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Blackpool Council

8 March 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, 17 March 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 4 FEBRUARY 2016 (Pages 1 - 10)

To agree the minutes of the last meeting held on 4 February 2016 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 - 28)

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

5 FORWARD PLAN (Pages 29 - 36)

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

6 EXECUTIVE DECISIONS (Pages 37 - 44)

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

7 CHILD SEXUAL EXPLOITATION (Pages 45 - 66)

To update the Committee on progress made since Child Sexual Exploitation was last considered by the Committee to allow effective scrutiny.

8 BLACKPOOL CCG: NEW MODELS OF CARE (Pages 67 - 106)

The Committee to receive an update on progress made with implementation of the New Models of Care Approach to allow effective scrutiny.

9 BLACKPOOL TEACHING HOSPITALS FOUNDATION TRUST: CQC INSPECTION (Pages 107 - 110)

To brief the Committee on the Care Quality Commission (CQC) follow up inspection to Maternity Services and Accident and Emergency Services on 21st and 22nd September 2015 to allow effective scrutiny of the Trust.

10 BLACKPOOL CHILDREN'S SAFEGUARDING BOARD: BUSINESS PLAN (Pages 111 - 138)

The Scrutiny Committee is invited to offer their views as to progress made on the Business Plan and priorities for the year ahead.

11 ADULT SERVICES OVERVIEW REPORT (Pages 139 - 150)

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

12 CHILDREN'S SERVICES IMPROVEMENT REPORT (Pages 151 - 160)

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.

13 DATE AND TIME OF NEXT MEETING

To note the date and time of the next ordinary meeting as Thursday 12 May commencing at 6pm in Committee Room.

To also note the date and time of the two special meetings of the Committee as Wednesday 6 April and Thursday 14 April both commencing at 6pm.

Venue information:

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

Other information:

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

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MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 4 FEBRUARY 2016

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	O'Hara	Singleton	L Taylor
Hutton	Scott	Stansfield	

In Attendance:

Ms Del Curtis, Director of People
Mrs Amanda Hatton, Deputy Director of People (Early Help and Social Care)
Ms Karen Smith, Deputy Director of People (Adult Services)
Mr Tim Bennett, Director of Finances, Blackpool Teaching Hospitals Foundation Trust
Mrs Sally Shaw, Head of Corporate Development, Engagement and Communications
Mrs Sharon Davis, Scrutiny Manager

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

1 DECLARATIONS OF INTEREST

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

2 MINUTES OF THE LAST MEETING HELD ON 10 DECEMBER 2015

The minutes of the meeting held on 10 December 2015 were signed by the Chairman as a true and correct record.

3 PUBLIC SPEAKING

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

4 SCRUTINY WORKPLAN

The Committee considered the workplan and agreed:

1. To approve the Committee Workplan.
2. To monitor the implementation of the Committee's recommendations/actions.
3. To establish a Scrutiny Review Panel to consider all Quality Accounts received in 2016.

4. To approve the scoping document of the Educational Attainment 2015 Scrutiny Review Panel.
5. To widen the remit of the Public Health Scrutiny Panel to include a further meeting to consider the draft Health and Wellbeing Board Strategy and revised Joint Strategic Needs Assessment.

5 FORWARD PLAN

The Committee considered the item contained within the Forward Plan, February 2016 – May 2016 and noted that the 'Adult Social Care Charging Policy' had previously been named 'Fairer Contributions Policy'. The decision had also originally been scheduled for December 2015, with the new anticipated date of decision February 2016. Members queried why the name of the policy had been changed and why the decision had been delayed. Ms Smith, Deputy Director of People (Adult Services) reported that the name had been changed to use clearer terminology and that proposed changes to the policy had been reconsidered resulting in the delay.

6 EXECUTIVE AND CABINET MEMBER DECISIONS

The Committee considered Executive Decision number EX3/2016 'Healthy Weight Declaration' and queried how the declaration was going to be achieved. Councillor Cross, Cabinet Member for Health Inequalities and Adult Safeguarding advised that the first step was to consider how a healthier lifestyle could be provided, for example changing the type of drinks and snacks on offer in vending machines in sports centres and promoting tap water to customers. She added that although members of the public could exercise free will, they could be presented with more informed options that would result in a healthier choice of lifestyle. In response to further questions, Councillor Cross advised that partnership working would be important in order to make an impact, but that the declaration was a Council led initiative.

In response to further questioning, Councillor Cross advised that healthy cooking classes were provided at Children's Centres and through community groups and that support would be provided to the community groups in order to promote healthy cooking.

The Committee considered Executive Decision number EX5/2015 'Introduction of Milk Fluoridation for Primary School Children' and queried if the number of children who were opted out of the scheme would be monitored and over what period. Councillor Cross advised that regular monitoring would be undertaken and reported that the inclusion of fluoride in the milk did not make it more expensive than the regular milk already provided through the free breakfast scheme.

Members further queried how schools would manage the logistics and ensure that children were given the correct milk. Councillor Cross advised that schools had a process in place and Headteachers would be able to amend the milk order to ensure the right level of delivery of milk both with and without fluoride.

In response to further questions, Councillor Cross reported that if parents were confident that their child was obtaining enough fluoride through the use of high fluoride toothpaste or diet then they could opt out of the scheme. She added that the milk contained a recommended level of fluoride and reassured Members that research provided by a number of health organisations had demonstrated that the level was safe.

The Committee agreed:

1. To receive an update on the uptake of milk with fluoride in approximately six months.
2. To receive a briefing note from Councillor Cross on the research undertaken on the safe level of consumption of fluoride for children.

7 PERFORMANCE MONITORING - COMMUNITIES

Mrs Shaw, Head of Corporate Development, Engagement and Communications presented the Council Plan Performance Report Q2 2015/2016 and highlighted the key performance indicators relating to Resilient Communities.

The Committee noted the red indicator for 'percentage of opiate drug users successfully completing treatment who did not re-present to treatment within six months' and queried what was being done to improve performance. Councillor Collett advised that performance against the indicator had previously been higher, but had reduced in quarter two of 2015/2016. He added that a number of measures had been put in place to make improvements, but acknowledged additional work was required.

Members queried the potential impact of the closure of the two hospitals offering reablement services on the key performance indicators namely the 'proportion of older people being offered reablement services' and the 'proportion of older people still at home 91 days after discharge to reablement or rehabilitation'. Councillor Collett advised that he did not foresee an impact and that the changes to service provision could be managed within resources. He reassured the Committee that regular monitoring would take place of the indicators.

The Committee discussed the concerning level of 'prevalence of excess weight in Year 6 children (10 to 11 year olds) and queried if the food provided through free school meals at schools and the free school breakfasts provided by the Council had negatively impacted upon weight. Councillor Collett advised that the breakfast provided was a healthy breakfast and the meals offered by schools had been evaluated. He surmised that sugary drinks were a key cause of excess weight and were not offered by schools. Mrs Shaw added that an analysis had been undertaken and demonstrated that there was no correlation between the introduction of the breakfast scheme and an increase in weight.

The Committee further discussed excess weight of children and Councillor Collett reported that a programme was in place in schools in order to educate children about healthy eating. However, Members were concerned that excess weight in children was not a new problem and that no progress had been made to date in reducing levels. In response, Councillor Collett advised that the Declaration of Healthy Weight had been made to provide a whole

system approach to tackling childhood excess weight.

In response to further questions, Councillor Collett advised that there was a link between attainment and attendance at a good or outstanding school. He added that local authorities had limited jurisdiction to assist schools to improve once they had become academies, but advised that he had been involved in a number of promising meetings regarding school improvement.

Members considered that further work was required to consider targets, benchmarking against other authorities and how to track performance and suggested that a short panel meeting be held to undertake the work. Additionally, the Committee considered the data provided within the performance report and requested that targets be made clearer in future reporting in order to allow Members to measure progress more effectively.

