharmacist on the Blackpool Victoria Hospital site and report back to Committee through the Chairman.

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**8 ADULT SERVICES OVERVIEW REPORT**

Mrs Del Curtis, Director of People presented the Adult Services Overview Report and the Chairman invited questions from the Committee.

Members queried the take up of Personal Health Budgets and were informed that although a responsibility of the Clinical Commissioning Group, Personal Health Budgets were managed through the Direct Payments Team at the Council. Mrs Curtis advised that the take up of Personal Health Budgets had been slow and that funding would generally be used by people to purchase care.

Members discussed the Share Lives Short Break Project and raised concerns that without adaptations, accommodation would not be suitable for those with complex needs. In response to questions, Mrs Curtis advised that the Coopers Way accommodation had been specifically adapted to suit a range of complex needs and that she was not aware of any specific funding for carers to make adaptations to accommodation as part of the Shared Lives Service. The Committee requested to be provided with a detailed overview of all respite care available in Blackpool with the aim of ensuring adequate provision was available.

In response to further questions, Ms Gornall, Principal Social Worker and Head of Social Care advised the Committee that the Care Act 2014 had altered the way the level of respite care was determined and had amended how an individual's needs would be measured in order to determine the level of respite to be provided.

The Committee noted the additional safeguarding information relating to those cared for in their own home, as requested at the previous meeting of the Committee, and queried if Councillor Collett, Cabinet Member for Health Inequalities and Adult Safeguarding was satisfied that the measures put in place in order to make improvements to the safety of those cared for at home were sufficient. Councillor Collett advised that he was satisfied that the Safeguarding Adults Board had recently appointed a suitable independent Chairman who would ensure that progress was made and that he was pleased with the progress made to date.

Members further queried the progress made in specific relation to concerns raised regarding the provision of medication by carers and was advised that Care at Home providers had also identified the provision of medication as a concern and, through a forum, had met with the Medication Management Pharmacist employed by the Council to address the concerns.

The Committee discussed the training provided to domiciliary care providers and noted that all training provided by the Council was optional, however, there was some training that was mandatory for all providers to undertake. In response to a question, Ms Gornall advised that training was targeted at providers who had had several safeguarding alerts raised and that there had been a 20% reduction in the number of safeguarding alerts to date in the current year.

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The Committee noted the positive results of the Care Quality Commission inspections of care homes and requested that the inspection results for all regulated services be included in future reports to the Committee.

Members queried why there had been 94 terminated carer assessments and were informed that the majority of terminated assessments were due to recording and not practice.

Members discussed the summary of budget savings in relation to Adults Services and noted that limited information could be provided to the Committee at the current stage in the process. The Committee requested that more detail be provided to the next meeting to outline the impact of the cuts being made on service users.

The Committee agreed:

1. To receive a detailed overview of all respite care in Blackpool in order to consider if there was sufficient provision.
2. To request that inspection results for all regulated services be included in future Adult Services Overview Reports.
3. To receive additional information at the next meeting of the Committee regarding the budget cuts to Adult Services and the impact of the cuts.

## **9 CHILDREN'S SERVICES IMPROVEMENT REPORT**

Mrs Del Curtis, Director of People presented the Children's Services Improvement Report and the Chairman invited questions from the Committee.

Members queried why South Shore had been identified to undertake the Transition Project and was advised by Councillor Jones, Cabinet Member for School Improvement and Children's Safeguarding that a number of children within the 'feeder' schools of South Shore had been identified as requiring additional support. He added that if the project was successful it would be rolled out across Blackpool. The Committee discussed the importance of the transition between primary and secondary school and noted that it had also been identified by Ofsted as a key determinant in attainment.

The Committee also discussed the transient nature of children both within Blackpool and from out of the area moving into Blackpool. Councillor Jones advised the Committee that the Blackpool Challenge Board was considering ways of reducing the movement across the town to try and promote stability for students and schools. However, Members were informed that it was beyond the control of the Council to impact upon the number of people moving to Blackpool. It was noted that transience was an increasing pressure for schools that was difficult to manage.

The Committee highlighted the excellent Early Years inspection results and commended the good work.

The Committee also discussed the Emergency Duty Team and noted that it was formally

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under review as part of the budget savings target. Members noted that due to the 100% increase in calls to the Team reported at the last meeting of the Committee, it had been requested that an update be included on each Children's Services Improvement Report. The Committee requested that further information on the review of the Team be presented to a future meeting of the Committee.

Members had a frank discussion on the case studies provided and the complexities of clinical thresholds. Mrs Curtis advised that there were many challenges pertaining to thresholds for a mental health diagnosis and the clinical judgement that some individuals had a behavioural issue rather than a mental health condition. She added that she had escalated her concerns nationally regarding the gap in service provision for the individuals. In response to further questioning, Councillor Jones advised that although there was not a long waiting list to access Children and Adolescent Mental Health Services (CAMHS) it was the action taken after the referral which was the key concern. He added that additional concerns included access to CAMHS for children with a learning disability, the transition to adult mental health services and the aforementioned thresholds that determined if a condition was behavioural or mental health related and therefore requiring treatment. The Committee noted that these were concerns that should have been raised during the Mental Health Thematic Discussion and requested that a written response be sought from the appropriate health representatives following the meeting.

The Committee discussed the work of the Corporate Parent Panel and requested that further information be included within future reports to reflect the views of the young people raised through that Panel. It was noted that the recent Corporate Parent Conference had been inspirational and that the pledges made through the conference would be reported to the next meeting of the Committee. In addition, Members noted that the Corporate Parent Panel would be receiving an overview of all complaints related to Children's Social Services and the Committee requested that the overview also be circulated to Committee Members outside of the meeting. Mrs Curtis advised that the overview of complaints would be expanded to include compliments.

The Chairman highlighted the recommendations resulting from the audit of children subject to child protection plans for a second time and queried who would monitor the implementation of the recommendation. Councillor Jones advised that he had regular meetings with the Director of Children's Services and would ensure that they were implemented through the meetings.

Members discussed the continuing high numbers of looked after children per 10,000 population and were informed by Ms Hatton, Deputy Director Early Help and Social Care that Blackpool was an outlier, however, she added that despite the high numbers the performance of services against a number of indicators was above national average. Ms Hatton also advised that when deprivation was taken into account the number of looked after children in Blackpool was only four percent higher than expected.

The Committee further discussed the high proportion of children and young people participating in looked after children reviews and questioned the barriers to ensuring 100%

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of young people participated. Ms Hatton advised that some children and young people chose to opt out as participation was not mandatory and that there had also been some issues with engaging children and young people to complete paperwork. She added that in response to this barrier, the JustUz website had been developed and recently launched and children and young people would be able to engage in the process through the website removing the need for paperwork.

The targeted support being developed by BetterStart was discussed and Members queried how the sustainability of the initiatives could be ensured. Mrs Curtis advised that BetterStart intended to embed a system change in order to ensure sustainability and that the NSPCC had predetermined areas in Blackpool in which to base services during the funding bidding process. The Committee agreed to invite the Director for Blackpool's BetterStart programme to a future meeting of the Committee to discuss the issue of sustainability further, gather information regarding the pathway to referral and query how the success of the programme would be measured.

Members discussed the summary of budget savings in relation to Children's Services and noted that limited information could be provided to the Committee at the early stage in the process. The Committee requested that more detail be provided at the next meeting of the Committee to outline the impact of the cuts being made on service users.

The Committee agreed:

1. To receive further information on the review of the Emergency Duty Team at a future meeting of the Committee.
2. To forward the concerns and questions regarding the CAMHS Service to the appropriate health representatives for consideration and response.
3. That the overview of complaints and compliments as provided to the Corporate Parent Panel be circulated to Members of the Committee outside of meetings.
4. To invite the Director of the BetterStart Programme to a future meeting of the Committee.
5. To receive additional information at the next meeting of the Committee regarding the budget cuts to Children's Services and the impact of the cuts.

## **10 WORKPLAN**

Mrs Sharon Davis, Scrutiny Manager presented the report to the Committee and highlighted the outstanding recommendations, advising that she had received an update from Blackpool Teaching Hospitals Trust to confirm that information regarding complaints would be circulated monthly to the Committee commencing in January 2016.

Members queried the reasons why the ligature risk assessments had not been circulated to the Committee as requested at the special meeting held to discuss The Harbour. Ms Lisa Moorhouse, Network Director Mental Health, Lancashire Care Foundation Trust advised the Committee that the documents would be circulated once the Trust had removed any information within the risk assessments that it deemed confidential.

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The Committee also discussed and noted the Public Health Scrutiny Review Panel scoping document.

The Committee agreed:

1. To approve the workplan.
2. To note the Monitoring the Implementation of Recommendations table.
3. To approve the Public Health Scrutiny Review Panel Scoping Document.

**11 DATE AND TIME OF NEXT MEETING**

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

**Chairman**

(The meeting ended at 8.25 pm)

Any queries regarding these minutes, please contact:

Sharon Davis, Scrutiny Manager

Tel: 01253 477213

E-mail: [sharon.davis@blackpool.gov.uk](mailto:sharon.davis@blackpool.gov.uk)

<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davis, Scrutiny Manager.
<b>Date of Meeting</b>	4 February 2016

## **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 29<sup>th</sup> 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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<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davis, Scrutiny Manager.
<b>Date of Meeting</b>	4 February 2016

## 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 establish a Scrutiny Review Panel to consider all Quality Accounts received in 2016.
- 2.4 To approve the scoping document of the Educational Attainment 2015 Scrutiny Review Panel.
- 2.5 To approve widening the remit of the Public Health Scrutiny Panel and enabling a further meeting of the Panel to consider the draft Health and Wellbeing Board Strategy and revised Joint Strategic Needs Assessment.

### 3.0 Reasons for recommendations:

- 3.1 To ensure the Workplan is up to date and is an accurate representation of the Committee's work.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

**4.0 Council Priority:**

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

**5.0 Background Information**

**5.1 Scrutiny Workplan**

5.1.1 The Scrutiny Committee Workplan is attached at Appendix 4 (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 4 (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>Learning from Others and Ourselves:</u> How can we learn from inspection reports that we have received and criticisms that have been made of other local authority scrutiny functions.	22 <sup>nd</sup> February 2016
<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 May 2016

#### **5.4 Implementation of Recommendations/Actions**

- 5.4.1 The table attached to Appendix 4(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 Educational Attainment 2015 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 4 (d) is the Educational Attainment 2015 Scrutiny Review Scoping Document for approval.

The Scoping Document has expanded and built on the original remit of the Panel based on requests made by Panel Members. It is envisaged that a series of meetings will be held in order to consider educational attainment and the key factors that impact upon attainment.

#### **5.6 Quality Accounts Scrutiny Review Panel**

- 5.6.1 The Committee is requested to consider establishing a review panel to consider all Quality Accounts submitted for comments in 2016 from health bodies.

- 5.6.1 Previously the Quality Accounts of health organisations such as the North West Ambulance Service and Lancashire Care Foundation Trust were considered by the Health Scrutiny Committee. It is considered that the Resilient Communities Scrutiny Committee does not have the capacity within its workplan to discuss each Quality Account at a Committee meeting and therefore it is proposed to establish a scrutiny panel to undertake this work.

#### **5.7 Public Health Scrutiny Panel**

- 5.7.1 The Panel was established by the Committee on 17 September 2015, to consider the Public Health Annual Report in more detail, as well as the wider determinants of health and the targets and priorities moving forward. Concern had also been expressed in the Committee meeting that many of the main issues had been known for some time, so the Panel aimed to consider how progress could be made in this regard. It was intended that the Panel would only require one meeting in order to gather evidence and draw conclusions.

- 5.7.2 The Panel met on 8 January 2016 and considered the Public Health Annual Report in detail. Members noted that the main recommendation arising from the report was that the recommendations set out in the Due North report, upon which the Public Health Annual Report was based, were implemented without delay.
- 5.7.3 Panel Members were advised that an action plan covering the four overarching recommendations from the Due North report was currently being drafted and would be incorporated into the Health and Wellbeing Board Strategy. It was also considered that findings within the Public Health Annual Report 2014 had formed a partial basis for the contents of the revised Joint Strategic Needs Assessment.
- 5.7.4 The Panel therefore agreed that another meeting would be required to properly consider the draft Health and Wellbeing Board Strategy and the revised Joint Strategic Needs Assessment.
- 5.7.5 The Committee is therefore requested to approve widening the remit of the Panel and enabling a further meeting of the Public Health Scrutiny Panel to consider those issues.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 4 (a), Resilient Communities Scrutiny Committee Workplan  
Appendix 4 (b), Scrutiny Review Checklist  
Appendix 4 (c), Implementation of Recommendations/Actions  
Appendix 4 (d), Educational Attainment 2015 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.

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<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE WORKPLAN 2015/2016</b>	
10 <sup>th</sup> December 2015	ADULTS – Adult Services Overview Report CHILDREN – Children’s Services Improvement Report HEALTH - Blackpool Clinical Commissioning Group Overview report - Thematic Discussion: Mental Health  Scrutiny Workplan Public Health Scoping Document
4 <sup>th</sup> February 2016	Council Plan – Performance Monitoring – Communities  ADULTS – Adult Services Overview Report CHILDREN - Children’s Services Improvement Report - Thematic Discussion: Social Care Placements HEALTH – Blackpool Teaching Hospitals Foundation Trust Action Plan and Strategy for financial recovery  Scrutiny Workplan Educational Attainment Scoping Document PRU Scrutiny Panel final report
3 <sup>rd</sup> March 2016	Members of the Tourism, Economy and Resources Committee also invited  THEMATIC DISCUSSION: DOMESTIC VIOLENCE THEMATIC DISCUSSION: HOMELESSNESS
17 <sup>th</sup> March 2016	ADULTS – Adult Services Overview Report CHILDREN – Children’s Services Improvement Report - Child Sexual Exploitation – Progress against actions - BCSB Business Plan HEALTH - Blackpool Clinical Commissioning Group – New Models of Care Performance - Healthwatch  Scrutiny Workplan
14 <sup>th</sup> April 2016	THE HARBOUR
12 <sup>th</sup> May 2016	ADULTS - Adult Services Overview Report - Thematic Discussion: Transforming Care for Adults with Learning Disabilities (Winterbourne View) CHILDREN – Children’s Services Improvement Report HEALTH - Blackpool Teaching Hospitals Foundation Trust – Feedback on CQC inspections - Public Health report - Joint Health and Wellbeing Strategy/Oral Health Strategy THIRD SECTOR – Community Engagement  Scrutiny Workplan

9 <sup>th</sup> June 2016	Council Plan – Performance Monitoring - Communities  ADULTS - Adult Services Overview Report CHILDREN – Children’s Services Improvement Report - Thematic Discussion: BetterStart – Priorities and Performance Measure HEALTH – Blackpool CCG Performance Report
14 <sup>th</sup> July 2016	

November 2016 – Update on Volunteers

### 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	Claire Powell	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 <sup>th</sup> March 2016	Claire Powell/Sharon Davis	Scheduled for 17 <sup>th</sup> 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 <sup>th</sup> November 2015	Pat Oliver	First report circulated 18 January 2016.	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	31 <sup>st</sup> March 2016	Sharon Davis/ Roy Fisher	Scheduled for 17 <sup>th</sup> March 2016.	Not yet due

	performance and the impact on patients, including case studies.				
10.09.15	Scrutiny review panel to consider the Public Health Annual Report in more detail.	31 <sup>st</sup> January 2016	Sharon Davis	See update on Workplan report.	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 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> February 2016	Sharon Davis	See update on Workplan report.	Amber
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 <sup>st</sup> March 2016	Sharon Davis/ Amanda Hatton	Scheduled for 17 <sup>th</sup> March 2016.	Not yet due
05.11.15	Report to allow scrutiny of the Business Plan of the Blackpool Children's Safeguarding Board.	17 <sup>th</sup> March 2016	David Sanders	Originally due February 2016. Moved to March 2016 meeting to alleviate workplan pressure.	Amber

05.11.15	To monitor the developments made in relation to a central database for volunteers, a policy for recruitment and a potential corporate celebration event.	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 added to the Workplan.	4 <sup>th</sup> February 2016	Sharon Davis/Tim Bennett	Item on agenda.	Green
05.11.15	All Councillors be requested to attend dementia awareness training.	31 <sup>st</sup> May 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	To receive a report from LCFT in approximately three months: 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	11 <sup>th</sup> April 2016	Sue Moore/Sharon Davis	Date of meeting has been moved back by 2 months due to information required not available at original meeting date.	Not yet due

	identified within the CQC inspection report were being addressed. 6. Update on impact of the new recruitment, retention strategy.				
12.11.15	A copy of the ligature risk assessments be circulated to the Committee immediately.	30 <sup>th</sup> November 2015	Sue Moore/Sharon Davis	Circulated 4 <sup>th</sup> January 2016.	Green
10.12.15	To receive an update on the progress to meet the national waiting list target for Psychiatric Therapies in approx six months.	30 <sup>th</sup> June 2016	Helen Lammond-Smith	Update to be sought in 6 months.	Not yet due
10.12.15	To receive the results of the additional piece of work regarding feedback from service users from Healthwatch Blackpool and LCFT in due course.	30 <sup>th</sup> June 2016	Steve Winterson/Helen Powell	Timescales currently unknown. Feedback will be sought in due course.	Not yet due
10.12.15	To seek a response to the questions regarding work being undertaken to prevent mental health conditions from Public Health following the meeting.	29 <sup>th</sup> February 2016	Arif Rajpura	Briefing paper requested from Dr Rajpura.	Not yet due
10.12.15	To receive performance reports from Blackpool CCG biannually commencing in approx six months.	Ongoing	Roy Fisher/David Bonson	First report due 9 <sup>th</sup> June 2016.	Not yet due
10.12.15	To request that Mr Johnston investigate the use of the pharmacist on the Blackpool Victoria Hospital site and report back through the Chairman.	29 <sup>th</sup> February 2016	Mark Johnston	Reminder request to be sent to Mr Johnston.	Not yet due
10.12.15	To receive a detailed overview of all respite care in Blackpool in order to consider if there was	4 <sup>th</sup> February 2016	Karen Smith	Included in Adult Services Overview Report on 4 Feb Agenda.	Green

	sufficient provision.				
10.12.15	To request that inspection results for all regulated services be included in future Adult Services Overview Reports.	Ongoing	Karen Smith	Included in Adult Services Overview Report on 4 Feb Agenda.	Green
10.12.15	To receive additional information at the next meeting of the Committee regarding the budget cuts to Adult Services and the impact of the cuts.	4 <sup>th</sup> February 2016	Karen Smith	Included in Adult Services Overview Report on 4 Feb Agenda.	Green
10.12.15	To receive further information on the review of the Emergency Duty Team at a future meeting of the Committee.	31 <sup>st</sup> March 2016	Del Curtis	To be included in a future Children's Services Improvement Report.	Not yet due
10.12.15	To forward the concerns and questions regarding the CAMHS Service to the appropriate health representatives for consideration and response.	31 <sup>st</sup> January 2016	Sharon Davis	Email sent 4 <sup>th</sup> January 2016 to attendees, awaiting response. Blackpool Hospitals Trust identified as the appropriate organisation to provide a response.	Amber
10.12.15	That the overview of complaints and compliments as provided to the Corporate Parent Panel be circulated to Members of the Committee outside of meetings.	Ongoing	Sharon Davis	The overview of complaints and compliments will be provided to the Committee commencing with those submitted to the Corporate Parent Panel on 18 February 2016.	Amber
10.12.15	To invite the Director of the BetterStart Programme to a future meeting of the Committee.	9 <sup>th</sup> June 2016	Merle Davies/Sharon Davis	To be added to workplan and invited to meeting.	Not yet due
10.12.15	To receive additional information at the next meeting of the Committee regarding the budget cuts to Children's Services and the impact of the cuts.	4 <sup>th</sup> February 2016	Del Curtis	To be included in the next Children's Services Improvement Report.	Green

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<b>Scrutiny Review Scope</b>	
<b>Proposed Title</b>	<b>Scoping Date</b>
Educational Attainment 2015	05/01/16
<b>Criteria and reasons for selecting topic</b>	
<p>At the Resilient Communities Scrutiny Committee on 17 September 2015 Members agreed to establish a scrutiny review panel meeting to consider educational attainment in 2015 in detail. It was agreed that this meeting would be held once the results had been validated. This followed concerns raised regarding poor secondary attainment in particular.</p>	
<b>Which objectives within the Corporate Performance Plan does this topic address?</b>	
<p>Communities: Creating stronger communities and increasing resilience.</p>	
<b>How is it envisaged that the scrutiny will assist in meeting the objectives listed above?</b>	
<p>The scrutiny panel will consider the reasons why attainment for pupils at secondary schools in particular was poor in 2015 and how poor attainment is being addressed, with a view considering how future attainment can be improved which would increase aspiration and resilience of pupils.</p>	
<b>What are the main objectives of the scrutiny?</b>	
<p>To ensure that pupils in Blackpool are achieving the best outcomes that they can.</p>	
<b>What specific issues will be addressed as part of the scrutiny?</b>	
<ul style="list-style-type: none"> <li>• Primary school results 2015</li> <li>• Secondary school results 2015</li> <li>• Educational outcomes for Looked After Children</li> <li>• Impact of funding on attainment</li> <li>• Transience and transition</li> <li>• The impact of behaviour and attendance (including exclusions)</li> <li>• Aspiration of pupils</li> <li>• Quality of teaching, recruitment and retention</li> </ul>	
<b>What possible outcomes are envisaged in terms of service improvements / benefits to the community?</b>	
<p>The scrutiny review will allow Members to actively monitor poor school performance and scrutinise plans to make improvements.</p>	
<b>How will the public be involved? (consider invitations / press releases for meetings, consultation with community groups / clubs, etc)</b>	
<p>The public will not be specifically invited to participate in this review due to the topic under scrutiny. However, the Panel will consider whether to meet with the Chair of Governor's meeting and/or headteachers in particular relation to aspiration.</p>	
<b>How will the scrutiny achieve value for money for the Council / Council Tax payers?</b>	
<p>The scrutiny review will ensure that plans for school improvement are fit for purpose and value for money.</p>	

<b>What primary / new evidence is needed for the scrutiny?</b>
A training session was provided by Amanda Whitehead on 5 January 2015 to advise Members of how to interpret data. However, the majority of evidence to be considered is already available.
<b>What secondary / existing information will be needed? (include background information / existing reports (consider Internal Audit) / legislation / central government information and reports, etc.</b>
School results data 2015 Detail of school funding Document regarding transition RAISEOnline
<b>Which Council officers / departments will provide information, advice and assistance for the scrutiny?</b>
Del Curtis - Director of People (DCS) Amanda Whitehead – School Improvement Paul Barker – Education Performance Adviser Hilary Shaw – Head of Business Support and Resources Natasha Armistead – Pupil Welfare Service
<b>What type of meetings (e.g. fact finding, evidence gathering, consultations, questioning, site visits), and how many in number are envisaged for the scrutiny?</b>
Up to 6 meetings are expected – all to be fully scoped and focussed.
<b>Timescales / likely duration of enquiry</b>
A scoping meeting and training session on interpreting data to be held 5 January and a series of meetings to be fully developed around core issues. The review will be completed by the end of July 2016.
<b>Lead Scrutiny Officer</b>
Mrs Sharon Davis, Scrutiny Manager
<b>Scrutiny Panel Members</b>
Cllrs Benson, O’Hara, Humphreys, Hunter, Maycock and Singleton

<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davis, Scrutiny Manager.
<b>Date of Meeting</b>	4 February 2016

## FORWARD PLAN

### 1.0 Purpose of the report:

1.1 The Committee to consider the content of the Council's Forward Plan, February 2016 – May 2016, relating to the portfolio 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 The relevant Council Priority is Communities: Creating stronger communities and increasing resilience.

**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

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 5a – Summary of items contained within Forward Plan  
February 2016 – May 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****(FEBRUARY 2016 to MAY 2016)****\* Denotes New Item**

<b>Page Nº</b>	<b>Anticipated Date of Decision</b>	<b>Matter for Decision</b>	<b>Decision Reference</b>	<b>Decision Taker</b>	<b>Relevant Cabinet Member</b>
2	February 2016	Adult Social Care Charging Policy	12/2015	Executive	Cllr Cain

The item was originally considered by the Committee in November 2015, however it was originally titled 'Fairer Contributions Policy' and was scheduled for decision in December 2015.

## **EXECUTIVE FORWARD PLAN - KEY DECISION:**

<b>Matter for Decision</b>  <b>Ref N<sup>o</sup> 12/2015</b>	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.
<b>Decision making Individual or Body</b>	Executive
<b>Relevant Portfolio Holder</b>	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
<b>Date on which or period within which decision is to be made</b>	February 2016
<b>Who is to be consulted and how</b>	<ul style="list-style-type: none"><li>• Service users directly affected by the changes resulting from the implementation of the revised Policy.</li><li>• Local third sector organisations with a specific interest in adult social care.</li></ul> Consultation will be conducted by post, through the website and through stakeholder events.
<b>How representations are to be made and by what date</b>	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.
<b>Documents to be submitted to the decision maker for consideration</b>	Report The Adult Social Care Charging Policy The Equality Analysis A Report on the outcome of the Consultation Exercise
<b>Name and address of responsible officer</b>	Karen Smith Deputy Director of People (Adult Services) e-mail: karen.smith@blackpool.gov.uk Tel: (01253) 476803

<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davis, Scrutiny Manager.
<b>Date of Meeting</b>	4 February 2016

## EXECUTIVE AND CABINET MEMBER DECISIONS

### 1.0 Purpose of the report:

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

### 2.0 Recommendation:

2.1 Members will have the opportunity to question the Cabinet Secretary or the relevant Cabinet Member in relation to the decisions taken.

### 3.0 Reasons for recommendation(s):

3.1 To ensure that the opportunity is given for all Executive and Cabinet Member decisions to be scrutinised and held to account.

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

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

3.3 Other alternative options to be considered:

None.

### 4.0 Council Priority:

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

### 5.0 Background Information

5.1 Attached at the appendix to this report is a summary of the decisions taken, which have been circulated to Members previously.

5.2 This report is presented to ensure Members are provided with a timely update on the decisions taken by the Executive and Cabinet Members. It provides a process where the Committee can raise questions and a response be provided.

5.3 Members are encouraged to seek updates on decisions and will have the opportunity to raise any issues.

**5.4 Witnesses/representatives**

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

- Councillor Amy Cross

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 6a: Summary of Executive and Cabinet Member decisions taken.

**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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<b>DECISION / OUTCOME</b>	<b>DESCRIPTION</b>	<b>NUMBER</b>	<b>DATE</b>	<b>CABINET MEMBER</b>
<p><b><u>LOCAL AUTHORITY DECLARATION ON HEALTH WEIGHT</u></b>                      To recommend the Council sign up to the Local Authority Declaration on Healthy Weight including both the national themes and the local priorities</p>	<p>A key focus of Food Active has been to develop a Local Government Declaration on Healthy Weight. The declaration is a statement that the Council encapsulates a vision to reduce obesity/improve the health and wellbeing of the population by being a responsible Local Authority by continuing to advance existing strategies. To sign the Declaration would mean the Council would show a commitment to reducing unhealthy weight in our communities, protect the health and wellbeing of staff and population and make an impact on health and social care.</p>	<p>EX3/2016</p>	<p>18/01/16</p>	<p>Cllr Cross</p>
<p><b><u>INTRODUCTION OF MILK FLUORIDATION FOR PRIMARY SCHOOL CHILDREN</u></b></p> <p>1. To agree to the proposal to introduce a fluoridated milk scheme as part of the Council's Free School Breakfast Initiative.</p> <p>2. To note the details of the implementation plan as outlined in Paragraph 5.6 of the report will be agreed by the Director of Public Health after consultation with the relevant Cabinet Member and the implementation group.</p>	<p>To consider a proposal for the introduction of fluoridated milk as part of the Free School Breakfast Initiative. A fluoridated milk scheme has previously been discussed by the Executive, but it was decided not to progress at that stage pending further work to review the current oral health strategy. The report also provides a further update on fluoridated milk, and findings from the Blackpool Urinary Fluoride Monitoring project undertaken in June 2015.</p>	<p>EX5/2016</p>	<p>18/01/16</p>	<p>Cllr Cross</p>

Passed  
 18/01/16

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<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Ruth Henshaw, Corporate Development Officer
<b>Date of Meeting:</b>	4th February 2016

## COUNCIL PLAN PERFORMANCE REPORT Q2 2015/2016

### 1.0 Purpose of the report:

1.1 To present performance against the Council Plan 2015-2020 for the period 1st April – 30th September 2015.

### 2.0 Recommendation(s):

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

### 3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

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

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

3.3 Other alternative options to be considered: N/A

### 4.0 Council Priority:

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

### 5.0 Background information

5.1 This is the first report which reviews performance against the priorities in the new Council Plan 2015/2016.

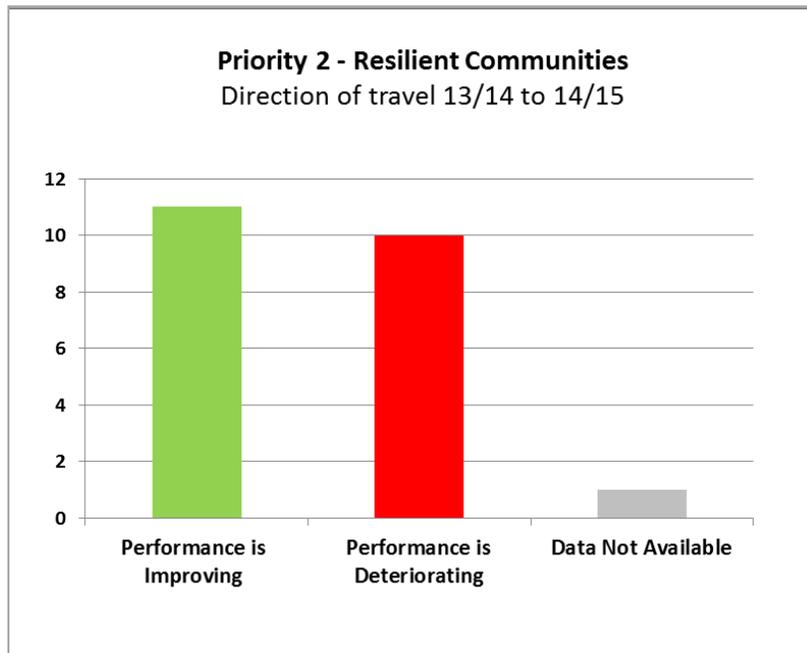
5.2 The report centres around a set of core performance indicators which have been developed in consultation with the Corporate Leadership Team.