The Committee agreed:

1. To establish a scrutiny panel to consider targets, benchmarking against other authorities and how to track performance.
2. That future performance reports include clearer target information in order to allow Members to measure progress more effectively.

8 BLACKPOOL TEACHING HOSPITALS TRUST ACTION PLAN AND STRATEGY FOR FINANCIAL RECOVERY

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

Mr Bennett, Director of Finance advised that Blackpool Teaching Hospitals NHS Foundation Trust had reviewed clinical and financial sustainability over the previous 12 months. He highlighted the key challenges as a growing financial deficit, higher than expected mortality rates as reported by the Keogh review in 2013, lower than desired Care Quality Commission (CQC) ratings, a growing demand for non-elective services, difficulties in meeting targets consistently and recruitment and retention of clinical staff. Mr Bennett advised that in order to provide a sustainable future the challenges must be addressed.

The Committee was informed by Mr Bennett that the Trust had established a number of working groups consisting of clinical and operational leaders in order to identify ways in which to address the identified challenges. He added that the working groups focussed on six subjects including urgent/emergency care and long term conditions/out of hospital care and that potential solutions had been divided into three timeframes. It was highlighted that some solutions could be achieved by the Trust and that others required a joined up approach with partners.

Mr Bennett advised that the outcomes of the working groups had been translated into six ambitions, each with a key measure of success. It was noted that the first ambition was to reduce the levels of mortality from the current level of 112 to less than 100 in three years, which was the current national average. In response, Mr Bennett reported that in addition

to the six ambitions, seven work programmes had been developed including standardising care to deliver high quality to all patients and getting the most value from resources.

The Committee discussed the ambition in relation to staff satisfaction noting the considerable increase in target from 69% to 85% in five years and queried how the increase would be achieved. Mr Bennett advised that the Trust was implementing an organisational development programme to ensure that leadership was more clinically focussed and that it was envisaged that a more engaged workforce would improve patient satisfaction.

Members queried the work programme to standardise care, in particular relation to maternity services, and raised concerns that patient choice would be removed. The Committee was assured by Mr Bennett that standardised care would not remove patient choice and that the work programme related to the standardisation of outcomes and not the standardisation of the pathway.

The Committee queried how the Trust would achieve the target mortality rate whilst managing the financial pressures of the organisation. Mr Bennett advised that there would be financial consequences to achieving the target and that the predicted cost had been included in the financial plan. He added that achieving the mortality rate target would be difficult as the national average would also continue to reduce.

In response to questioning, Mr Bennett advised that the Trust was trying to address the recruitment and retention issue in innovative ways. He added that there was a national shortage of consultants in many specialties, including Dermatology, resulting in a need to redefine and redesign service models rather than continue to rely on consultant led services. In response to a further question Mr Bennett advised that staff turnover was comparable to other Trusts in Lancashire and that there were a number of reasons staff left the organisation including age and career enhancement.

Members discussed the timescales in relation to the targets and Mr Bennett advised that progress would be monitored on a regular basis. The Committee requested that Mr Bennett attend a future meeting of the Committee to report on progress made against the targets identified by the Trust.

The Committee agreed to request a report from Mr Bennett in approximately six months detailing the progress the Trust had made in relation to the ambition targets and work programmes.

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.

The Committee discussed the recent Ofsted inspection result of 'requires improvement' for the newly established early years provider and queried if the setting was still taking new placements and if measures were being put in place to make improvements. Mrs Curtis

advised that the provider was being given support in order to make the necessary improvements and she would investigate and report back through the Chairman with regards to whether the setting was accepting new placements.

Members considered the findings from Lancaster University that one in four women who had already had a child taken into care would have further children removed from them by the Family Court and questioned how the statistic could be improved. Mrs Amanda Hatton, Deputy Director of People advised that parenting classes were already provided and that BetterStart was providing intensive family support to prevent pregnancy until the woman was ready. She highlighted the success of Hackney Pause, a project that worked with women in similar situations in order to break the cycle and create a positive future. Mrs Hatton reported that initial outcomes from the Hackney Pause had been very successful and it was hoped that the Pause Project could be replicated in Blackpool, subject to funding being acquired.

In response to further questions, Mrs Curtis advised that approximately 82 expectant mothers would be eligible for the Pause Project in Blackpool, most of whom had had a number of children taken into care previously. It was considered that a successful Pause project was critical to the town.

The Committee queried how the project would be monitored and measured, should it be implemented. Mrs Hatton advised that should BetterStart agree to fund and implement the project, outcomes would be considered nationally and locally on a regular basis. The type of information to be considered as part of the outcome measures would include the number of pregnancies, the number of babies removed and customer feedback.

Members discussed the performance indicators used to record data relating to the Families in Need Service. In response to questioning, Mrs Hatton advised that performance information was recorded for cases that were both 'stepped up' and 'stepped down' in order to establish that the cases that were 'stepped down' had been successful in the long term. The Committee requested that further data be circulated following the meeting relating to the performance in this area.

In response to a query regarding recruitment and retention, Mrs Curtis reported a much improved picture than had been the case previously with agency use significantly reduced. She advised that although the size of a social workers' caseload was monitored, the cases were becoming more complex.

The Committee noted that a large family of nine children had recently been taken into care and queried how the service managed the risk of such occurrences. Mrs Curtis advised that there had been a number of similar cases in recent history and that the need to take a large family into care could not be predicted and therefore had a significant impact on the budget. She assured the Committee that systems were in place to manage the removal of a large number of children at one time safely. In response to further questioning, Mrs Curtis reported that when a family moved to Blackpool no financial support was received from the authority of the area they had arrived from.

Members requested further information on the potential use of technology in order to enhance the number of young people participating in reviews of Child Protection Plans and queried whether it was safe and secure to use technology for such a review. Mrs Hatton advised that two apps were being considered, a specially designed app entitled MOMA, which had been nationally developed to allow young people to safely and securely communicate with social workers and whatsapp to provide a virtual group, although there was some uncertainty over the security of the latter and further investigation was required.

It was noted that a 100% increase in calls to the Emergency Duty Team had been previously reported and that as part of the budget reviews a review of the Team had been proposed. Members queried whether the increase in calls had been investigated and if the results would inform the review of the Team. In response, Mrs Hatton advised that the Council was working with Police and Hospital's Trust partners in order to review the Team as there was a strong link between the Crisis Support offered by both organisations and the statutory Adult Mental Health Practitioner's provided by the Council.

The Committee discussed the six Serious Case Reviews that had been undertaken since 2013 and the importance of learning lessons from the reviews. The Committee requested that any action plans developed from the Serious Case Reviews and the details of lessons learnt be presented to the Committee at a future meeting for detailed consideration.

The Committee agreed:

1. To request that Mrs Curtis report back, through the Chairman, regarding whether the new early years setting was accepting new placements.
2. That further data be circulated following the meeting relating to the performance in the Families in Need Service.
3. To receive any action plans developed from the Serious Case Reviews and the details of lessons learnt to a future meeting of the Committee for detailed consideration.

10 THEMATIC DISCUSSION: SOCIAL CARE PLACEMENTS

Mrs Amanda Hatton, Deputy Director of People reported that Blackpool remained an outlier for the number of looked after children per 10,000 of population. She advised that a number of reviews had been undertaken to ensure that children were not being taken into care unnecessarily. Mrs Hatton added that although there were high levels of adoption and special guardianship arrangements in place, more work was required to increase reunification and ensure it was safe for children and young people to return home.

Mrs Hatton highlighted the current challenges as poor service provision from mental health and high levels of need, lack of in house foster placements and a rise in the need for mother and baby placements. In response to a question, Mrs Hatton advised that foster carers from other areas could not actively be recruited.
Members were advised by Mrs Hatton that a number of initiatives were being implemented in order to address the challenges, including the Vulnerable Adolescents Hub and consideration was also being given to whether it would be cost effective to provide in house

intensive therapeutic support.

The Committee discussed the benefits to providing in house intensive therapeutic support to children and young people with complex needs and was informed by Mrs Curtis, Director of People that a business case for the proposal was being developed to determine viability. Members commented that they would not wish to see any child put at risk due to financial pressures and Councillor Cain, Cabinet Secretary reassured Members that any child who necessitated being taken into care would be.

The Committee gave further consideration to the cost of external providers and noted the potential increase in cost following the introduction of the living wage. It was noted that it was difficult to negotiate with providers due to high demand for a limited number of placements. Mrs Curtis advised that it was difficult to forecast the budget due to the cost of external residential placements in particular and added that the number of children with complex needs requirement such placements was also increasing. In response to a further question, Mrs Curtis reported that the majority of cases did not meet the clinical threshold for Children and Adolescent Mental Health Services (CAMHS), despite appearing to be mental health related.

Mrs Hatton highlighted a number of questions that were currently being asked of all social care placements to determine if appropriate support was in place, whether any child was ready to be returned home and if appropriate exiting procedures were in place. The Committee requested that an update be provided in approximately six months to report on the answers to the highlighted questions and the progress made in implementing any outcomes.

The Committee agreed to receive an update in approximately six months regarding the review of social care placements.

11 ADULT SERVICES OVERVIEW REPORT

Ms Karen Smith, Deputy Director of People (Adult Services) presented the Adult Services Overview Report and the Chairman invited questions from the Committee.

The Committee discussed delayed discharges and noted that 70% were attributed to health. Members requested that further information be sought from Blackpool Teaching Hospitals Trust as to the reasons why the discharges had been delayed. The Committee also considered that the figures provided did not include discharges from Lancashire Care Foundation Trust (LCFT) and requested that discharge information for LCFT also be sought. Ms Smith advised that a large amount of work was undertaken by all partners to ensure patients were discharged when appropriate.

Members considered the safeguarding information provided in the report and considered that it was not detailed enough to allow for effective scrutiny. In response, Ms Smith advised that she would expand the level of detail in future reports and include a trend analysis of incidents where appropriate.

The Committee reviewed the respite care provision available in Blackpool and queried the level of consultation undertaken prior to the closure of Hoyle House. Ms Smith advised that service users had highly valued the service and the consultation undertaken prior to the closure of the facility had informed the decision to allow service users to book respite beds in advance and balance pre-booking with emergency needs.

Members raised concerns regarding the limited level of provision of respite care for adults with learning disabilities as highlighted in the commissioning review and were advised that there was capacity within the current provision. Ms Smith further advised that the Shared Lives Scheme provided respite services.

The Committee further discussed the commissioning review that had resulted in a 12 month pre-booking pilot scheme being put in place to support respite provision in the private sector and requested regular updates detailing the monitoring of the pilot scheme including occupancy rates and how the results of the pilot would inform future respite provision.

In response to a further question, Ms Smith advised that previously one provider of respite care had been subject to suspension by the authority and had received an inadequate rating from the Care Quality Commission (CQC), however, a re-inspection had recently been undertaken and the provider now 'required improvement.' Following concern raised that sufficient improvement had not been made, Ms Smith advised the Committee that it was not possible to move straight from 'inadequate' to 'good' and that progress had been made.

Members discussed the CQC outcomes of regulated services in Blackpool and queried if homecare providers were inspected in the same manner. Ms Smith advised that homecare providers had not yet been inspected but were due to be. She further advised that homecare services were a particular focus of the Blackpool Adult Safeguarding Board and regular meetings were held with providers in order to consider repeat problems. Councillor Cross, Cabinet Member advised that she regularly met with Ms Smith to consider concerns and an overview of general trends would be provided to a future meeting of the Committee.

The Committee noted that three providers of regulated services had been suspended to new care packages and sought assurance that adults in receipt of services were safe. Councillor Cross reassured Members that this was the case and advised that regular contact was made with the providers and additional support measures had been put in place. Ms Smith highlighted the recent case whereby the Council had terminated a contact with a provider when it was considered the provider could not maintain a safe service.

In response to questions regarding the budget, Councillor Cain advised that every service was under review, in order to identify the additional £5 million savings required. Ms Smith added that new approaches were being identified, which would provide long term savings, such as the provision of positive behavioural support in partnership with Children's Services to prevent an escalation and the person requiring more support as an adult.

The Committee agreed:

1. To request additional information regarding delayed discharges from Blackpool Teaching Hospital Foundation Trust and Lancashire Care Foundation Trust.
2. That future Adult Services Overview Reports contain more detailed safeguarding information.
3. To receive regular updates regarding the Pilot Scheme for Respite Provision including occupancy rates and how the results of the pilot would inform future respite provision.
4. To receive an overview of general trends of any concerns in relation to homecare provision.

12 PUPIL REFERRAL UNIT SCRUTINY REVIEW PANEL FINAL REPORT

Councillor Benson, Chairman for the Pupil Referral Unit Scrutiny Review presented the final report of the Panel to the Committee.

The Committee agreed to approve and forward the final report to the Executive.

13 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as Thursday, 17 March 2016 commencing at 6 p.m.

Chairman

(The meeting ended at 8.29 pm)

Any queries regarding these minutes, please contact:
Sharon Davis, Scrutiny Manager
Tel: 01253 477213
E-mail: sharon.davis@blackpool.gov.uk

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	17 March 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 29th June 2011, a formal scheme was agreed in relation to public speaking at Council meetings. Listed below is the criteria in relation to meetings of the Scrutiny Committee.

5.2 **General**

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

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

5.3 Request to Participate at a Scrutiny Committee Meeting

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

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

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

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

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

Does the information submitted include any exempt information? No

List of Appendices:

None.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

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

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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Report to:	**RESILENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	17 March 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.

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 **Implementation of Recommendations/Actions**

5.3.1 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.

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

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

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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RESILIENT COMMUNITIES SCRUTINY COMMITTEE WORKPLAN 2015/2016	
10th 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
4th 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
17th 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 - Blackpool Teaching Hospitals Foundation Trust – Feedback on CQC inspections Scrutiny Workplan
6th April 2016	Members of the Tourism, Economy and Resources Committee also invited THEMATIC DISCUSSION: DOMESTIC VIOLENCE THEMATIC DISCUSSION: HOMELESSNESS
14th April 2016	THE HARBOUR
12th May 2016	ADULTS - Adult Services Overview Report - Thematic Discussion: Transforming Care for Adults with Learning Disabilities (Winterbourne View) CHILDREN – Children's Services Improvement Report - Public Health report - Joint Health and Wellbeing Strategy/Oral Health Strategy - Healthwatch THIRD SECTOR – Community Engagement Scrutiny Workplan

9th 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
14th July 2016	
September 2016	HEALTH – Blackpool Hospitals Trust – Progress in relation to Ambition Targets and Work Programmes

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.	12 May 2016	Healthwatch/Sharon Davis	Originally scheduled for 17th March 2016, delayed until May 2016 to alleviate workplan pressures.	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 November 2015	Pat Oliver	First report circulated 18 January 2016. Ongoing.	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 report links to be circulated via the Chairman.	Green
10.09.15	An update on the progress made in the New Models of Care approach with a focus on	31 March 2016	Sharon Davis/ Roy Fisher	On agenda for 17 March 2016.	Green

	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.	30 April 2016	Sharon Davis	Remit of Panel expanded at Committee on 4 February 2016.	Green
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.	17 March 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.	31 March 2016	Sharon Davis/ Karen Smith	The detail around a training session is being investigated. An Ipool module has been set up for Adults Safeguarding – consideration required to whether this is appropriate for Members.	Amber
10.09.15	Panel to consider school attainment 2015 in detail and consider the links to transition between primary and secondary schools.	30 August 2016	Sharon Davis	The Panel has been established. The remit has been widened and a series of meetings will take place to consider attainment in detail.	Green
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 March 2016	Sharon Davis/ Amanda Hatton	Item on agenda for 17th March 2016.	Green
05.11.15	Report to allow scrutiny of the Business Plan of the Blackpool Children's Safeguarding Board.	17 March 2016	David Sanders	Item on agenda for 17th March 2016	Green