5.3 A second report will be presented to the Committee in June 2016 reviewing performance for 2015/2016. From 2016/2017, performance will be reported on a quarterly basis.

**6.0 Performance Overview**

6.1 This first performance report for Resilient Communities captures data up to Quarter Two (September 2015) of the 2015/2016 cycle. The report also tracks performance where possible back to 2013/2014 to allow Members to monitor performance over time.

6.2 There are 22 indicators within the performance basket for Resilient Communities which have been developed in consultation with the Council’s Corporate Leadership Team. The graph below shows the direction of travel between 2013/2014 and 2014/2015. Eleven indicators have shown improvement over this period and 10 have deteriorated. At Quarter 4 2016 a more detailed direction of travel will be available as many of the indicators within the basket cannot be monitored quarterly (currently 12 indicators).



**6.3 Overview of Current Performance**

Current performance at Quarter 2 shows 7 indicators showing improved performance. Exception sheets detailing performance of those indicators showing cause for concern within the current year are attached at Appendix 7(b). These are provided to give the

reader more information regarding the current performance and any expected change in delivery which may improve performance.

- Targets are set by most services for the year and performance can be tracked against targets set.
- There is no consistent approach to setting targets and these are mainly done at service level. Targets should be reviewed in preparation for the 2016/2017 calendar year; this should be a consideration for the committee for 2016/2017.
- Benchmarking data against other local authorities is not available for all indicators but this is something the committee could consider for future reporting.
- Some indicators are tracked annually but Members may wish to investigate alternative methods on how performance can be tracked through the year.
- The indicators presented are those identified to track performance of the Council Plan 2015-20 (list of Projects at Appendix 7(c) but Members may wish to identify further measures as part of the reporting process when available or through further more in depth scrutiny reviews.

## **7.0 Witnesses/representatives**

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

Sally Shaw, Head of Corporate Development, Engagement and Communications  
Deputy Chief Executive's Department

Does the information submitted include any exempt information? No

### **List of Appendices:**

Appendix 7(a), Q2 KPI Spreadsheet  
Appendix 7(b), Q2 Exception Reports  
Appendix 7(c), Council Plan Projects 2015-2020

## **8.0 Legal considerations:**

8.1 None

## **9.0 Human Resources considerations:**

9.1 None

## **10.0 Equalities considerations:**

10.1 None

**11.0 Financial considerations:**

11.1 None

**12.0 Risk management considerations:**

12.1 None

**13.0 Ethical considerations:**

13.1 None

**14.0 Internal/ External Consultation undertaken:**

14.1 N/A

**15.0 Background papers:**

15.1 None

# App A - Resilient Communities Key Performance Indicators

Quarter 2 performance as at 30th September 2015

KEY - Direction of Travel Icons:

↑✓	Performance is improving or on target
↓✓	
↑	Little or no change in performance (tolerance of 5%)
↓	
↔	
↑✘	Performance is deteriorating or off target
↓✘	

Lead Cabinet Member	Indicator	Outturn 2013/14	Outturn 2014/15	DoT (13/14 v 14/15)	2015/16				Outturn 2015/16	Target 2015/16	Direction of Travel		Notes	Dept	
					Q1	Q2	Q3	Q4			Against Previous	Against Target			
Page 49 Cabinet Secretary (Resilient Communities)	Cllr Cain	% take up of free school breakfasts	77.4%	82.3%	↑✓	A	A	A			Increase on last year	Annual		CES	
	Cllr Cain	Death to service time for cremations (% within 14 days)	n/a	50%	n/a	35.6%	64.3%				60%	↑✓	↑✓	Position has increased significantly from Q1 and performance is now above target.	GRS
	Cllr Cross	% of opiate drug users successfully completing treatment who do not re-present to treatment within 6 months	9.38%	5.75%	↓✘	5.7%	6.4%				Increase on last year	↑✓	↑✓	Performance dipped slightly in Q1 but has recovered in Q2. However, performance is still poor compared with 2013/14.	PH
	Cllr Cross	% of non-opiate drug users successfully completing treatment who do not re-present to treatment within 6 months	43.43%	51.22%	↑✓	51.2%	46.9%				Increase on last year	↓✘	↓✘	Performance has deteriorated since 2014/15 and is currently below target.	PH
	Cllr Cross	% of successful completions of alcohol treatment	54.6%	44.5%	↓✘	44.6%	41%				Increase on last year	↓✘	↓✘	Although performance increased slightly in Q1, performance has worsened in Q2.	PH
	Cllr Cross	Smoking prevalence in adults aged 18 or over	29.47%	26.5%	↓✓	A	A	A			25%	Annual			PH
	Cllr Cross	Smoking status at the time of delivery	27.5%	27.2%	↓✓	A	A	A			25%	Annual			PH
	Cllr Cross	Prevalence of excess weight in Reception children (4-5 years)	26.04%	27.3%	↑✘	A	A	A			25%	Annual			PH
	Cllr Cross	Prevalence of excess weight in Year 6 children (10-11 years)	35.43%	36.12%	↑✘	A	A	A			34.4%	Annual			PH
	Cllr Cross	% take up of NHS Health Checks per year amongst the eligible population (aged 40-74)	76.08%	73.14%	↑✓	A	A	A			75%	Annual			PH
	Cllr Cross	Proportion of service users with a completed review in year	58.7%	54.8%	↓✘	15.1%	32.1%				70%	↓✘	n/a	Cumulative figure. % of completed reviews is lower than the same period in 2014/15.	AS
	Cllr Cross	Permanent admissions of older people (65+) to residential care per 100,000 population	994.3 per 100,000 pop.	876.5 per 100,000 pop.	↓✓	245.80 per 100,000 pop.	505.6 per 100,000 pop.				Decrease on last year	↓✓	↓✓		AS
	Cllr Cross	Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation	84.6%	78.6%	↓✘	A	A	A			80%	Annual			AS
	Cllr Cross	Proportion of older people offered reablement services following a discharge from hospital	1.9%	1.8%	↓✘	A	A	A			Increase on last year	Annual			AS
	Cllr Collett	% of children attending a primary or secondary school judged by Ofsted to be good or outstanding	73.2%	68.3%	↓✘	A	62.8%	A	A	62.8%	75%	↓✘	↓✘	The target for 2015/16 has not been achieved and performance has worsened compared to the previous 2 years.	CS
	Cllr Collett	Achievement of 5 or more A* - C grades at GCSE or equivalent including English and Maths	46.2%	44%	↓✘	A	41.5%	A	A	41.5%	55%	↓✘	↓✘	The target for 2015/16 has not been achieved and performance has worsened compared to the previous 2 years.	CS
	Cllr Collett	% of children achieving Level 4 or above in reading, writing and maths at Key Stage 2	76%	77.4%	↑✓	A	78.8%	A	A	78.8%	80%	↑✓	↑	Narrowly missed the annual target by 1.2% but performance has improved when compared to the previous 2 years.	CS
	Cllr Collett	% of pupils achieving a Good level of development at EYFS profile	52%	54.3%	↑✓	A	61%	A	A	61%	57%	↑✓	↑✓	Performance continues to improve and the target for 2015/16 has been achieved.	CS
	Cllr Collett	% of 16-18 year olds not in education, employment or training	6.6%	6.2%	↓✓	A	A	A			6.4%	Annual			CS
	Cllr Collett	No. of referrals / Rate of referrals to Social Care per 10,000 children	No. 3,610 / Rate 1,242.2	No. 2,775 / Rate 955.9	↓✓	No. 2,462 / Rate 854.6	No. 2,355 / Rate 817.4				No. 2,613 / Rate 900	↓✓	↓✓	Performance continues to improve, and whilst these are small reductions month on month, it represents a significant reduction from previous years. On track to achieve 2015/16 target.	CS
Cllr Collett	Number of children looked after / rate of children looked after per 10,000 population	No. 443 / Rate 152.4	No. 454 / Rate 156.4	↑✘	No. 437 / Rate 151.7	No. 450 / Rate 156.2				No. 420 / Rate 144.7	↑✘	↑✘	Performance has continued to fluctuate but remains above target.	CS	
Cllr Collett	% of children who became subject to a child protection plan for a 2nd or subsequent time	18.4%	18.2%	↓✓	22.4%	17.1%				14%	↓✓	↑✘	Following an increase in June / July, performance has returned to a consistent level but is still above target.	CS	

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**CABINET SECRETARY  
(RESILIENT COMMUNITIES)**

Indicator Description	Better to be?
% of opiate drug users successfully completing treatment who do not re-present to treatment within 6 months	High
% of non-opiate drug users successfully completing treatment who do not re-present to treatment within 6 months	High
% of successful completions for alcohol treatment	High

	2013/14	2014/15	2015/16				Target	DoT Against Target
			Q1	Q2	Q3	Q4		
<b>Opiates</b>	9.38%	5.75%	5.7%	6.4%			Increase on previous year	↑ ✓
<b>Non-opiates</b>	43.43%	51.22%	51.2%	46.9%				↓ ✗
<b>Alcohol</b>	54.6%	44.5%	44.6%	41%				↓ ✗

**Commentary:**

The percentage of opiate clients who successfully completed treatment and did not represent within 6 months in Quarter 2 has slightly increased to 6.4%, but continues to be below the 2013/14 baseline. This decrease in performance can be attributed to a change in the way treatment is delivered. Prior to September 2014 clients in treatment were exited immediately after their clinical intervention which was often too soon and meant clients relapsed. The new treatment system now includes the wider recovery offer, therefore clients remain in treatment for a longer period of time once the clinical intervention is completed, however this work supports the clients maintaining their recovery and reduces the number of relapses.

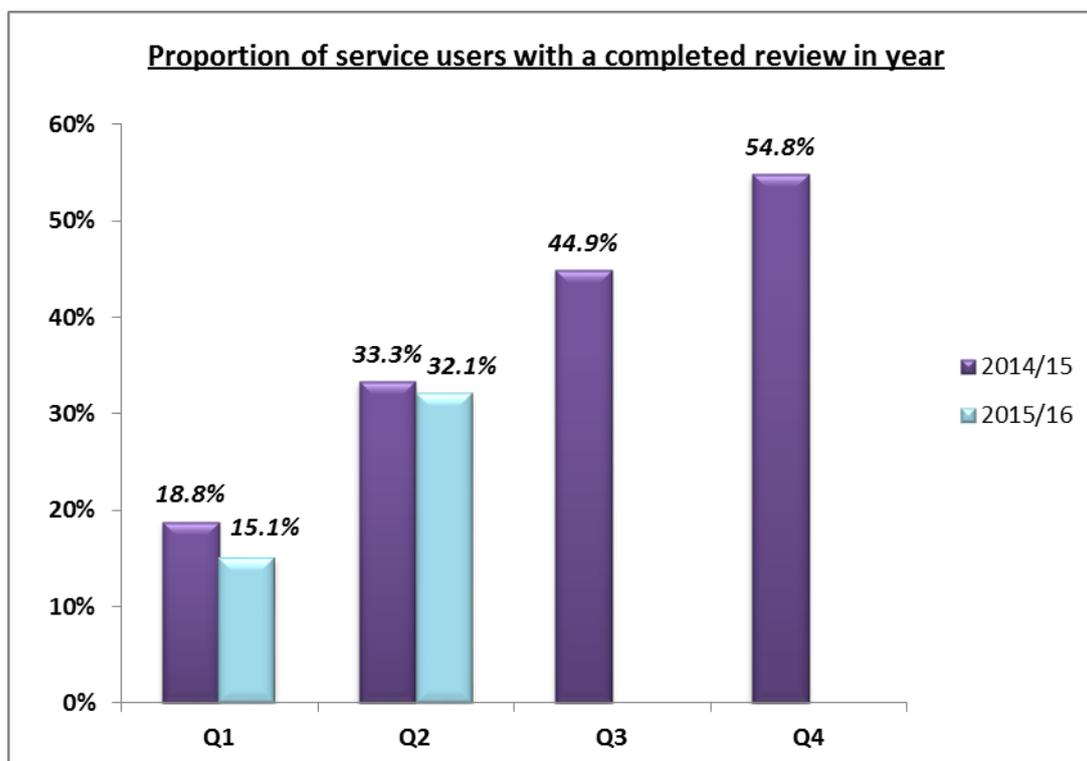
The non-opiate clients successfully completed in Quarter 2 has reduced to 46.9%. The percentage needs to be read with caution as the number of non-opiate clients in treatment is low and therefore any small reduction in numbers shows a large percentage drop. Blackpool is still performing within the top quartile range for comparator local authorities and is considerably higher than the national average of 38.5%.

The percentage of alcohol clients who have successfully completed treatment has dropped compared to Quarter 1 from 44.6% to 41%. This correlates with a decrease in the number of clients accessing alcohol treatment. Public Health is concerned at the low numbers accessing treatment and work is currently ongoing with Horizon treatment system to improve the activity. The provider has been placed on a remedial action plan to improve performance and a service review is due to commence in the New Year. Public Health will also be updating the Needs Assessment for alcohol to establish the current level of need.

## App B – Q2 Exception Reports

Indicator Description	Better to be?
The proportion of service users with a completed review in the year	High

2013/14	2014/15	2015/16					DoT
		Q1	Q2	Q3	Q4	Target	Against Past Performance
58.7%	54.8%	15.1%	32.1%			70%	↓ ✖



### Commentary:

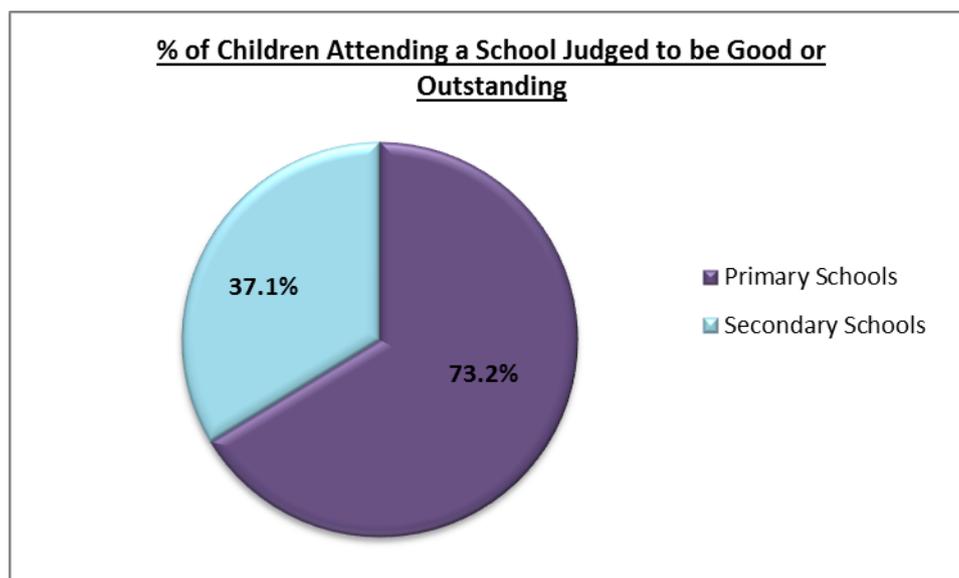
A review is the process by which clients' needs are revisited to ensure that they are receiving the services they need. Reviews can take place where a client's circumstances change and multiple reviews are expected in some cases. The number of outstanding reviews is monitored closely and resources have been allocated to reduce the numbers of outstanding reviews. Progress is monitored and reported on regularly and the number of outstanding reviews can be seen to be reducing.