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	Councillor Kirkland	To be received 12 months after date of meeting.	Not yet due
05.11.15	All Councillors be requested to attend dementia awareness training.	31 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.	Not yet due
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 identified within the CQC inspection report were being addressed. 6. Update on impact of the new	14 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

	recruitment, retention strategy.				
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 June 2016	Helen Lammond-Smith	Update to be sought in June 2016.	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 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 February 2016	Arif Rajpura	Briefing paper circulated to Committee Members 26 February 2016 and appended to this table.	Green
10.12.15	To receive performance reports from Blackpool CCG biannually commencing in approx six months.	Ongoing	Roy Fisher/David Bonson	First report due 9th 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.	31 March 2016	Mark Johnston	Reminder request to be sent to Mr Johnston.	Not yet due
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.	Green
10.12.15	To receive further information on the review of the Emergency Duty Team at a future meeting of the Committee.	30 April 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	31 January 2016	Sharon Davis	Response received from the Trust and circulated. Appended to the table.	Green

	Service to the appropriate health representatives for consideration and response.				
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	First paper circulated.	Green
10.12.15	To invite the Director of the BetterStart Programme to a future meeting of the Committee.	9 June 2016	Merle Davies/Sharon Davis	To be added to workplan and invited to meeting.	Not yet due
04.02.16	To establish a Scrutiny Review Panel to consider all Quality Accounts received in 2016.	31 May 2016	Sharon Davis	Review Panel will established and will meet on an ad hoc basis to consider all quality accounts received.	Not yet due
04.02.16	To receive an update on the uptake of milk with fluoride in approximately six months.	September 2016	Councillor Cross	An update will be sought in due course.	Not yet due
04.02.16	To receive a briefing note on the research undertaken on the safe level of consumption of fluoride for children.	31 March 2016	Councillor Cross	To be circulated.	Amber
04.02.16	To establish a scrutiny panel to consider targets, benchmarking against other authorities and how to track performance.	31 March 2016	Sharon Davis	Meeting to be held 2 March 2016.	Green
04.02.16	Future performance reports include clearer target information to allow Members to measure progress more effectively.	June 2016	Sally Shaw	To be improved for the next report to Committee due in June 2016.	Not yet due
04.02.16	A report in approximately six months detailing the progress the Trust has made in relation to the ambition targets and work plans.	September 2016	Tim Bennett	Update to be sought in September 2016.	Not yet due

04.02.16	To report back regarding whether the new early years setting was accepting new placements.	10 February 2016	Del Curtis	Response circulated to Members 10 February 2016	Green
04.02.16	That further data be circulated relating to the performance in the Families in Need Service.	31 March 2016	Amanda Hatton	Awaiting response.	Amber
04.02.16	To receive any action plans developed from the Serious Case Reviews and the details of lessons learnt for detailed consideration.	September 2016	Del Curtis	To be received at a future meeting.	Not yet due
04.02.16	To receive an update in approximately six months regarding the review of social care placements.	September 2016	Del Curtis	Update to be sought in September 2016.	Not yet due
04.02.16	To request additional information regarding delayed discharges from Blackpool Teaching Hospital Foundation Trust and LCFT.	30 April 2016	Sharon Davis	Additional information to be sought.	Not yet due
04.02.16	That future Adult Services Overview Reports contain more detailed safeguarding information.	17 March 2016	Karen Smith	Future reports to be amended.	Green
04.02.16	To receive regular updates regarding the Pilot Scheme for Respite Provision including occupancy rates and how the results of the pilot would inform future respite provision.	May 2016	Karen Smith	To receive regular updates, first one scheduled for May 2016.	Not yet due
04.02.16	To receive an overview of general trends of any concerns in relation to homecare provision.	17 March 2016	Karen Smith	To be included in next Adult Services Overview Report.	Green
04.02.16	To forward the PRU final report to the Executive.	7 March 2016	Sharon Davis	Report to be considered by Executive 7 March 2016.	Green

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	17 March 2016

FORWARD PLAN

1.0 Purpose of the report:

1.1 The Committee to consider the content of the Council's Forward Plan, April 2016 – July 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 N/A

5.0 Background Information

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

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

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

5.6 Witnesses/representatives

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

- Councillor Cain

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 5 (a) – Summary of items contained within Forward Plan
April 2016 – July 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

(APRIL 2016 to JULY 2016)

*** Denotes New Item**

Page Nº	Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
2	April 2016	Adult Social Care Charging Policy	12/2015	Executive	Cllr Cain
10	July 2016	Headstart Round Three Funding Bid Result and Future Action	*7/2016	Executive	Cllr Cain

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision **Ref Nº *12/2015***	To consider and approve the revised charging policy for Adult Social Care services. Blackpool's Fairer Contributions Policy has been revised and updated to reflect the requirements of the Care Act 2014. The new Adult Social Care Charging Policy will cover the charging arrangements for both residential and non-residential services.
Decision making Individual or Body	Executive
Relevant Portfolio Holder	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date on which or period within which decision is to be made	April 2016
Who is to be consulted and how	• Service users directly affected by the changes resulting from the implementation of the revised Policy. • Local third sector organisations with a specific interest in adult social care. Consultation will be conducted by post, through the website and through stakeholder events.
How representations are to be made and by what date	Representations must be made in writing (either by letter, e-mail or the on-line survey) to the responsible officer. The dates of the consultation are subject to confirmation.
Documents to be submitted to the decision maker for consideration	Report The Adult Social Care Charging Policy The Equality Analysis A Report on the outcome of the Consultation Exercise
Name and address of responsible officer	Karen Smith Deputy Director of People (Adult Services) e-mail: karen.smith@blackpool.gov.uk Tel: (01253) 476803

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision ***Ref Nº 7/2016**	Headstart Round Three Funding Bid Result and Future Action
Decision making Individual or Body	Executive
Relevant Portfolio Holder	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date on which or period within which decision is to be made	July 2016
Who is to be consulted and how	N/A
How representations are to be made and by what date	In writing to the responsible officer, at the address shown below, by 1 June 2016.
Documents to be submitted to the decision maker for consideration	Report
Name and address of responsible officer	Carmel McKeogh, Deputy Chief Executive of the Council e-mail:carmel.mckeogh@blackpool.gov.uk Tel: (01253) 47 7006

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Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	17 March 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 Cain
- Councillor Collett
- Councillor Cross

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 6(a): 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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APPENDIX 6(a)

DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
HEADSTART FUNDING BID **The Executive agreed the recommendations:** 1. To acknowledge and support the principle of making a HeadStart stage 3 bid. 2. To delegate authority for determining the final content of the stage 3 bid to the Chief Executive on the publication of an officer decision, after consultation with the Cabinet Secretary (Resilient Communities). 3. To note that a further report will be brought to the Executive in due course to report the result of the stage 3 bid and to agree further actions.	HeadStart – Blackpool will involve whole systems change, including the embedding of a universal resilience building approach in all primary and secondary schools and across community services. This approach will reach out to all parents and carers as part of the universal offer to young people and consider how digital solutions can be developed where appropriate, as well as raising awareness of the dangers associated with the internet. This will involve significant improvement of the support young people get around mental health issues. The programme will also involve targeted interventions available through the investment. These will be specifically for "Our Children" (those accommodated by the Local Authority), young people who self harm and young people with significantly low resilience. Delegating authority to submit the final bid to the Chief Executive after consultation with the Cabinet Secretary (Resilient Communities) will allow the Council flexibility on the final content of the submission until the last possible moment to take cognisance of the ongoing advice from the Big Lottery.	EX14/2016	22/02/16	Cllr Cain