Due to some difficulties in acquiring data from a partner organisation, this indicator does not record all reviews completed. Once this issue has been resolved, we expect the proportion of completed reviews to rise. Assuming we continue at the same rate throughout the remainder of the year, we expect the year-end outturn to be higher than that reported at the end of 2014/15.

## App B – Q2 Exception Reports

Indicator Description	Better to be?
% of children attending a primary or secondary school judged by Ofsted to be Good or Outstanding	High

2013/14	2014/15	2015/16		DoT
		Outturn	Target	Against Target
73.2%	68.3%	62.8%	75%	↓ x



### Commentary:

School Improvement has reviewed the process of school categorisation which determines the level of challenge and support in relation to each school's Ofsted category and key priorities. This will allow a clear programme of direct and brokered support which will target schools' priorities. A number of schools have been identified as borderline Good to Outstanding and schools will be monitored and challenged to address that requirement.

Furthermore, opportunities for both peer support and school to school support have begun which will encourage schools to raise expectations and aim for Outstanding at their next inspection. These include 'The World Class Programme' which has encouraged groups of schools to work together on similar priorities on their route towards Outstanding.

## App B – Q2 Exception Reports

Indicator Description	Better to be?
Achievement of 5 or more A* - C grades at GCSE or equivalent including English and Maths	High

2013/14	2014/15	2015/16		DoT
		Outturn	Target	Against Target
46.2%	44%	41.5%	55%	↓*

School	2014	2015
	% 5+ A* -C inc. English & Maths*	% 5+ A* -C inc. English & Maths*
Bispham / Aspire Academy	44%	39%
Collegiate / Aspire Academy	32%	
Highfield	47%	28%
Montgomery Academy	54%	56%
South Shore Academy	35%	28%
St George's Academy	48%	44%
St Mary's Academy	43%	55%
Unity Academy	41%	33%

\*Perf Tab (Jan 2015)

\*RoL (Dec 2015)

<b>National Average</b>	56%	56%
<b>Blackpool Average</b>	46%	44%

### Commentary:

Secondary attainment is being addressed through the Challenge Board. Schools have been required to submit targets for 2016 for each measure which are being monitored at termly data drops.

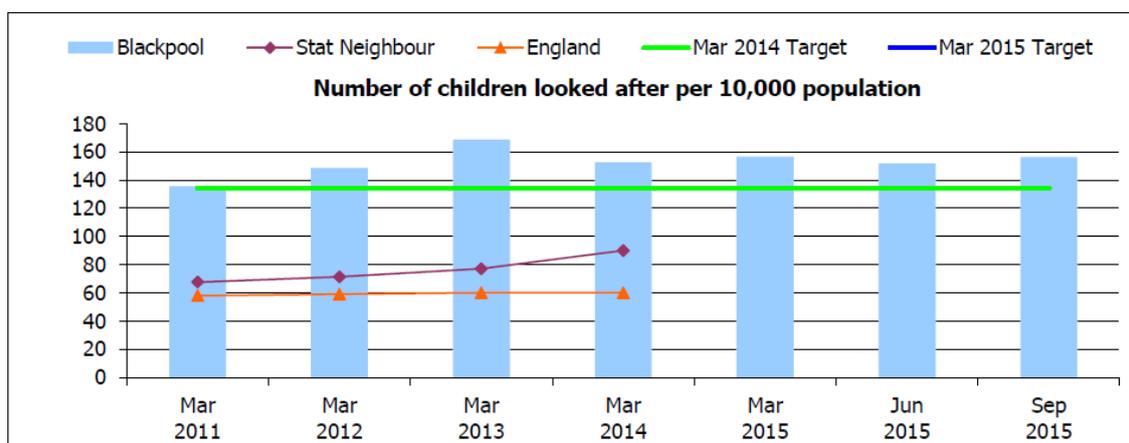
In addition, School Improvement holds termly Focus Meetings with each Secondary Academy to review progress towards targets.

## App B – Q2 Exception Reports

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

	2013/14	2014/15	2015/16						
			Apr	May	Jun	Jul	Aug	Sept	Target
<b>No.</b>	443	454	454	451	437	442	446	450	420
<b>Rate</b>	152.4	156.4	157.6	156.5	151.7	153.4	154.8	156.2	144.7

Direction of Travel			
Current vs. Year End (14/15)	Current vs. Target (15/16)	Current vs. England (13/14)	Current vs. Stat Neighbour (13/14)
↓ ✓	↑ ✗	↑ ✗	↑ ✗



**Notes:** From Dec 2012 population figures revised from 26,227 to 28,853 based on Jan 2011 Census. This resulted in a further increase in rate.

### Commentary:

Looked after numbers are consistently at or around their lowest since 2012. We are currently reviewing all those who are placed at home with their parents to see if it is appropriate to discharge the orders. This will also support a reduction in LAC numbers.

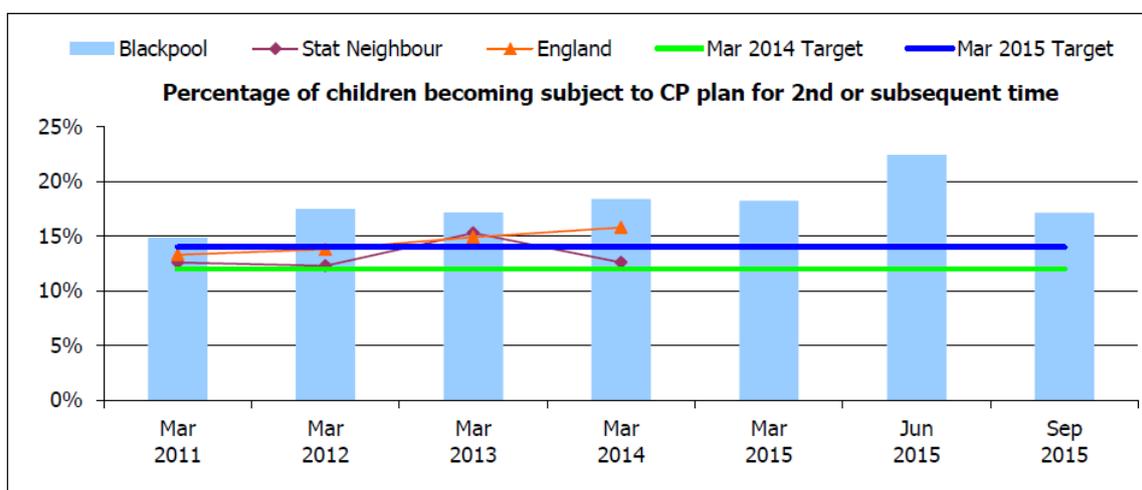
In addition, work is ongoing to consider the applicability of work undertaken in Leeds and in Blackburn, which has significantly reduced LAC numbers through additional resources to support rehabilitation at home and diversion from care, to a Blackpool context.

## App B – Q2 Exception Reports

Indicator Description	Better to be?
% of children who became subject to a child protection plan for a 2nd or subsequent time	Low

2013/14	2014/15	2015/16						
		Apr	May	Jun	Jul	Aug	Sept	Target
18.4%	18.2%	16.7%	17.2%	22.4%	20.4%	18.4%	17.1%	14%

Direction of Travel			
Current vs. Year End (14/15)	Current vs. Target (15/16)	Current vs. England (13/14)	Current vs. Stat Neighbour (13/14)
↓✓	↑✗	↑✗	↑✗



### Commentary:

In July 2015, our performance was 20.4%. In August there was a decrease to 18.4% and a further decrease in September to 17.1%.

Whilst this remains higher than our Statistical Neighbours (12.6%) and England (15.8%), previous performance had remained fairly constant at between 17.2% and 18.4% since 2012.

The Service Manager for Safeguarding and Review is currently undertaking an audit of these cases to identify any emerging patterns and trends which will be presented at the Children's Management Team meeting and circulated to all Children's Social Care staff.

## APPENDIX C – COUNCIL PLAN PROJECTS 2015-2020

### **PRIORITY – Communities: Creating stronger communities and increasing resilience**

THEME	KEY PROJECTS OVER THE NEXT 5 YEARS
<b>Community</b>	<ul style="list-style-type: none"> <li>▪ Asset-based community development bringing people together through the arts café, food growing and farm scheme</li> <li>▪ Improve access to community activities</li> <li>▪ Create neighbourhood navigators to help the isolated access activities</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>▪ New active health referral programme</li> <li>▪ Improve the wellness service</li> <li>▪ Increase the number of people accessing NHS health checks</li> <li>▪ Healthier Catering Award scheme</li> </ul>
<b>Safeguarding</b>	<ul style="list-style-type: none"> <li>▪ Adult and Children’s Safeguarding Boards</li> <li>▪ Increase the number of foster carers</li> <li>▪ Wider “Corporate Parent” offer for Looked After Children</li> </ul>
<b>Social Care</b>	<ul style="list-style-type: none"> <li>▪ Better Care Fund programme</li> <li>▪ Integration of health and social care</li> <li>▪ Support for people to manage their own care</li> <li>▪ Ensure quality non-residential and residential care</li> <li>▪ Neighbourhood-centred models of care based on local need</li> </ul>
<b>Young People</b>	<ul style="list-style-type: none"> <li>▪ Implement Centre for Early Child Development</li> <li>▪ Implement Head Start programme</li> <li>▪ Continue the Free School Breakfast scheme</li> <li>▪ Increase the number of pupils attending Good or Outstanding schools</li> <li>▪ Improve pupil attainment and the standard of secondary education</li> </ul>

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<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Mr Tim Bennett, Director of Finance, Blackpool Teaching Hospitals Foundation Trust
<b>Date of Meeting</b>	4 February 2016

## BLACKPOOL TEACHING HOSPITALS TRUST: ACTION PLAN AND STRATEGY FOR FINANCIAL RECOVERY

### 1.0 Purpose of the report:

- 1.1 To receive a presentation on Blackpool Teaching Hospitals Trust Action Plan and Strategy for Financial Recovery.

### 2.0 Recommendations:

- 2.1 To receive and scrutinise the action plan and strategy for financial recovery.
- 2.2 To determine the Committee's role in monitoring the implementation and outcomes of the strategy.

### 3.0 Reasons for recommendations:

- 3.1 To ensure constructive and robust scrutiny of the finances of Blackpool Teaching Hospitals Trust.

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

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

3.3 Other alternative options to be considered:

None

### 4.0 Council Priority:

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

**5.0 Background Information**

- 5.1 At the Resilient Communities Scrutiny Committee meeting on 5 November 2015, Mr Tim Bennett, Director of Finance at Blackpool Teaching Hospitals Trust presented Members with detail of the Trust's financial deficit and the impact of finance on quality of care.
- 5.2 The Committee discussed the financial challenge the Trust was facing, the core reasons behind the deficit and the action being taken to address the deficit.
- 5.3 Members asked a number of questions including whether the Trust had developed a plan for financial recovery and was informed that this was the case. Mr Bennett agreed to return to the Committee at a future meeting to present the Action Plan and Strategy that had been developed.
- 5.4 Unfortunately, at the time of publishing this agenda, the Strategy for Financial Recovery had not been approved by the Trust's Board, however, a meeting of the Board is taking place in the interim period between the publication of this agenda and the meeting of the Committee. Mr Bennett has therefore agreed to provide a presentation on the Strategy at the meeting.
- 5.5 The agenda for the Trust's Board can be found on Blackpool Teaching Hospitals Trust website at the following link <http://www.bfwh.nhs.uk/about-our-trust/board-meetings-in-public/>

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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<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Delyth Curtis, Director of People
<b>Date of Meeting</b>	4 February 2016

## CHILDREN'S SERVICES IMPROVEMENT REPORT

### 1.0 Purpose of the report:

- 1.1 To inform scrutiny 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 of services.

### 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.
- 2.2 To assist the Council to continue to meet statutory monitoring, challenge and support obligations.
- 2.3 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 to allow effective scrutiny 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 Update Reports

### 5.1 School Improvement Processes

The School Improvement team has carried out Autumn Term visits to maintained primary and special schools, which followed on from categorisation at the beginning of the autumn term and provided an opportunity for school priorities to be challenged and supported appropriately from a Local Authority perspective.

At the beginning of this term, School Improvement carried out an informal review of existing school categories to consider whether any new evidence would impact upon the category agreed last term. Where this may have been a consideration, a further meeting between School Improvement and both the Headteacher and Chair of Governors to carry out a joint evaluation would have been scheduled. The outcome of this desktop suggests that the categories agreed in the autumn term will remain the same until the exercise is carried out again in the summer term.

### 5.2 School Inspection Outcomes

#### HMI Monitoring Visits:

- **Montgomery Academy** received a HMI Monitoring Visit on 8<sup>th</sup> December. The full report has now been published. The outcome of this visit suggested that: 'leaders and managers are taking effective action towards the removal of Special Measures'.
- **South Shore Academy** received a HMI Monitoring Visit on 1<sup>st</sup> December. The full report has now been published. The outcomes of this visit suggested that: 'leaders and managers are taking effective action towards the removal of Special Measures' and that 'the Trust's Statement of Action was fit for purpose' and the 'Academy's improvement plan was fit for purpose'. In addition, the report states that 'the academy sponsor and the Local Authority are working together effectively to support the academy'.

### **Full Inspections:**

There has only been one inspection carried out under the new framework to date, which is:

- **St John's C of E Primary School.** The report has now been published. The outcomes of this visit suggests: 'The school continues to be good'.

### **5.3 Attendance**

Comparisons using the live Education Management System's data for Blackpool schools demonstrates that attendance at half term 2 (Christmas) was better than the previous year at the same point for primary and secondary. For special schools this was not the case. Due to the governmental changes to persistent absence (PA), the threshold comparisons for this area need to be treated with caution. Blackpool continues to focus on narrowing the gap between local and national data.

Clarity is in place regarding the core duties that help the council meet the statutory requirements and the buy-back and pupil welfare service offer is thriving. The service specification for next years buy back is completed and available to schools. Increased use of initiatives to deal with attendance have been noted as more schools begin to use Penalty Notices, following a period of notification to parents through school newsletters and policies. Higher expectations around attendance are putting pressure on the need for medical clarification resulting in more requests to health colleagues. Work will continue to try and find effective solutions and good working together to make best use of resources for all agencies.

### **5.4 Early Years – Ofsted Inspections**

Six inspection reports have been published since the last report to Committee, three childminders and three full day care settings. All three childminders and two of the settings were judged to be Good; one setting has improved from their previous grading of Requires Improvement. Unfortunately the third setting was found to require improvement. This was their first inspection since they registered, and we will be meeting with the registered provider in order to put together an action and support plan to secure the necessary improvements.