VIRTUAL SCHOOL GOVERNING BODY 1. To establish a governing body to strengthen the work of the Virtual School for Children Looked After. **2.** To agree the terms of reference for the Governing Body.	A governing body would provide a forum for discussions and decisions to support the Council to fulfil its statutory duty to promote the achievement of Children Looked After and to provide support and challenge to the Virtual School in its work to achieve improved outcomes for Children Looked After.	PH9/2016	05/02/16	Cllr Collett
FEES AND CHARGES: REGISTRARS AND BEREAVEMENT SERVICES 1. To approve the fees and charges for Registrars as outlined in Appendix 1 to the report with effect from the 1st April 2016 to 31st March 2017, excluding those set by the General Registrar's Office. 2. To note the fees and charges outlined in Appendix 1 set nationally by the General Registrar's Office and included for completeness. 3. To approve the fees and charges for Bereavement Services as outlined in Appendix 2 with effect from the 1st April 2016 to 31st March 2017. 4. To agree that the fees agreed in the recommendations above above can be reduced from the rates on the publication of an officer decision of the Director for Governance and Regulatory Services, for one off events or a set period of time, following consultation with the Cabinet Member.	To enable both services to continue to deliver the high quality services and cover the costs of the services provided.	PH10/2016	09/02/16	Cllr Cain

ADULT SOCIAL CARE FEES AND CHARGES To agree the charges for Adult Social Care as outlined at Appendix A, from 1st April 2016 to 31st March 2017. To agree that the charge for care at home/supported living will increase in line with the new contract rates from 1st April 2016.	The fees have amended to comply with the requirements of the Care Act 2014 and accompanying guidance issued by the Department of Health. To allow care and support services to continue to be provided in the context of reducing levels of government funding. To improve the equity and consistency of the charging arrangements and to recognise the impact of subsidisation and inflationary pressures on service delivery.	PH14/2016	12/02/16	Cllr Cross
SCHOOLS FORUM CONSTITUTION AND TERMS OF REFERENCE 1. To agree the amended Constitution, noting the proposed changes to the balance of representatives between primary, secondary and academy mainstream schools. 2. To agree the continuation of arrangements in relation to provisions in the Constitution to allow federations, multi-academy trusts or academy sponsors representing three or more schools in Blackpool to nominate up to two members of Forum.	The Constitution has been reviewed for compliance with the Schools Forum Regulations (England) 2012, which have been amended through the Schools and Early Years Finance (England) Regulations 2012, 2013 and 2014. This report proposes changes to the balance of representation due to recent academy conversions.	PH24/2016	07/03/16	Cllr Collett

BLACKPOOL SCHOOLS FUNDING ALLOCATION 2016/2017 To approve Blackpool's schools funding formula for 2016/17 including the proposals for adjusting the following formula factors: - Reduce lump sum from £170,000 to £165,000 per school - Reduced Income Deprivation Affecting Children Index Banding per pupil rate as detailed below: o Band 1: reduce from £50 to £25 o Band 2: retain at £50 o Band 3: reduce from £150 to £100 o Band 4: reduce from £250 to £200 o Band 5: reduce from £450 to £400 Band 6: reduce from £650 to £600	These proposals have been developed after consultation with the Schools Forum and are considered a reasonable way to agree the total allocation of school formula funding from the ringfenced Dedicated School Grant for 2016/17.	PH25/2016	07/03/16	Cllr Collett

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Del Curtis, Director of People.
Date of Meeting	17 March 2016

CHILD SEXUAL EXPLOITATION

1.0 Purpose of the report:

1.1 To update the Committee on progress made since Child Sexual Exploitation was last considered by the Committee to allow effective scrutiny.

2.0 Recommendation:

2.1 To consider progress made to date and identify any issues for further scrutiny.

3.0 Reasons for recommendation:

3.1 To ensure that robust scrutiny is given to Child Sexual Exploitation processes in Blackpool.

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 Resilient Communities Scrutiny Committee considered a thematic report on Child Sexual Exploitation (CSE) in September 2015. This report provides an update on progress made since that last thematic discussion. Also attached is the relevant

updated Safeguarding Board Action Plan for the Committee's consideration.

Update since last Scrutiny

5.2 The Child Sexual Exploitation specific strategy and planning has historically been police led and on a Lancashire wide footprint. Although the Awaken Team has been in place for ten years and there is evidence of very positive practice on the ground, Child Sexual Exploitation has relatively recently become an identifiable element of the Blackpool Local Children's Safeguarding Board approach with a (police led) sub-group. There is more to be done to shape strategy and delivery.

Action taken since the 12 area project
The CSE plan has been refreshed and is in place (see appendix A) and the Safeguarding Board Sub Group is now chaired by Health Safeguarding Lead. The Awaken team has also appointed an additional social worker and social work assistant.

5.3 In January 2015, internal recommendations were made to the Corporate Leadership Team to commission work on the voice of the child, to develop the Multi Agency Safeguarding Hub to incorporate Child Sexual Exploitation referrals, to develop a Multi-Agency Sexual Exploitation (MASE) approach, to present timely updates to children's scrutiny, to review staff training across the borough including elected member training and to strengthen links across licensing, enforcement, and housing and legal services.

Action taken since the 12 area project
Multi Agency Safeguarding Hub has not yet incorporated CSE referrals as firstly more work is needed to embed phase 1 of MASH.
MASE meetings are now in place
Additional member training has been put in place
Stronger links with licensing, enforcement and housing and legal services for example taxi drivers now have mandatory training as part of their licencing.

5.4 There is an expectation that professionals build practice in ways that reflect the views of the child. The longstanding Awaken Team has a clear child emphasis on the need to listen to the child. There was less clarity about wider mechanisms to secure the voice of victims on practice. The work of the Children's Society has been visible in supporting victims to engage but this again is largely on a pan- Lancashire basis in conjunction with the police and less visible within the Blackpool programme.

Action taken since the 12 area project
A meeting has taken place with the Children's Society to look at options for

expanding the voice of the child work into Blackpool

5.5 The Awaken Team includes health, police, social care, education and a missing from home co-ordinator. Referrals are worked by the most appropriate member of the team and support is provided to mainstream staff where cases are held there. The role of team nurse role was valued - we were told that disclosures were often made in the health context.

The 2014 Ofsted report noted that "Those who may go missing and who also may be at risk of Child Sexual Exploitation are identified well, assisted by the location of the 'missing' coordinator in the Child Sexual Exploitation 'Awaken' team and well established information-sharing practices. Monthly meetings between senior police officers and managers in the local authority maximise awareness of 'high risk' cases, issues, and the location of 'hot spots'. This supports strategic oversight of operational activity and ensures that the service is responsive to changing demands."

Action taken since the 12 area project

Revision and improvement of missing from home data and weekly multi agency meetings in place.

5.6 The assertive outreach approach to identifying children at risk is concentrated on the patrolling of hotspots described below. There is a programme of Child Sexual Exploitation training and awareness for professional staff. There was evidence of a positive culture of staff engagement in the council but also that Blackpool has an ongoing challenge in the recruitment and retention of social workers. This leading to a problem in sustaining experienced and confident staff.

Action taken since the 12 area project
The team has been expanded and has permanent staff in place.

5.7 Representatives of schools and the college in Blackpool reported good internal systems in schools to identify and address the needs of children at risk including nonteaching staff working with individual children. They described broader Personal Health and Social Education (PHSE) activity including theatre productions but also concluded there was limited time available. They spoke well of the external support services including the school improvement offer and the "WISH" team offering sexual health services, this was commissioned by Public Health. The chair of the LSCB, however, was keen to ensure that the Academies were more closely linked to the work of the board and had initiated a programme of "Twilight" discussions to take

forward the discussion.

Action taken since the 12 area project
Deputy Director attends school Twilight meetings.
PHSE offer expanded.

5.8 Blackpool has a very high proportion of Looked After Children (LAC) and a large number of children are placed there by other authorities. It was reported that the practice of authorities placing children in the area was not always helpful both in notifying Blackpool of arrivals or in assessing risk prior to placement. There is a view that receiving authorities have insufficient room to escalate poor practice when it occurs. On the other hand, the management of Child Sexual Exploitation and its place in relation to children's homes appeared to be positive. The health service presented evidence that the children were well known to the service and engaged with health assessments and support.

Action taken since the 12 area project
All providers have been contacted to ensure we are aware of children placed within Blackpool.

5.9 The Ofsted report noted that "There are plans to undertake Child Sexual Exploitation awareness-raising work with local businesses, such as amusement arcades and taxi firms. However, given the long-established nature of this team, and the unique characteristics of Blackpool, it is surprising that this is not at a more advanced stage of development"

Action taken since the 12 area project
Comprehensive awareness raising programme in place – detailed in the actions plan.

5.10 There is an appetite in Blackpool for a wider community campaign and engagement. There has been local support for the "say something if you see something" campaign and there is space for this to be a more fundamental strand of the strategy. The local view was that they would welcome a national campaign within which to operate.

Action taken since the 12 area project
Community Campaign in place and awareness week happened in February.

5.11 The hotspots of Blackpool are heavily patrolled and there is a proactive approach to enforcing licensing requirements and addressing other offences. This is in part a response to need to manage the night economy of Blackpool, which on some nights means that there are large numbers of people using alcohol and drugs

inappropriately. Within that, police and other staff are tasked to act in relation to specific suspects and children at risk in order to gain intelligence and disrupt Child Sexual Exploitation and other activity. This has included entering premises and taking action against specific businesses and individuals.

There is a selective licensing scheme which is systematically using the requirements placed on landlords to enter HMOs to inspect property and to speak to tenants. This work has dual objectives: first to address the poor housing conditions as part of a wider goal of attempting to change the dysfunctional housing market; and second there is a welfare goal of directing the residents towards support and employment. However, the work is also activity in which it is possible to identify both suspects and children at risk and it is therefore described as part of the intelligence gathering needed to protect children from Child Sexual Exploitation.

There is very positive engagement from health services in the management of Child Sexual Exploitation and support for victims. However, Ofsted indicate that "access to Children and Adolescents Mental Health Services (CAMHS) is too variable to be confident that all children will receive the help they need…" As a result, the local authority is forced to source and fund independent packages of support for some young people."

Action taken since the 12 area project
Access to CAMHS has been raised at Safeguarding Board, Children and Young People's Partnership and Continuous improvement Board. A remodelled service launched with a single point of access in April 2015.

5.12 As with many places there is a case for a comprehensive needs based Child Sexual Exploitation commissioning strategy crossing NHS and local government and the police addressing the spectrum from informal community based support "on their terms" and to a more therapeutic offer when appropriate.

Action taken since the 12 area project
Commissioning Strategy has been refreshed.

There is clear acceptance of the challenge in Blackpool and some practice that is very positive. Areas for development include:

- Collaborative self-assessment – completed as part of the commissioning strategy refresh

- Blackpool specific refresh of governance, strategy and planning for Child Sexual Exploitation – revised plan and sub group in place.

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 7(a): Child Sexual Exploitation Action Plan

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.

Child Sexual Exploitation Operational Action Plan

BLACKPOOL SAFEGUARDING CHILDREN BOARD

Version 4

CSE Operational Action Plan

1. Leadership BSCB must provide clear leadership is in place that provides a long term vision and aim in relation to CSE.						
	Action	**Outcome**	**Lead**	**Timescales**	**Activity/Evidence**	**RAG**
1.1	Devise Local CSE Strategy to ensure it addresses the themes • Prevention • Safeguarding • Bringing Offenders to Justice • Public Confidence.	Joint Multi Agency responses are provided to Safeguard those children at risk of CSE, reduce risk and keep children and young people safe.	Blackpool CSE Priority Group - Chair	Dec 2014	• CSE Operational Group established and meets quarterly • Group reports directly to BSCB. Group also has links to Multi agency groups regarding Rape and Serious Sexual Assault (Aquamarine) and Prostitution (Azure) • This Action Plan is reflective of the Pan Lancs Action plan. CSE lead and BSCB Business Manager meet to ensure consistency of approach • Police DCI identified as BSCB lead for CSE • Membership of Group to include-: • Children's Social Care • Police • Health • Probation • Education (Secondary and Further Education) • Public Health • Youth Offending Team • Licensing (Local Authority) • NSPCC • LADO • Specialist Support Services • Rep from Community Safety Partnership • Representation needed from BME/LGBT	Green Green Green Green Green

					• CSE Action Plan sits within Blackpool Safeguarding Children Board's action plan	

2. Prevent: Public Confidence and Awareness BSCB must engage with communities, to raise awareness and understanding of those at risk of CSE to prevent children and young people from becoming victims.						
	Action	**Anticipated Outcomes**	**Lead**	**Timescales**	**Current Position**	**RAG**
2.1	Ensure that a range of community engagement activities are delivered in identified localities to increase awareness and confidence within our diverse local communities.	Greater awareness in the wider community re CSE. Reduction in the risks of CSE to children and young people in diverse communities by increasing their awareness of risks and protective factors in relation to CSE. Increased knowledge and greater confidence amongst members of the public in reporting any	Awaken Pan Lancs CSE SG Pan Lancs CSE SG Awaken	Sept 2015	• CSE Awareness Week. Annually week commencing 9th November 2015 • CSE Awareness Day - March 2015 Annually • Christmas Campaign by PCC's Office. • "Know the Signs" campaign. • Operation Spectra (operational order with Awaken) • Current Gap – Blackpool BME communities/community events – requires development	Amber

		concerns regarding CSE.				
2.2	Agree a multi-agency Media strategy which includes key messages and enables interactions with the media to be well informed and constructive.	A consistent and effective approach when dealing with the media.	Lancashire Police Corporate Comms	April 2015	• Multi Agency Communications Strategy in place Pan Lancs. • Requirement for Blackpool to have their own • CSE Awareness week co-ordinated messages via relevant communication bodies • Key messages around CSE, action plans and strategy now on LSCB website	Green
2.3	Ensure that all education and training providers in Blackpool have specific arrangements in place to support children and young people, who may wish to talk to a member of staff about worries or concerns about CSE.	Raised CSE awareness of frontline child protection professionals within all educational and training settings. Appropriate recognition and respond to disclosures relating to or indicating CSE by professionals. Enhanced early identification and intervention with children and young people at risk of CSE. Greater protection	CSE Ops Group	Sept 2015	• Specific CSE briefing for designated officers in schools and training providers to be developed. • See other training and development information in section 7 below • PSHE project delivered by the Specialist Support Team will support secondary schools in delivering high quality, evidence based lessons to students in year 7 and 9 regarding all issues relating to CSE. Lessons will be quality assured and training will be provided to teachers delivering these lessons. The PSHE lead in each school will be provided with additional professional development to enable their advisory role within the school • Flexible training opportunities are available to all schools and colleges across Blackpool on a wide range of issues that affect young people, including those related to CSE.	Green

		for children and young people within educational and training communities.			• Youth workers are based in each secondary school who are skilled and experienced in identification and intervention re CSE, this is complemented by the work of the wish team that offer targeted group work and 1-1 interventions to YP at risk of CSE • A sexting framework has been developed and will be offered to all school to offer guidance on how to respond to incidents of youth produced sexual images • CSE Awareness Week 2015, Chelsea's Choice Productions and awareness raising sessions for professionals. • FCWA organising Chelsea's Choice productions in individual Secondary Schools. FCWA have appointed CSE worker as a point of contact for young people expressing concerns as a result of presentation.	