Based on published reports, the overall percentage of settings and childminders with Ofsted gradings of good or outstanding is 88.7%, with 92% of childminders and 84.2% of group childcare settings including registered out of school clubs. 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 August 2015, which is the most recent data available) of 85% overall, 84% of childminders, and 86% of group settings (this overall national figure also includes childcare on domestic premises, of which we

have none in Blackpool).

## 5.5 Early Help

The Children’s Centres are increasing their early help offer through the delivery of BetterStart services. One area of work under consideration is a Pause project. This programme aims to reduce the volume of babies coming into the care system by providing intensive support pre pregnancy to high risk parents. We currently have 82 unborn babies open to services and have significant numbers of families where multiple babies are removed in succession. National research published in December 2015 indicated 13,248 babies were subject to care proceedings at birth or soon afterwards from 2007—2014, of which nearly 50 % linked to “repeat mothers” and around a third linked to mothers who were teenagers at the time of their first baby.

New findings from Lancaster University demonstrate that one in four women who have already had a child taken into care will have further children removed from them by the Family Court. When the mother is a teenager, this becomes a one-in-three chance.

Pause works with women who have experienced, or are at risk of, repeat removals of children from their care. Through an intense programme of support, it aims to break this cycle and give women the opportunity to reflect, tackle destructive patterns of behaviour, and to develop new skills and responses that can help them create a more positive future.

### *Some initial outcomes from Hackney Pause*

There have been *no pregnancies* in the **18 month** pilot period

**10 women** supported to secure stable housing

**7 women** identified and supported into mental health services

**8 supported** into the Domestic Violence team

**5 women** supported to pursue volunteer work

**2 started** part time work

**3 received** support to work on a CV

**1 started** a business plan with the Prince’s Trust

**8 women** supported into literacy, numeracy and ICT assessments

**4 women** have re-engaged in letter box contact with existing children

**12 women** have been given one-to-one support post-permanency

Financial modelling from the pilot projects suggest that 100 women, with a similar profile to those currently on Pause, over a 5 year period with no intervention, could potentially have 264 children removed into care at a cost of almost £20million. These are primarily the costs of taking the 264 children into care and do not account for other associated costs. Pause cost avoidance for this cohort is estimated to be £10,519,075. Given the numbers of unborns currently in Blackpool it is likely that

significant savings can be made here.

They are also offering services to significant numbers of those in greatest need, 67% of those accessing the centres are open to children's social care.

## 5.6 Families in Need Service

The Families In Need (FIN) Service is currently working with high numbers of cases, in excess of 1,800 children in 518 families. A commissioning Review completed in 2015 recommended that FIN work with 74 High intensity cases and 350 medium intensity cases at any time to provide a service that was value for money. Demand has far outweighed this and our delivery model has been adapted. Staff work out of hours, when families most require additional support ensuring that the delivery model is efficient and effective.

The team utilise a stepdown model with all cases closely monitored to ensure that professionals working in community based settings take ownership of cases as soon as that case no longer requires level 3 support. In the period 1st October 2015- 31st December 2015, 239 children were successfully stepped down to be supported by schools/ health visitors etc.

A substantial resource is provided to assist Children's Social care with cases where children are at risk of becoming looked after. The team is currently providing very intensive support to 54 children who are high risk. At the time of writing these children are able to remain safely at home due to this support.

The team is currently working with 19 children as part of a reunification from care approach. All of these children are being successfully maintained in the community. The NSPCC estimates that there is a current average annual cost for each child that returns back into care from home of £61,614, compared with an average annual cost of supporting a child to return home of just over **£5,627**.

## 5.7 Children's Social Care

Caseloads in both duty and safeguarding teams are becoming more manageable (average of 20). Referral rates have plateaued and are significantly lower than previous years. However, the complexity of work remains high and the number of section 47s (child protection enquiries) has increased which suggests what comes through front the door is more complex. However, the number of initial conferences has also plateaued and the number of children on a plan per 10,000 has once again reduced, 355 in March 2015 to 327 in October 2015. The reduction in rates of second plans suggests that the decrease in numbers on a plan is not caused by inappropriate step down.

Looked After numbers continued in the general downward trend (in October, 439) however, in recent weeks there has been a significant spike (up to 457) this is due to the need to bring a large family of children into the system and a number of babies requiring our care. The recent changes in case law, specifically the changes to section 20 (voluntary accommodation, which encourage a move away from this way of working, are likely to see an increase in care proceedings with the associated impact on budget resources and staff time.

Staffing in the duty and assessment teams and Awaken has improved significantly with only one vacancy now in place and permanent staff taking over from agency. The safeguarding (long term teams) have currently got vacancies and a high level of sickness. The sickness is not stress related and there is not a pattern to it and we are proactively managing this whilst back filling with agency staff as appropriate and are currently out to advert for more experienced social workers.

Within the 'Our Children' teams caseloads are high, the over 12 team is under review as part of the adolescent hub and we are looking at possible changes in transfer points between teams to ensure caseloads are more realistic.

Placement stability over all remains at a similar level however we continue to have a small group of young people who are extremely difficult to place and highly costly. This is usually due to national lack of resources to meet the needs of young people with very challenging behaviour and the need for mental health provision but who do not meet clinical threshold for tier 4. As a service we are reviewing our quality assurance processes to move away from a tick box audit approach to a focus on outcomes and a deeper understanding of issues. Therefore I have asked the service manager for Independent Reviewing Officers to review the support and disruption meeting process to ensure where placements look vulnerable we are able to intervene as soon as possible to manage and prevent breakdown.

Performance around health checks for our children has dipped; we need to take a similar robust approach to that of Personal Education Plans (PEPS), current performance 94.3%, and have asked the new permanence officer to robustly track health checks.

## **5.8 Safeguarding**

Timeliness remains high which is to be expected in light of the significant reduction in numbers on Child Protection plans. Numbers of children participating in reviews also remains high and we are investigating the use of technology to enhance this further.

Permanence planning at second review although improving is still too low, more work is being undertaken to clarify and agree what constitutes a permanence plan,

for example placement with parents and section 20 are not plans for permanence. The new permanence officer will ensure robust tracking and challenge of plans is in place.

The issues resolution process has also been reviewed to shift its focus from data and information recording to the quality and robustness of care planning.

## 5.9 **Youth Offending Service**

The numbers open to the team remain stable and caseloads are manageable. Complexity continues to increase. The service is under review as part of the development of the vulnerable adolescents' hub which aims to provide a more appropriate and young person focused service reducing duplication and impacting on outcomes. A table top inspection exercise was undertaken internally and a number of actions developed from this.

## 5.10 **Legal services**

We continue to undertake a higher percentage of our own advocacy than our neighbouring boroughs. However, the use and cost of Counsel is increasing due to the complexity of the cases we are working with as is the use of experts.

## 5.11 **Budget/Service Reviews**

Reviews in light of funding changes are ongoing with a number reporting in February. The reviews include the following:

- The development of a vulnerable adolescent hub which shall bring a number of services together creating better access points and outcomes for young people.
- The review of the two local authority Children's Homes is now underway and the consultation process has commenced.
- Hornby Road and Coopers Way are also subject to a commissioning review with a clear focus on maximising capacity at the most appropriate times and looking at synergies with adult services and transition pathways.
- School Improvement – in light of national changes around Academies and funding the service will be restructured to reflect the new landscape. Consultation on proposals shall commence in February.
- Vulnerable Adolescent Hub - Mike Taplin, Senior Manager (Lifelong Learning) has been tasked to lead a service review to set up a Vulnerable Adolescent Hub. The aim is to integrate both services and systems to provide better support. The scope currently covers 11yr olds – 24yr olds covering young people with complex needs and at risk of developing complex needs. The services currently in scope are the Youth Offending Service, Connexions,

Specialist Support (Substance Misuse, Sexual Health, Youth Service) and the Social Care Over 12s team which supports Looked After Children and Care Leavers. The process has initially focussed on gathering information from the services in scope and key stakeholders who link with these services, analysing data, consulting with young people and reviewing models in other areas of the country. Early findings are to be shared in early February. It is anticipated that the Vulnerable Adolescent Hub approach will be broadened to include services outside the Council.

- The Review of Emergency Duty Team - A more effective use of existing resources to create a more robust structure Consideration of cross agency working to create more streamlined services especially in relation to mental health. We have developed a number of options to re allocate existing resources. These include a move away from the use of casual pool staff and an increase in management capacity. These can be achieved within budget. A challenge session was held with Police and Health colleagues to consider how all three agencies could better work together to provide out of hours mental health support. The results of this will inform the review and the review report will be available for the end of January.

#### 5.12 **Developments (Social Care)**

Within the service there are a number of new service developments taking place. The Care Leavers Drop In now called 'The Core' was completed in December 2015. To date over 200 members of staff have completed the PREVENT e-learning package which is available on the Lancashire Constabulary Website. This is a 20-25 minute on-line course (with a certificate).

On the 14th January 2016 the Department for Education announced that it is planning to take forward an ambitious set of reforms and published the government's vision for children's social care reform. The Secretary of State, Nicky Morgan announced:

- A new regulatory body for social work is to be created – ensuring social work education supports a world-class social work profession;
- £100m expansion of Frontline and Step Up to Social Work to recruit and develop thousands more top graduates into frontline children's social care – driving up the quality and status of the sector;
- A further three councils – Cambridgeshire, Lincolnshire and Islington – to be granted academy style freedoms to create conditions for high quality, frontline social work, following on from landmark PM intervention;
- A new 'What Works Centre' to ensure social workers and others across the country will be able to learn from the very best examples of frontline social work;
- The extension of social work teaching partnerships to drive up standards in social work education;

- Developing a Practice Leadership development programme – to ensure effective leadership of child and family social work across the whole local system. Through this we will train talented social workers to become the country’s future leaders in social work.

The paper - *Reforming Children’s Social Care, A Vision for Change* - sets out the reform principles for the children’s social care system.

**5.13 Serious Case Reviews**

The first of a series of ‘Serious Case Review Briefings’ presented by the Blackpool Safeguarding Children’s Board took place on the 15th January 2016. Since 2013 there have been 6 Serious Case Reviews. It is important that all professionals who work with children understand the ‘lessons learned’ from these reviews. The briefings are 2 hours long and the next sessions are due to take place on the 26th February 2016.

Does the information submitted include any exempt information? 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

<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Delyth Curtis, Director of People
<b>Date of Meeting</b>	4 February 2016

## THEMATIC DISCUSSION: SOCIAL CARE PLACEMENTS

### 1.0 Purpose of the report:

1.1 To enable Members to discuss Social Care Placements in detail and undertake scrutiny of services.

### 2.0 Recommendations:

2.1 To receive and scrutinise the presentation at the meeting.

2.2 To consider and discuss the report, identifying any further issues for scrutiny.

### 3.0 Reasons for recommendations:

3.1 To ensure effective scrutiny of social care placements.

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 Background

Blackpool has the highest number of Our Children (looked after children) per 10,000

population in the country and this has been the case for a number of years. Whilst numbers are now consistently reducing (at a time when numbers nationally are rising) we have a small number of young people who are very difficult to place and for whom the placements are extremely high cost.

<b>Current LAC by Legal Status</b>		
<b>Legal Status</b>	<b>Number</b>	<b>Percentage</b>
Section 20	75	16.3%
Interim Care Order	55	12.0%
Full Care Order	254	55.3%
Placement Order Granted	73	15.9%
On remand, or committed for trial or sentence, and accommodated by LA	2	0.4%
<b>Total</b>	<b>459</b>	<b>100.0%</b>
<b>Current LAC by Placement Type</b>		
<b>Placement Type</b>	<b>Number</b>	<b>Percentage</b>
Foster Care	321	69.9%
Children's Homes	38	8.3%
Residential accommodation not subject to 'Children's homes regulations'	8	1.7%
Residential care home	1	0.2%
Family centre or mother and baby unit	2	0.4%
Young Offender Institution or prison	1	0.2%
Placed for adoption with placement order	32	7.0%
Placed with own parents or other person with parental responsibility	42	9.2%
Independent living	14	3.1%
<b>Total</b>	<b>459</b>	<b>100.0%</b>
<b>Breakdown of Foster Care Placements</b>		
<b>Legal Status</b>	<b>Number</b>	<b>Percentage</b>
Approved Family Fostering	23	7.2%
Emergency Friend /Relative Care	21	6.5%
Internal Fostering	206	64.2%
Independent Fostering Agency	71	22.1%
<b>Total</b>	<b>321</b>	<b>100.0%</b>

<b>Breakdown of Residential Care Placements</b>		
<b>Legal Status</b>	<b>Number</b>	<b>Percentage</b>
Internal Children's Home	11	28.9%
External Children's Home	27	71.1%
<b>Total</b>	<b>38</b>	<b>100.0%</b>

## 5.1 Current situation

We have a number of current challenges, which are reflected in the discussion at the January multi agency independent placement overview panel:

- The impact of the Southwark judgement. We have had three 17 year olds that have opted to become section 20 looked after in January. This means that they are now entitled to full support including leaving care.
- Poor service provision from mental health and very high levels of need. We had 3 young people sectioned under the mental health act, 1 that required a therapeutic placement (Children and Adolescent Mental Health Services (CAMHS)) assessment was rejected) and 1 young person that needed therapeutic support in relation to sexual aggression for whom a referral is being made to GMAP as there are no available local services.
- Lack of in house foster placements, 4 children went to an Independent Fostering Agency as there were no in house placements.
- Rise in the need for mother and baby placements. This month 2 were required. This seems to be linked to recent case law, which is requiring additional assessment prior to making a plan for adoption.
- Extreme difficulty placement very complex and high need children.

The case study below outlines some of the challenges which our children and young period are currently experiencing.

## 5.2 Case Study - The Gardens Family

Jo Garden 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 2 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 CAMHS 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.

### **5.2.1 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.

### **5.2.2 Financial Implications**

The lack of access to mental health provision and the placements to meet the needs of these very complex children has very significant costs to the council. We currently have 10 children costing in the region of £1.9million per year in addition to education and therapy costs for some of these children. The placement budget is significantly over spent.

### **5.2.3 Recommendations and planned Next Steps**

We are currently working on a number of service reviews and bids for additional resources which aim to take a whole system approach to support better placements for our young people and reduce the need for these highly costly and challenging placements.

### **5.3 Prevention for the need for care.**

We are working on two main pieces of work in this area:-

**Pause project;** This project is designed to develop intensive family support to families that have had a baby removed to reduce the prospect of further future children being brought into care. This type of project has been very successful in Hackney and other similar boroughs. We are aiming to develop a pilot project, linked to Better Start and Adult Learning for the new financial year. This will be funded by Better Start.

**Vulnerable adolescents' hub;** We are currently reviewing services for vulnerable adolescents to reduce duplication and create a "no wrong professional" approach.

We are aiming to target services towards improved outcomes and also looking at service gaps. One area that has already been identified is the need to support young people that have been sexually abused. Therefore we are developing a bid to be submitted to the police and crime commissioner to establish a pilot therapeutic team in this area. We are also looking at increasing edge of care support which includes a crash pad model that Blackburn have developed as an emergency placement option.

#### **5.4 Increasing and improving placement provision**

We are currently reviewing our children's home provision and these reviews are on an all options basis, in addition to reviewing the sufficiency of our placements more widely. As part of these reviews we will be looking at the possibility of the development of therapeutic foster placements so we can support a movement for children from residential into a home setting and the possibility of developing intensive support therapeutic residential services.