3. Protect: Protecting, Supporting, Safeguarding Victims and Managing Risk.
BSCB must be reassured that they identify and protect children and young people at risk of, or subject to sexual exploitation and to safeguard, support and prevent them from further harm.

	Action	**Anticipated Outcome**	**Lead**	**Timescale**	**Current Position**	**RAG**
3.1	Ensure that Blackpool's Multi Agency CSE team has implemented an integrated process to provide multi-agency support for victims and their families throughout the process.	Successful prosecutions. Support to victims and their families minimises the trauma and anxiety	Awaken	Sept 2015	• ISVA • 90%+ conviction rate for offences presented to the court • Awaken team has been embedded in Blackpool for 8 years – each referral receives a MA response.	Amber

		experienced as a result of the criminal justice process Improved outcomes for children. Tailor-made service Increase in earlier interventions			• Awaken provide support for victims through CJ process- full time social workers provide ongoing support whether case leads to prosecution or otherwise. • Full time Safeguarding Nurse on team to provide specialist health assessments for children and young people when there is an identified need and to signpost to other services within health. • Education worker provides information and support around risk taking behaviour. • Work under development with the Children's Society about providing support for young boys at risk of CSE. • Health practitioners in the Team advocate promoting a better health response to assist victim. They encourage the NHS to promote information sharing in an open and transparent way via meetings and feedback from best practice. Attend MASE to review cases and activity. • YOT isn't integrated into MASH but has piloted, reviewed and established a reliable information sharing process. • YOT have confirmed an operational CSE lead • The YOT seconded PC will not act as spoc for referrals through police systems into the MASH, as we discussed at the meeting today, so we have clarified the direct referral route in to children's social care duty and assessment team. • Support for parents and siblings.	

					• Longer term victim support. • Links to Early Action.	
3.2	Develop and implement arrangements for talking with and listening to the experiences and perspectives of children and young people who have been at risk of or have suffered from CSE.	An increased understanding of what works for children and young people from listening to and being influence by their views. Improved response by CSE teams.	Children's Social Care to meet and discuss	April 2015	• Awaken Team undertaking consultation/feedback from children and young people receiving a service from Awaken – collated findings to be shared with BSCB for evaluation and assurance. • Awaken video (in which local young people talk about their experience of CSE and professional response) developed and now being updated (funded by BSCB) • YOT to refer all disclosures of CSE made during community supervision directly to Children's Social Care Duty and Assessment, marked FAO Awaken team • Task and Finish group established in September 2016 to look at this issue	Amber

4. Pursue: Identifying and bringing Offenders to Justice. BSCB must ensure that there are processes in place to identify and target perpetrators and potential perpetrators of CSE.						
	Action	**Anticipated Outcome**	**Lead**	**Timescales**	**Current Position**	**RAG**
4.1	Develop and implement multi agency processes for identification of perpetrators and potential perpetrators of CSE, including identification of 'hotspots' for their activity.	Earlier identification of perpetrators and potential perpetrators which reduces the risk to victims and those at risk of CSE	Head of Public Protection Lancs. Police/ Awaken	April 2015	• Lancs Con provide CSE problem profile to be adapted to strengthen understanding of Blackpool picture. • Pan Lancs approach – local arrangement - AWAKEN CSE risk document produced at weekly MA meeting; provides information on both potential victims and offenders who are a cause for concern and is updated	Amber

		• Targeting of identified hotspot areas by outreach workers. • Use of an ancillary orders by Police. • Increased awareness in the supervision of offenders. • Anti-Social behaviour, Crime and Policing Act 2014			weekly. This leads to proactive action/activity to target offenders and safeguarding victims. • Fortnightly document produced by Lancs. Constabulary Sex Offenders Unit highlighting those offenders posing the greatest risk to minors in local community. • Issues identified arising from reviews of CSE cases-e.g. CPS decisions highlighted to relevant bodies for action regarding perpetrators. Contingency measures in place failing successful prosecution. • 73 hotspots targeted during awareness week • 11 notices (s2 and s49) issued • Known Registered sex offenders visited during awareness week • All agencies to be involved in CP strategy meetings in relation to sexual offences committed by young people • More up-to-date evidence of disruption activity needed (Awaken to provide) • Pan Lancs group set up to determine what data should be provided to boards (Sefton data Set)	
4.2	Engage with the hospitality and night time economy industry staff to raise awareness of CSE, perpetrators and victims.	Increased awareness within this workforce, which enhances opportunities to identify and target locations, hotspots,	Awaken CSE Priority Group Trading Standards	July 2015	• Operation Spectra (evidence available) • CSE leaflet produced by LA Licensing Officer and targeted activity undertaken in October 2013 with Blackpool licensed hotels. This leaflet now in the process of being updated by LADO. • Presentation being designed for delivery to	Amber

		perpetrators and potential perpetrators.			license trade and hotels/guest houses. • CSE risk document and actions tasked to a) NHPT b) Impact team c) licensing • CSE awareness week – (See Operational Order) • Care homes visited and advice given to staff and residents • Agreement with LA that all taxi drivers both, existing and new will undergo safeguarding training, which includes CSE awareness. • 5 training sessions booked for 26th November 2015 delivered by Police and LSCB Training Co-ordinator. Licensing department to take ownership after this. • Briefing sessions held with Winter Gardens and Sandcastle staff.	

5. Partnerships: co-location/co-working.
BSCB must be informed of the partnership arrangements within its borders and the level of specialist commitment by partnership organisations.

	Action	Anticipated Outcome	Lead	Timescale	Current Position	RAG
5.1	Monitor compliance with and use of the Pan Lancashire CSE Standard Operating Protocol.	Clear and agreed arrangements are in place to determine and direct joint working practice in Blackpool Continued improvement of	BSCB MA Audit Group CSE Priority Group	Sept 2015	Evaluation of compliance through CSE MA audit (2014) Further audit planned November 2015 Case specific 'Lessons Learned' have been identified through case review and disseminated through practitioner briefings	Amber

		responses and the multi-agency approach and tactics to CSE Safeguarding.			Pan Lancs Protocol currently being rewritten by 3x LSCB Business Managers.	

6. Intelligence and Performance Monitoring. BSCB must be provided with key data from partner agencies to gain greater knowledge and understanding of CSE in the area.						
	Actions	**Anticipated Outcomes**	**Lead**	**Timescales**	**Current Position**	**RAG**
6.1	Ensure that the ACPO/CEOP National Agreed Problem Profile template is used consistently across Lancashire for the profiling of victims, offenders, gangs, gang-associated girls, high risk businesses, neighbourhoods and other relevant factors.	Board members have a fuller and more accurate picture of the scale of exploitation in the local area. Data informs strategic planning across agencies and supports effectiveness of services in relation to CSE.	Head of PP Lancs. Police	April 2015	• A CSE data set is agreed and presented twice yearly to the BSCB by Lancashire Constabulary • See 6.2 below • Sefton Data Set	Amber
6.2	Collate details of children who are missing and at risk of Child Sexual Exploitation.	Improved understanding of the risks and threats to ensure CSE victims are protected.	Head of Public Protection Lancs. Police	Dec 2014	• Pan Lancs MFH Protocol in place and operational • Return Interviews are completed by Social Worker • Intervention Meetings for regular Missing Children monitored through police	Amber

		A system of performance and quality assurance of the links between missing and CSE is provided to enable the 3 LSCBs to determine and shape future activity.	Head of Childrens Social Care		supervision • Police MFH co-ordinator carries out daily scanning of missing and absent persons to identify those potentially at risk of CSE. • Quarterly reports by police to BSCB PMEG. • Multi Agency 'Lessons Learned meetings' about significant cases. • Pan Lancs group to look at return home interview process.	
6.3	BSCB to monitor work of CSE team to reflect issues raised within cases.	Targeted and effective responses to local issues are provided as highlighted with the local CSE problem profile.	CSE Priority Group	April 2015	• Standing agenda item at BSCB exec. • Regular reports from CSE priority group provided to BSCB • Multi agency case audits will provide BSCB with information to support its role in monitoring and evaluation. • Multi-agency 'Lessons Learned', through individual case review, provide scrutiny and learning in specific cases; lessons learned used to drive improvements in practice and better outcomes for children and families.	Amber
6.4	Ensure that local authorities and other commissioners include evidence of the prevalence of CSE, identification and needs of high risk groups, local gangs, their membership and associated victims in their Joint Strategic Needs Assessments		LSCB	April 2015	• MFH debriefs are all completed utilising the guidance for officers. We could do with looking at this tough to incorporate CSE specific question. • MFH return interviews all incorporate CSE specific question. • This is also covered as part of the CSE risk document. All regular MFH's who are identified as at risk of CSE and identified to	Amber

					having been with an unknown adult may cause a risk will be subject to a strategy discussion. • CSE risk assessments to be introduced.	