These reviews will report in early February. The Scrutiny Committee may wish to request a further update following the reviews reporting.

Does the information submitted include any exempt information? 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

<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Karen Smith, Director of Adult Services
<b>Relevant Cabinet Member</b>	Councillor Graham Cain
<b>Date of Decision/ Meeting</b>	4 February 2016

## ADULT SERVICES OVERVIEW REPORT

### 1.0 Purpose of the report:

1.1 To inform the Committee of the work undertaken by Adult Services on a day to day basis in order to allow effective scrutiny of services.

### 2.0 Recommendation:

2.1 To consider the contents of the report and identify any further information and actions required, where relevant.

### 3.0 Reasons for recommendation:

3.1 To ensure services are effectively scrutinised.

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

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

3.3 Other alternative options to be considered:

Not applicable.

### 4.0 Council Priority:

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

### 5.0 Background Information

In this report information and updates are provided on Delayed Transfers of Care (5.1), Safeguarding and Deprivation of Liberty Safeguards (5.2), Respite Services (5.3

and 5.4), Commissioning, including regulated services (5.5) and the impact of the Budget Savings in Adult Services (5.6).

## 5.1 Position on Delayed Transfers of Care (DToC)

- 5.1.1 The reporting of DToC (often referred to as “delayed discharges”) at Blackpool Victoria Hospital is a responsibility of the Blackpool Teaching Hospital Trust. Every week, Blackpool Teaching Hospital Trust send through a report on any delayed transfers of care to the local authority. The delays may be between wards within the hospital, or delays in leaving acute care and are categorised as delays attributable to Health, Social Care or both. Any delays which are considered by the wards to be the responsibility of Social Care in Blackpool are looked at by the Service Manager for Adult Social Care. They, with the relevant/respective managers, then check the accuracy of the delays, and reasons thereof, following which an amended (if necessary) record is completed. This ensures that the reasons are correctly attributed to the right organization and also acts as an opportunity to escalate any issues in relation to perceived delays, in order to seek a swift resolution.
- 5.1.2 Nationally, over the 12 months from December 2014 up to and including November 2015, 29% of delays are attributable to Social Care and 7% to both Health and Social Care. 63% of delays are NHS delays. Locally, using the same data source (NHS England) the picture for Blackpool as a Local Authority is that 19% of delays were attributable to Social Care, 70% to NHS and 10% to both. To put the percentages in to context, over the 12 months, 30 patients were delayed as a result of Social Care in Blackpool. An average of 2.5 a month.
- 5.1.3 The positive Social Care performance in Blackpool against the national average is due to the hard work of the community and acute services working together. Jointly staffed by the Council and the Trust, the hospital discharge team consists of qualified nursing staff and social workers who work closely with the wards. There is a clear focus on preventing delays for people who are deemed fit and for whom it is safe to be discharged to return home with the appropriate care package, or move into residential/nursing home care. They provide significant input into the prevention of delays and being co-located and based on site contributes to the ability to undertake this. Delays which are attributed to Social Care in Blackpool are low and usually relate to either people who have complex needs and subsequently require complex packages of care, often two staff per visit, visiting up to four times a day, or older people with mental health problems presenting with challenging behavior requiring residential care in a specialist setting.
- 5.1.4 In relation to the new models of service, the local authority does not currently receive any data or statistical information relating to the impact of these services on delays in the Acute Hospital. The extensive care service is primarily about preventing admission through better community management of people with two or more specified chronic conditions. The neighbourhood team plans will develop over the coming financial year, and there is no substantive service yet in place. The enhanced hospital discharge team works across the Fylde footprint with up to six patients at

any one time, although the local authority does not receive any data in relation to this service, and it is CCG commissioned.

## 5.2 Safeguarding and Deprivation of Liberty Safeguards Update

Overview of the position with Deprivation of Liberty Applications and Safeguarding Cases.

### 5.2.1 Deprivation of Liberty Applications

The figure for Deprivation of Liberty Safeguards (DoLS) for 2015/2016 is currently at an average of 55 applications a month. The 'application' figure changes over time due to new applications, cessations of authorisations due to changes in circumstances and the number of completed assessments but show an upward trend. This figure also includes a small number of applications that are required to be forwarded on to other authorities where they are the funding body for the person who is the subject of the application.

At the current rate the anticipated total numbers of applications for the year stands at 830.

The number of individuals for whom the Council holds responsibility and who are currently subject to a DoL authorisation is 330.

### 5.2.2 Safeguarding Overview

In the 8 months from 1st April to 30th November 2015 the Council received 444 safeguarding alerts, giving an average of 55.5 per month.

In December 2015 62 alerts were received and whilst there were more alerts in December than the previous monthly average it is not yet possible to say that this is an ongoing upward trend.

Of the alerts received in December, the breakdown of the outcomes as at 15/01/2016 is as follows:

<b>Outcome</b>	<b>Number</b>
Not Safeguarding	7
Substantiated	1
Inconclusive	1
Incident Only	29
On-going	24

### 5.2.3 Safeguarding Adults Board

The Safeguarding Adults Board continues on its path towards more integrated working with the Children's Board. Although they remain separate entities in order

to maintain a specific focus in each area where required, the Boards now share the Board Chair. There are also joint groups for finance, training and business management.

Partner agencies have recognised the benefits of the move for the purposes of easier information-sharing and overview and in the reduction in duplication of the work identified by the Boards.

The structure of Board support is currently subject to a commissioning review and which will bring the Boards further towards closer working.

### 5.3 Respite Services available in Blackpool – Provision in the Market

As part of the commissioning review for Hoyle at Mansfield an exploratory exercise was undertaken to better understand capacity and capability in the respite market for individuals aged over 18 with a range of care and support needs. Discussions took place with a number of providers across Blackpool, Fylde and Wyre and the wider Lancashire footprint. Respite currently available in Blackpool is detailed in the table below.

Whilst there is capacity in the current market to meet demand, there is limited provision for people with a learning disability.

#### Types of Respite Provision available in Blackpool

Service	Provider	Client Group	Number of units	Commentary
Private Residential Care and Nursing Homes for all service user groups	Private Providers	Frail elderly Physical Disability Mental Health Dementia Learning Disability	As at 13 Jan 16 there are 84 vacancies within private residential care homes which could be accessed for respite	There are five Private Residential Care Homes that offer respite for people with a learning disability of these only one has a vacancy and the provider is considering de-registration. <b>Beds cannot be pre-booked for respite and can be cancelled</b>
Coopers Way	Blackpool Council	Learning Disability with complex health needs.	5 units, 29 service users	Further details provided on in house provision report below
Margaret Riley House	Blackpool Mencap	Learning Disability	3 units, 18 service users	Located in South Shore. The service is available 7 days a week, 48 weeks of the year. It is open from 4pm – 10am weekdays and operates on a 24 hour basis

				at weekends. It is closed at Christmas and bank holidays. The service employs two staff, 1FTE Service Manager and a Senior Support worker who works 26 hours per week. There is one staff member on shift at any one time supporting a maximum of three service users. On call arrangements and Bank staff are in place to cover annual leave, staff sickness and other staff absences such as training. This service is not open 24/7 and is unable to offer day activities. Due to the size of the property staff undertake a rigorous selection and matching process to ensure consistency and compatibility of service users. The service currently has 18 people on its register and has capacity for 20; it is currently running within capacity at 90%.
Shared Lives (Intended for all people with eligible needs from the age of 16)	Blackpool Council	Frail elderly Physical Disability Mental Health Dementia Learning Disability Offending behaviours or substance misuse	Currently 28 carers within 19 houses.	Further details provided on in house provision report below
The Bond Hotel	Private	Physical Disabilities Mental Health Learning Disabilities	62 rooms	This family run hotel has been in operation for twenty years and is located in South Shore and is CQC registered. The hotel specializes in providing fully accessible holidays for people with a range of disabilities including

				<p>individuals who are visual and hearing impaired. All bedrooms are supplied with specialist equipment. The hotel offers respite breaks, and provides the care support, including 24-hour care, for individuals with specialist medical or personal needs support is delivered by their care company 'Holidays with Care'. Transport is also available.</p> <p>The hotel was inspected by the CQC on 30<sup>th</sup> September 2014 and is CQC compliant.</p>
New Mayfair Hotel	Private	Frail elderly Physical Disability Mental Health Dementia Learning Disability	44 rooms	<p>A CQC registered home for specialist and wheelchair accessible holidays situated in South Beach on South Promenade. It is a fully accessible hotel with full en-suite wet-rooms and offers a wide range of specialist services including respite, care packages, free equipment hire and catering for specific dietary requirements. There are a range of care packages available including, 3, 4 and 7 night stays. The maximum stay is 3 weeks however longer stays can be arranged. The provider can provide care at £16 per hour or £9.50 per part hour. A separate charge is then made for the length of stay as follows: £225 for 3 nights, £410 for 4 nights and £495 for a 7 night stay all-inclusive of bed, breakfast an evening meal and entertainment. For continuity and consistency care staff work on site and also form part of the hotel staffing team and are trained to Level 3.</p>

Following the review a 12 month pilot is now in place to support provision in the private sector. Arrangements are in place to commission four respite beds for non-Learning Disability clients in two private care homes. The pilot will be reviewed on a monthly basis in order to monitor occupancy and the care homes will be required to sign up to an agreement to guarantee beds during the period of pilot.

Regular monitoring will ensure that issues are addressed proactively at the earliest possible opportunity with appropriate remedial action put in place. The learning from the pilot will be used to inform future planning for respite care in Blackpool.

Respite provision for Learning Disability clients will transition to Coopers Way and Shared Lives and this work has already taken place (see below).

#### 5.4 In House Services which support Respite Provision

Blackpool Council continues to operate a number of adult respite services within its Care and Support Division meeting the needs of Blackpool carers and vulnerable individuals who access the services.

The respite services available through the Care and Support Division support a range of needs across the Adult Social Care economy from a number of different settings and service models, some of which are regulated by the Care Quality Commission (CQC) and have a rating of either GOOD or COMPLIANT (awaiting inspection under new inspection framework) in addition to other provision of Day Care and Volunteer Services.

##### 5.4.1 Coopers Way Respite Service – Adult Learning Disability

This is a small 5 bed residential service that meets the needs of learning disabled adults with multiple health and physical needs. This service has been developed over the years to deliver bespoke provision to a particular cohort of service users who present with high level of needs and who require a specialist setting to meet those needs and highly trained and skilled staff to undertake the very particular care and support interventions required to ensure the persons health and wellbeing is maintained in a safe care environment.

There is no comparable service within the respite market at this time meeting the needs of learning disabled adults with high levels of complex care needs.

Performance of the service up to Q3 2015/16 (April – December 2015):

Number of Service Users accessing the Service	35
Number of nights respite was provided	1,092 Nights

NB: Coopers Way Respite Service has broadened its access criteria to include general needs to make provision for learning disabled adults that may have previously accessed the Council's Hoyle@Mansfield Service.

The change to the access criteria enhances the respite offer further for Blackpool carers and supports options for provision within the wider respite market

5.4.2 Shared Lives – Adult General Respite (Mental Health, Learning Disability, Physical Disability, Autism and Older Adults)

The Shared Lives Services delivers a range of support to vulnerable people including Day Care, Respite and Longer Term Placements within a family home.

Respite is available to meet a range of needs including adults with a learning disability, people living with enduring mental illness and general Adult Social Care needs; respite is offered within a family home for short breaks after a thorough matching process has been completed to ensure compatibility of carer and cared for.

As part of the services respite provision, Day Care is also commissioned to support respite in addition to traditional overnight respite, the provision is worked through in response to the carer's assessment to ensure a flexible respite provision to meet the needs of the carer.

**Performance of the service up to Q3 2015/16 (April – December 2015):**

Number of Service Users accessing the service for overnight respite	40
Number of nights respite was provided	516 Nights
Number of service users accessing the service for day care	22
Number of day care hours/sessions provided	6,377 hours or 1,062 sessions (6hrs per session)

NB: The Shared Lives Service is available to people who have used Hoyle @ Mansfield Service previously via a referral from Adult Social Care

5.4.3 The Phoenix Service – Adult Mental Health ‘Respite Crisis Prevention’

The Phoenix Service is a small 6 bed service that meets the needs of people living with enduring mental illness. The service is essentially a Mental Health Crisis Prevention Service supporting people for short periods of time to help them take the time they require to manage the situation they find themselves in and take steps to recover from the episode of deteriorating mental wellbeing that they are experiencing.

In addition to the Mental Health Crisis Prevention provision, there is a small cohort of around 8 service users who regularly access the Phoenix Service to enable their carer a respite break which helps maintain the care arrangements for the person and supports the prevention of deterioration of someone's mental wellbeing.

The small cohort are known to mental health services and through care management processes have been determined as requiring the very particular support that the Phoenix Service and environment offers which is not available within the mental health respite market unless as part of an existing care home provision which is not always appropriate and/or available.

Performance of the service up to Q3 2015/16 (April – December 2015):

Number of Service Users accessing the Service	8
Number of nights respite is provided	161 Nights

#### 5.4.4 Langdale Day Service – Adult Learning Disability

Langdale Day Service meets the needs of learning disabled adults who either require a day care placements to meet their own needs or as a result of a carers assessment where day care is required as alternative respite.

The service delivers outcome based activity sessions to learning disabled adults within a range of provision including community projects, social activities, interactive sensory activities, training and development projects and communication sessions.

The sessions are delivered from venues across Blackpool including two main ‘Hubs’ at the Centre for Independent Living and the Old Bispham Library.

#### 5.4.5 Social Care Volunteers Service – Adults

The Social Care Volunteers Service is in essence a carers support service that delivers a number of projects across Blackpool meeting the needs of the volunteers and also those that the projects support.

There are projects that directly support carers by offering daytime placements i.e. Out and About, which is where a cared for person receives 1-1 support to undertake a daytime activity thus giving the carer a break from their caring role.

There is also a well utilised Sitting Service which enables carers to take the odd hour out of a day to attend private appointments knowing that their cared for person is being looked after.

The cared for person may also register as a volunteer and support the projects and again offering a break to their carer for short periods of time.

The service currently has over 120 volunteers registered who deliver in excess of 9 separate carer projects across Blackpool supporting over 200 people through those projects, the majority of which are carers or cared for people.

#### 5.4.6 Keats Day Service – Adult Adults Mental Health

The Keats Day Service meets the needs of adults living with Dementia, the service responds to individual needs and also as part of a carer's assessment to provide respite for the carer.

The service delivers meaningful and stimulating activities from within a building that has been developed to ensure the ecology meets the needs of people living with Dementia and enhances their experience and achieves a positive outcome for the person and their carer.

#### 5.5 Commissioning Update

##### 5.5.1 Update on Advocacy Services

The 2015 Advocacy Position Statement recommended seeking agreement from Lancashire County Council to transfer funds (109k per annum) to offset the increase in Independent Mental Health Advocacy provision arising from the transfer of beds from across Lancashire into the Harbour hospital. LCC are in agreement to this and a contract is being finalised to agree the terms and conditions of the agreement. It is anticipated this will be finalised by the end of January 2016. Following this, tendering for a new Advocacy provider will proceed. The specification going forward combines services for both adults and children previously provided by three providers into a two tiered single point of access model. The new service is anticipated to commence from 1 June 2016.

##### 5.5.2 Dementia State of the Region report

As previously reported, Bury Council are the region lead for this exercise to commission a NW Dementia state of the market report and seven submissions were received from companies to deliver this contract and evaluations took place prior to the Christmas break.

The overall scores were collected from an evaluation panel comprised of local authority representatives from Bury, Blackpool, Manchester and Wigan. The successful bidder is a consultancy called PACEC, which evidenced a strong background in research assignments. It was weighted on 60% quality / 40% price.

Blackpool will continue to be involved with this project going forward.

##### 5.5.3 Regulated Services

CQC Residential Care Inspection Outcomes update. Since the last report in November, CQC have published 5 inspection reports for Blackpool, with the total now standing at 40. Of these, there has been a positive shift overall with an increase from 68.5% of homes rated "Good" to 75%. There has been a decrease in the number of homes which are ranked as "Requires Improvement" from 9 to 7 in the

area, which is a decrease from 25% to 17.5%. There has been 1 further home from the last report which is ranked as “Inadequate”.

Blackpool currently has a higher percentage than the national average at “Good”, and a lower percentage than the national average at “Requires Improvement”. The Contracts and Commissioning team continue to work very closely with CQC where there are identified issues and work hand in hand to support improvements which benefit vulnerable residents wherever possible.

	Blackpool Number	Blackpool %	National Number	National %
Outstanding	0	0.00%	12	0.98%
Good	30	75.00%	813	66.21%
Requires Improvement	7	17.50%	341	27.77%
Inadequate	3	7.50%	62	5.05%
	40	100.00%	1228	100.00%

3 providers are currently suspended to new care packages.

One of the suspended homes has been rated as Inadequate and has been put in Special Measures by the CQC. We have given notice to terminate our contract with another and the third is awaiting inspection.

We have 4 providers currently on an Enhanced Monitoring regime.

## 5.6 Adult Services budget savings 2016/17

Adult Services has put forward savings of c.£1.5 million as a contribution to the £20 million that the Council was initially looking to save. Members are currently considering options for reducing budgets by a further £5 million, which may include further cuts to Adult Services.

Of the £1.5 million, £472k has been identified from general efficiencies including loss of posts, increased income targets, and reductions in supplies and services spend. This will entail the rationalising of a number of management posts across various services. A further £364k will need to be found by reducing the Adult Social Care budget, which will inevitably necessitate the loss of some front line posts. £319k of the savings arise as a consequence of the Supported Living proposal agreed in 2015/2016, and changes are in the process of being implemented following the commissioning review of the service. Income targets have been increased by £100k in relation to fees and charges for Adult Social Care services. Services users are financially assessed for their ability to contribute towards the costs of their services, so no-one will be expected to pay more than they can afford.

Finally, there has been a review of the services the Council commissions from external providers, and savings of £138k are planned through the cessation of some of the contracts, with a further £89k to be found by reducing other contract values.

**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 Contained within the body of the report.

**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

<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davis, Scrutiny Manager.
<b>Date of Meeting</b>	4 February 2016

## PUPIL REFERRAL UNIT SCRUTINY REVIEW FINAL REPORT

### 1.0 Purpose of the report:

1.1 The Committee to consider the Pupil Referral Unit Scrutiny Review final report.

### 2.0 Recommendation:

2.1 To approve and forward the final report to the Executive.

### 3.0 Reasons for recommendation(s):

3.1 The report is presented to Resilient Communities Scrutiny Committee in accordance with the Scrutiny Protocol.

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 At the Resilient Communities Scrutiny Committee on 2 July 2015, Members discussed the high level of admissions to the Pupil Referral Unit (PRU) and asked a number of questions, noting the safeguarding risks attached to children not in full time education, the number of Our Children in the PRU and the work being undertaken to reduce the number of admissions. It was noted at the meeting that the Unit was the largest in the country. Subsequently, a request was submitted to the Committee on 17 September 2015 to review the Pupil Referral Unit in more detail and it was agreed to establish an 'in a day' review of the Unit.

5.2 The final report attached as Appendix 12a details the Panel's findings and recommendations.

Does the information submitted include any exempt information?

No

### **List of Appendices:**

Appendix 12a – Pupil Referral Unit Scrutiny Review final report.

## **6.0 Legal considerations:**

6.1 Contained within the body of the report.

## **7.0 Human Resources considerations:**

7.1 Not applicable

## **8.0 Equalities considerations:**

8.1 Not applicable

## **9.0 Financial considerations:**

9.1 Contained within the body of the report.

## **10.0 Risk management considerations:**

10.1 Contained within the body of the report.

## **11.0 Ethical considerations:**

11.1 Not applicable.

**12.0 Internal/ External Consultation undertaken:**

12.1 Contained within the body of the report.

**13.0 Background papers:**

13.1 None

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**PUPIL REFERRAL UNIT SCRUTINY REVIEW  
FINAL REPORT**

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### **1.0 Foreword by Chairman**

### **2.0 Summary of Recommendations**

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- Why the number of children in the Pupil Referral Unit is so high
- What is being done to keep children in mainstream education
- Why children make progress in the Pupil Referral Unit when they do not in their predecessor school
- Educational outcomes for Looked After Children at the Pupil Referral Unit
- The transition from the Pupil Referral Unit back to mainstream education
- Safeguarding Concerns
- Conclusions

### **6.0 Financial and Legal Considerations**

## 1.0 Foreword

- 1.1 The Resilient Communities Scrutiny Committee highlighted a number of concerns including the high number of children and young people attending the Pupil Referral Unit (PRU) making the Unit in Blackpool the largest in the country. As a result of discussions at that meeting I felt it was important that Members considered the PRU in more detail and requested that a review panel be established to do just that.
- 1.2 What has become apparent during the review is the time and effort officers within Educational Diversity put in to ensure all children at the Pupil Referral Unit are safe and receive an education that is suited to their needs. I would like to acknowledge the good work that takes place within the Pupil Referral Unit and commend the 'good' Ofsted inspection received in 2012.
- 1.3 A number of significant concerns did become apparent during the course of this review and the Panel has made a number of recommendations to try and address these concerns. I accept that providing a consistent approach to exclusions and educational diversity across all Blackpool schools will take time but firmly believe a consistency of approach could only be positive for children in Blackpool.
- 1.4 I would like to thank all my fellow Councillors who participated in this review and the Officers who willingly provided frank and honest answers to the questions we asked.

Councillor Benson  
Chairman, Pupil Referral Unit Scrutiny Review Panel

## 2.0 Summary of Recommendations

	Timescale
<p><b>Recommendation One</b></p> <p>a) That the Resilient Communities Scrutiny Committee supports the Blackpool Challenge Board in its objective to provide a consistent approach to exclusion across all schools and reduce the number of referrals to the Pupil Referral Unit through the introduction of the Behaviour and Attendance Partnership and Inclusion Board.</p> <p>b) In order to measure performance against this objective, the Committee to receive regular updates on the number of exclusions and admissions to the PRU with a view to making further recommendations if sufficient progress is not demonstrated.</p>	<p>Ongoing commencing immediately.</p>
<p><b>Recommendation Two</b></p> <p>a) That the Blackpool Challenge Board be requested to adopt as an action 'to assess the feasibility of introducing an appropriate educational diversity module within every school in Blackpool in order to provide consistent early intervention and help address the causes of any behavioural problems before they escalate'.</p> <p>b) That the Blackpool Challenge Board report to the Resilient Communities Scrutiny Committee regarding the implementation of this recommendation in June 2016.</p>	<p>Request to be sent immediately to Challenge Board.</p> <p>June 2016</p>
<p><b>Recommendation Three</b></p> <p>a) That the Inclusion Board be requested to consider the concerns of the Panel regarding the reintegration of students back into mainstream education from the PRU and consider introducing a mechanism to effectively review the needs of children to be reintegrated and the wraparound of support to prevent future breakdown of reintegration.</p> <p>b) That the Inclusion Board report to the Resilient Communities Scrutiny Committee regarding the implementation of this recommendation in June 2016.</p>	<p>Request to be sent immediately to Inclusion Board.</p> <p>June 2016</p>
<p><b>Recommendation Four</b></p> <p>a) That the Panel supports the proposed bid for external funding to the Department for Education Transformational Fund to provide wrap around social care and early help around clusters of schools to help address student behaviour and resilience. If the bid is successful it would result in a social worker being placed to work with a cluster of linked schools.</p> <p>b) If the bid is unsuccessful, the Panel supports the Director of People in her aim to provide a more joined up approach to service provision by introducing improved links between the Family in Need Service and Pupil Welfare Team.</p> <p>c) The Director of People to report to the Resilient Communities Scrutiny Committee regarding the progress made in relation to the bid in June 2016.</p>	<p>June 2016</p>

### 3.0 Background Information

- 3.1 At the Resilient Communities Scrutiny Committee on 2 July 2015, Members discussed the high level of admissions to the Pupil Referral Unit (PRU) and asked a number of questions, noting the safeguarding risks attached to children not in full time education, the number of Our Children in the PRU and the work being undertaken to reduce the number of admissions. It was noted at the meeting that the Unit was the largest in the country. Subsequently, a request was submitted to the Committee on 17 September 2015 to review the Pupil Referral Unit in more detail and it was agreed to establish an 'in a day' review of the Unit.
- 3.2 The Scrutiny Review Panel comprised of Councillors Benson (Chairman), O'Hara, Humphries, Hunter, Maycock and T Williams.
- 3.3 A pre meeting was held to scope the review and the following key areas for consideration were identified:
- The reasons why children are in the PRU
  - Why the number of children in the Pupil Referral Unit is so high
  - Why children make progress in the PRU when they do not in their predecessor school
  - What is being done to prevent admission to the unit, to keep children in school (and what the Council can do)/why are children excluded from their school
  - Educational outcomes for Looked After Children at the Pupil Referral Unit and if these can be improved
  - The transition from the PRU back to mainstream education
  - Safeguarding Concerns
- 3.4 This review relates to the following priority of the Council:
- Communities: Creating stronger communities and increasing resilience.

## 4.0 Methodology

4.1 The Panel adopted an ‘in a day’ approach for the scrutiny review and held one meeting to consider all evidence and speak to witnesses. This meeting followed an initial scoping meeting. Details of the meetings are as follows:

Date	Attendees	Purpose
27 October 2015	Councillors Benson (Chairman), O’Hara, Humphries, Hunter, Maycock, Singleton and T Williams.  Sharon Davis, Scrutiny Manager (Blackpool Council)	To elect a Chairman and agree the scope for the review.
13 November 2015	Councillors Benson (Chairman), O’Hara, Humphries, Hunter, Maycock and T Williams.  Del Curtis, Director of People Carl Baker, Deputy Director of People Amanda Hatton, Deputy Director Early Help and Social Care Wendy Casson, Headteacher, Educational Diversity Jane Gray, Head of Access and Inclusion Sharon Davis, Scrutiny Manager (All Blackpool Council)	To gather evidence and draw conclusions.

## **5.0 Detailed Findings and Recommendation**

### **5.1 The reasons why children are in the Pupil Referral Unit**

- 5.1.1 The Pupil Referral Unit (PRU) in Blackpool is the largest in the country and currently operates from a number of sites, supporting children from key stage 2 to key stage 4. The number of children in the Unit changes frequently and there are a variety of reasons why a child might need to access education through the Unit such as specific behavioural, social, emotional or medical needs.
- 5.1.2 The majority of students in the Unit have either been permanently excluded from their mainstream school or it has been agreed with parents / carers that they transfer to the PRU as the child's mainstream school felt unable to meet their individual needs. The Unit includes provision at Blackpool Victoria Hospital for children with long term illnesses and provides access to home tuition for children who are too poorly to attend school (this is usually as a dual registration along with their mainstream school). In addition there is a separate centre for offenders that require isolation.
- 5.1.3 A key reason for exclusion from mainstream education and subsequently admission to the PRU was behaviour, however, poor behaviour was often a presentation of an underlying issue. It was considered that these issues started at primary school, but manifested at high school resulting in the majority of exclusions occurring during high school when poor behaviour was coupled with the pressure of attainment. Generally, young people at key stage 3 were harder to manage and more physically challenging to teachers than other age groups and this was a key stage when managing the behaviour of children.
- 5.1.4 The Panel discussed the proportion of non-English language speakers in the PRU and noted that it was very low. Members were informed that schools were able to make assessments of language and provide a holistic immersion into the mainstream school system. The majority of schools also had a Special Educational Needs Coordinator.

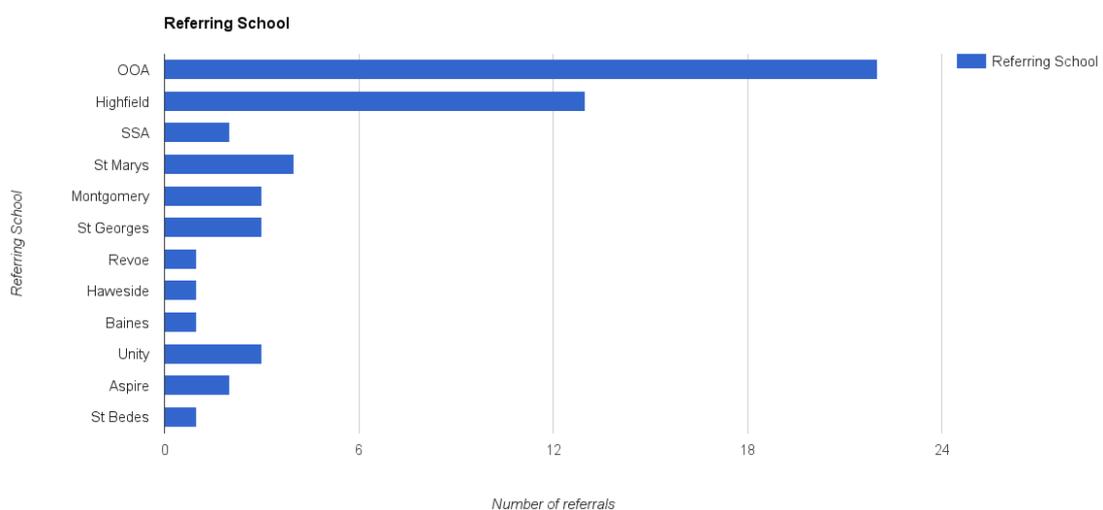
### **5.2 Why the number of children in the Pupil Referral Unit is so high**

- 5.2.1 All children in Blackpool have an equal access and right to education and are monitored in order to ensure they are in a form of education. Children and young people are recorded in four categories – in school, out of school (out of area or moving), in educational diversity or elective home education registered. Tools are in place to ensure the movement of all young people can be tracked in order to minimise the amount of time spent outside of school.
- 5.2.2 Previously, the Headteacher of the PRU aimed to prevent exclusions from mainstream education by working with the school and family to allow a transfer into the Unit to meet the child's needs. As a result, in 2013 no exclusions were made from Blackpool schools. However, it has been acknowledged that this contributed to the increase in size of the PRU and that this increase was unsustainable. In order to address the increase it was agreed in 2014 that the PRU would only accept children and young people who had been permanently excluded. The Panel was informed that, as a result, in 2014 the highest number of permanent exclusions had been recorded to date. Measures were being put in

place through the Blackpool Challenge Board to reinstate the Behaviour and Attendance Partnership, which would provide a check and balance to Headteachers when excluding students and reduce the number of permanent exclusions.

- 5.2.3 It was suggested that there were a number of other reasons for the increase in the number of permanent exclusions and therefore the number of children in the Unit, including the cessation of learning support units within schools due to decreased funding and the pressures of Ofsted focus on attainment. However, the work of the Challenge Board in reintroducing the Behaviour and Attendance Partnership had made an impact through the introduction of a new protocol to uniformly address the issue and as a result the number of exclusions had reduced from nearly all schools.
- 5.2.4 Ofsted inspections had changed significantly in recent history and placed a significant emphasis on attainment and progress of children. Schools were required to demonstrate that they had made an impact on the performance and ability of the young person and that was lessening the capacity of teachers and school leaders to focus on emotional needs and pastoral care.
- 5.2.5 The Panel received information demonstrating the number of referrals from each high school in Blackpool to the Pupil Referral Unit and noted the significant number of referrals from Out of Area (OOA). The transience of people moving into and out of Blackpool had a significant impact upon the number of young people in the PRU and unfortunately no action could be taken to reduce this impact. It was considered that often families moved to Blackpool with a number of significant issues already apparent and many children had to be admitted to the PRU rather than being placed in mainstream education. In addition a large number of looked after children from outside the area were placed in Blackpool in private fostering homes many of whom may have additional needs that could not be met in mainstream education.

Table 1: The number of children referred to the Blackpool Pupil Referral Unit



### **5.3 What is being done to keep children in mainstream education**

- 5.3.1 The Challenge Board had brought all schools and academy sponsors together in order to address the key education issues in Blackpool. It was reported that there were signs that the number of exclusions from most high schools had reduced and that measures were being put in place to keep children and young people in mainstream education, wherever possible. It was recognised that it was a challenge to ensure a consistent approach across all schools in Blackpool, however, the Board was trying to uniformly address issues.
- 5.3.2 A key issue had been identified as the transition of students from primary school to high school and a pilot Transition Project had been established to work with 12 young people in Year 5 at Revoe, Thames and Mereside Primary Schools on their transition to South Shore Academy. The young people had been specifically targeted due to visible indicators and the project would include family support, opportunities to attend high school throughout the student's remaining years at primary school and links to teachers to provide additional continuity. If the pilot was considered successful then it would be rolled out across the town.
- 5.3.3 The Blackpool Challenge Board had also commissioned a tool to assess resilience of children and young people in high schools in Blackpool. The tool would measure resilience in years seven, nine and 11 and had already been utilised at Apsire. The results highlighted that a high number of the children and young people at the school had demonstrated feelings of anxiety or strong concerns. It was recognised that children from the most deprived communities in Blackpool found it harder to learn and had lower resilience than those in the least deprived. The Panel considered that resilience contributed to the ability of young people to cope, which subsequently had a significant impact upon behaviour. It was hoped that, using this tool, schools could identify students with additional needs and put in place measures to support and build resilience and emotional capability before a significant impact on behaviour, ultimately resulting in fewer exclusions. The Panel noted that the HeadStart initiative was also putting a number of arrangements in place to increase resilience of children and young people across Blackpool.
- 5.3.4 The Panel discussed the possibility of having an educational diversity model within every high school and noted that South Shore had introduced a pilot to develop in house solutions to individual needs. There had, however, been more reluctance from other schools to the suggested introduction of similar models. The Panel felt strongly that the cessation of learning support units at schools had contributed to an increase in behavioural problems in schools and that additional support for educational diversity was paramount.
- 5.3.5 The recent introduction of the Behaviour and Attendance Partnership would provide a liaison point for schools and if the needs of a child could not be met within one high school, but could be met within another, the Partnership could facilitate the transition and prevent the need for the child to be excluded and therefore admitted to the PRU. Additionally, the Inclusion Board would allow for a child led process and also reintroduce the right of appeal for parents of excluded children. Members were alerted to two recent examples where a high school had been challenged regarding the exclusion of two students and both exclusions had been overturned as a result.

#### **5.4 Why children make progress in the PRU when they do not in their predecessor school**

- 5.4.1 Students' prior attainment is generally very low across the school, often due to students' complex needs, gaps in education due to exclusion, non-attendance and lack of engagement in learning within mainstream settings. It was noted that often students arrived in Educational Diversity with an inflated picture of prior attainment and rigorous assessments on induction had been introduced to assess this. As a result Educational Diversity has a true picture of a student's academic level and most importantly whether there are any underlying issues around behaviour or speech, language and communication that are presenting as barriers to learning. Through standardised assessments completed at key points during the year, Educational Diversity is able to map out a student's learning journey.
- 5.4.2 The Headteacher of Educational Diversity advised the Panel that the approach to teaching at the PRU was more flexible than mainstream education and that, rather than excluding students when one approach was not suitable, a different approach was utilised to try and engage the young person such as photography, cookery or hair and beauty tuition, where possible. A similar approach was not always possible in mainstream education. The PRU also used animal therapy and had a resident dog and was always looking to enrich its programme through alternative methods including equine therapy.
- 5.4.3 The PRU was also able to hire translators where necessary and was a communication friendly school.
- 5.4.4 The previous Ofsted inspection of Educational Diversity dated September 2012 had rated the school as 'good' and the Panel was informed that should a reassessment take place the expectation was that a rating of at least 'good' would be received again as it was believed the school was operating as well as it had ever been. Members were advised that quality of teaching was monitored on a regular basis and poor teaching was challenged.
- 5.4.5 It was noted that since 2012 whilst the Educational Diversity Unit had been rated 'good' all mainstream high schools had received poor performance ratings and had been placed into categories resulting in acadamisation. One of the reasons considered by Ofsted was behaviour management and it was reported that often children and young people were not given boundaries and were allowed to behave very poorly in some schools resulting in disciplinary procedures being put in place and ultimately exclusion from mainstream education. When the young person entered the PRU they were immediately faced with new boundaries and poor behaviour was challenged. Whilst not the sole reason for improved performance of students in the PRU, the poor performance of some of the mainstream high schools must be considered to be an influencing factor.
- 5.4.6 The Panel was informed that often the causes of poor behaviour were undiagnosed. Rather than trying to address triggers and put in a package of support for the young person in order to address the underlying issues, schools responded to the symptoms (usually poor behaviour). It was considered that teaching and learning must be improved in order to address the causes of the behaviour. The Deputy Director of People advised that a number of measures had been put in place in addition to the Blackpool Challenge

Board to aid improvements in quality of teaching including the roll out of a free Neuro Linguistics Programme Outreach Team.

- 5.4.7 It was also important that learning was pitched at the right level and met the needs of the young people. If a child was not challenged or bored this could also be a trigger for poor behaviour. The right pitching of learning was considered to be more difficult in mainstream secondary schools due to the large number of students in attendance. With such a large number of students it was much easier to provide generic learning rather than learning designed to meet individual needs.

## **5.5 Educational outcomes for Our Children at the Pupil Referral Unit**

- 5.5.1 Our Children were individually tracked throughout their education by the Virtual School to try and ensure all obtained a recognised qualification. Support was given to Our Children to obtain a range of qualifications including the Duke of Edinburgh's Award. Additional support was provided to Our Children with a tailored programme provided to ensure both educational and pastoral needs were met.
- 5.5.2 The Panel was advised that of 15 looked after children in Year 11 of the PRU in 2015, 13 had achieved a qualification. It was considered that compared with a young person in mainstream education the results did not look favourable, however, it must be noted that, although it couldn't be evidenced, the child was unlikely to achieve at all if still in mainstream education.
- 5.5.3 In order to improve outcomes for Our Children, whether in attendance at the PRU or in mainstream education, the Virtual School was currently being reviewed with a view to provide additional support and make the school less 'virtual' through the introduction of a Governing Body in order to ensure the school was hard hitting and accountable.
- 5.5.4 The Panel noted that all looked after children should attend a school Ofsted graded 'good' or 'outstanding'. In some circumstances, such as when the child required stability, it might be considered more appropriate to stay in a school that Ofsted had not judged to be 'good' or better. There were currently 15 of Our Children attending the PRU with a further four students 'pending'. This number was significantly higher than at the same time last year. The Panel discussed the importance of ensuring all looked after children received a good education and noted that if a looked after child was not placed within a good school a statement setting out the reasons why must be completed.
- 5.5.5 All looked after children have a Personal Education Plan and these must be completed in a timely fashion. The Panel also discussed the use of Pupil Premium by schools and noted that whilst this could be spent providing targeted support, how it was spent was at the discretion of each school.

## **5.6 The transition from the PRU back to mainstream education**

- 5.6.1 The Panel was advised that there had been limited success in reintegrating children and young people back into mainstream education from the Pupil Referral Unit. It was considered that there was a specific 'window of opportunity' for reintegration and that

- despite support being put in place around the child invariably it was unsuccessful in the longer term.
- 5.6.2 A number of case studies were provided to Members regarding the reintegration of three looked after children. Of the three, one child was successfully reintegrated until a breakdown in relationship with foster parents and the two remaining continued to be supported in their new schools. The Panel discussed the level of support provided to children and young people who had been reintegrated into mainstream education and noted that this varied dependent on need.
- 5.6.3 It was noted that one of the reasons for the establishment of the prior mentioned Inclusion Board was to assist with the reintegration of students from the Pupil Referral Unit to mainstream education. The Board would be chaired by Councillor John Jones, Cabinet Member for School Improvement and Children's Safeguarding.
- 5.7 Safeguarding Concerns**
- 5.7.1 The school ensured that all students were safe and maintained regular contact throughout. A new Schools Safeguarding Officer had been employed by the Council to work with all schools in order to ensure safeguarding policies and procedures were fit for purpose. The Headteacher of Educational Diversity had met with the School Safeguarding Officer on a number of occasions and would continue to seek support in order to ensure compliance with legislation.
- 5.7.2 The Panel noted that there were safeguarding concerns relating to children not in full time education. The majority of young people attending the Pupil Referral Unit were not attending on a full time basis and therefore there was a question mark regarding what they were doing when they were not at school. It was noted that it was not always right for the child to attend school full time, but the PRU worked with children and young people in order to gradually increase the amount of time spent at school each day. It was considered that this was an issue relating to all schools and not just the Pupil Referral Unit.
- 5.7.3 The Deputy Director Early Help and Social Care advised that the service actively monitored educational attendance for all children subject to a Child Protection Plan and considered the risks of those not in full time education and if they could be integrated further. Weekly meetings were also held to consider children at risk of being subject to Child Sexual Exploitation and those who were persistently missing from school to provide a more detailed response.
- 5.7.4 There were a high number of children 'at risk' in Blackpool with 761 open cases currently being considered by Social Care, some, but not all, related to children in the Pupil Referral Unit.

## **5.8 Conclusions**

- 5.8.1 The Panel was pleased to note the ongoing work of the Blackpool Challenge Board to develop a consistent approach across schools in Blackpool and improve relationships between all schools, (maintained and academy). Members determined that a uniform approach to systems, protocols and procedures could only be beneficial for the children and young people in the town.
- 5.8.2 Members were ultimately concerned that no learning support/educational diversity was provided in the majority of schools and considered that the emotional and pastoral needs of children were not always being met and made recommendations pertaining to these concerns. The Panel considered that the BetterStart and HeadStart initiatives were providing a number of projects to target the most vulnerable and increase resilience of children in Blackpool.
- 5.8.3 The Panel was concerned that resilience and ability to cope was a significant issue for young people in Blackpool and the Director of People highlighted a potential funding bid to the Department for Education Transformational Fund that would provide wrap around social care and early help around clusters of schools if successful. It was considered that social work support for schools would assist schools to help address behaviour and resilience. If the bid was successful it would result in each social worker funded placed to work with a cluster of linked schools. It was noted that if the bid was unsuccessful there was not sufficient internal funding to allow for a similar scheme, but that current services provided by the Council could be further linked to increase support provided to schools and children.
- 5.8.4 In addition, it was noted that three social work student placements were due to commence in January and the Director of Early Help and Social Care and the Headteacher, Educational Diversity would discuss the possibility of providing social work support and additional family support to the PRU through these positions.
- 5.8.5 The Panel also highlighted serious concerns regarding the reintegration of children from the Pupil Referral Unit back into mainstream education and the support provided to children to ensure they could remain in mainstream education and developed a recommendation to try and address these concerns.

## **6.0 Financial and Legal Considerations**

### **6.1 Financial**

- 6.1.1 The bid for external funding to provide social workers in schools, if successful may impact upon the financial position of the Council.
- 6.1.2 Support to be provided for reintegration of students from the Pupil Referral Unit to mainstream education may have additional costs attached, which would be funded from existing budgets.
- 6.1.3 The Pupil Referral Unit (PRU) receives base funding of £10,000 per pupil from the start of the academic year based on the number of places commissioned by the local authority, which currently stands at 250. In addition to this the school also receives top up funding of £5,250 per pupil based on actual pupil numbers. Therefore, the financial impact of increasing pupil numbers within the PRU is mitigated by an increased allocation from the Dedicated Schools Grant (DSG). However, the DSG is a limited pot of funding and there are other emerging pressures on these non-council funded services which the Schools Forum is currently addressing in advance of setting a balanced budget for 2016-17.

### **6.2 Legal**

- 6.2.1 There are no legal considerations.

**Pupil Referral Unit Scrutiny Action Plan**

Recommendation	Cabinet Member's Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes
<p><b>Recommendation One</b></p> <p>a) That the Resilient Communities Scrutiny Committee supports the Blackpool Challenge Board in its objective to provide a consistent approach to exclusion across all schools and reduce the number of referrals to the Pupil Referral Unit through the introduction of the Behaviour and Attendance Partnership and Inclusion Board.</p> <p>b) In order to measure performance against this objective, the Committee to receive regular updates on the number of exclusions and admissions to the PRU with a view to making further recommendations if sufficient progress is not demonstrated.</p>						

<p><b>Recommendation Two</b></p> <p>a) That the Blackpool Challenge Board be requested to adopt as an action 'to assess the feasibility of introducing an appropriate educational diversity module within every school in Blackpool in order to provide consistent early intervention and help address the causes of any behavioural problems before they escalate'.</p> <p>b) That the Blackpool Challenge Board report to the Resilient Communities Scrutiny Committee regarding the implementation of this recommendation in June 2016.</p>						
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**Recommendation Three**

- a) That the Inclusion Board be requested to consider the concerns of the Panel regarding the reintegration of students back into mainstream education from the PRU and consider introducing a mechanism to effectively review the needs of children to be reintegrated and the wraparound of support to prevent future breakdown of reintegration.
- b) That the Inclusion Board report to the Resilient Communities Scrutiny Committee regarding the implementation of this recommendation in June 2016.

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**Recommendation Four**

- a) That the Panel supports the proposed bid for external funding to the Department for Education Transformational Fund to provide wrap around social care and early help around clusters of schools to help address student behaviour and resilience. If the bid is successful it would result in a social worker being placed to work with a cluster of linked schools.
- b) If the bid is unsuccessful, the Panel supports the Director of People in her aim to provide a more joined up approach to service provision by introducing improved links between the Family in Need Service and Pupil Welfare Team.
- c) The Director of People to report to the Resilient Communities Scrutiny Committee regarding the progress made in relation to the bid in June 2016.