7. Learning and Development. BSCB must ensure that appropriate learning and development opportunities are in place for supervisors and front line staff regarding CSE.						
	Action	**Anticipated Outcomes**	**Lead**	**Timescales**	**Current Position**	**RAG**
7.1	BSCB to develop and deliver specific CSE multi-agency training.	Safeguarding of children and young people at risk of CSE. Across agencies, all relevant members of staff have a suitable level of skill and knowledge to identify and address the issue of child sexual exploitation.	BSCB Training Sub groups /BDM	April 2016	• Level 1 E-Learning CSE awareness package available to staff across agencies – access through BSCB website and Lancs Council • Wide distribution of Know the signs literature. • Package developed for delivery is schools about the dangers of "sexting" • Intermediate Training delivered by Awaken CSE team to front line professionals • Series of 90 minute briefing sessions and full day training for front line staff from all agencies are on-going. • CSE and internet briefing for CSE Awareness week 2015. • On-going briefing for cabinet members on 9th/10th November 2015.	Green
7.2	Ensure Multi Agency training is available to all frontline staff interfacing with children and young people.	Vulnerable children in the community are better protected from CSE	BSCB Training Sub groups/ BDM	April 2016	• Good uptake of intermediate CSE training • Improved uptake of level 1 eLearning – being monitored by BSCB Training Sub-group	Green

		because the workforce is more able to recognise and respond to CSE. Professionals are confident of our multi Agency CSE service delivery			• Feedback from BSCB Training figures reflect Multi-Agency attendance • CSE briefings to further support this action and improved professional awareness and confidence • PSHE project delivered by the Specialist Support Team will support secondary schools in delivering high quality, evidence based lessons to students in year 7 and 9 regarding all issues relating to CSE. Lessons will be quality assured and training will be provided to teachers delivering these lessons. The PSHE lead in each school will be provided with additional professional development to enable their advisory role within the school • Flexible training opportunities are available to all schools and colleges across Blackpool on a wide range of issues that affect young people, including those related to CSE.	
7.3	Review and Improve E- Safeguarding Awareness for Children and Young People	Raised awareness of risk and greater understanding amongst children and young people on self-protection, when using Social Media and IT.	Pan Lancs E Safety Group	April 2016	• Education worker from Awaken delivering E-Safeguarding package in Schools on request • CEOP ambassadors • FCWA worker • E-Safety Live Briefing - 11th January 2016	Amber
7.4	Scope and review what CSE educational packages are being delivered in Secondary Schools	A consistent CSE message and approach is	CSE Priority Group	April 2016	• Multi-agency training group established to ensure consistency of both content and delivery of CSE training across all sectors.	Green

		provided. Consistent and equitable delivery of Educational resource packages throughout Lancashire is ensured. Increased awareness and understanding of CSE is ensured Links to E safety 3.7			• Training group reports to both BSCB training sub-group and BSCB CSE sub-group.	
7.5	Understand and promulgate best practice, learning, legislation and research to all agency supervisors and frontline staff.	Continual Professional Development of all front line staff. Enhanced quality of service and better outcomes for victims.	CSE Strategic sub group	April 2016	• Learning from all MA review and audits are shared by BSCB through website/Lessons Learned newsletters and in training – this includes any learning in relation to CSE from audit and review. • Dissemination of national reports and policy developments shared with members of BSCB strategic group who are in turn responsible for dissemination and use within their own agencies– CSE strategic group. • Know the Signs posters widely disseminated across partner agencies and available on BSCB Website • Staff within A and E received training on CSE. • See point 2.3	Green
7.6	Develop training for those charged	Enhanced	Constabulary	Dec 2015	• CSE awareness now embedded and on-	Green

	with investigating offences. • ABE • Interviewing	Professionalism of Investigations	HQ PPU and CID Training		going in all relevant training courses. • CSE awareness day (March 2015) briefing to staff around victim psychology. • Offer of ABE courses for Social Work staff.	

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Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Date of Meeting	17 March 2016

BLACKPOOL CCG: NEW MODELS OF CARE

1.0 Purpose of the report:

1.1 The Committee to receive an update on progress made with implementation of the New Models of Care Approach to allow effective scrutiny.

2.0 Recommendation:

2.1 To receive and scrutinise the progress in relation to the New Models of Care/Fylde Coast Vanguard value proposition identifying any topics for further consideration by the Committee.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the New Models of Care approach.

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 Committee in September 2015, Members agreed to receive an update on the progress made in the New Models of Care approach with a focus on performance and the impact on patients, including case studies.

5.2 The following update has been provided by the CCG.

5.3 **Blackpool CCG Extensive Care and Enhanced Primary Care Update**

Executive Summary

The Fylde Coast New Models of Care Vanguard has two major elements:

1. Extensive Care
2. Enhanced Primary Care

The purpose of this narrative is to update on progress.

Since the committee were last updated a Value Proposition (attached as Appendix A to the report) has been submitted to NHS England. This is essentially a business case to explain how we plan to invest the 2016/17 Vanguard funding. A decision will be made on this proposition in March.

Extensive care

The Extensive Care service started in June, working from the Moor Park Health centre. The service has been well received by patients. The service has recruited almost 200 patients and initial feedback is very positive. It is too early to demonstrate the benefits in terms of improved outcomes but the patient satisfaction results and 'softer' intelligence demonstrates that the service has been well received. Attached are some patient stories.

Enhanced Primary Care

As part of Blackpool CCG's ongoing development of the Fylde Coast New Models of Care under the Vanguard programme the CCG have developed a service description for Enhanced Primary Care.

The attached document describes the key components of the new system. It outlines the vision for Enhanced Primary Care and the detail regarding the introduction of Integrated Neighbourhood Teams across Blackpool Clinical Commissioning Group. What is included in the service description is consistent with the Value Proposition assumptions recently submitted to NHS England.

Enhanced Primary Care provides an enhanced level of clinical and social support provided in a community setting through the Integrated Neighbourhood Teams. These teams will comprise of a range of services and provision, some of which are already delivered (but not integrated) across Blackpool, such as:

- Primary Care
- Community and District Nursing
- Community Mental Health Services
- Community Therapies
- Care Navigation
- Social Care
- Third sector and Voluntary services

This provision will combine GP's, practice staff, community and specialist health staff working together to enable individuals to receive a high level of clinical and social support whilst remaining in a community setting.

5.4 Case Studies

5.4.1 As requested by the Committee a number of case studies have been provided.

Patient story: extensive care
John Kellow, 67

John is 67 years-old and has diabetes and a heart condition. He was referred into the service by his GP.

Over the last 12 months John's health had been declining. In early 2015, John had a hip replacement after suffering a fall and was struggling to get about on his feet. All of this on top of family issues and financial worries was leaving John with overwhelming feelings of anxiety and depression and he was also struggling with feeling socially isolated.

John says: "I was in a poor state of health after my fall. I had a hip replacement and was feeling so lonely because I had no company. Everything was getting me down and impacting upon my health."

John was struggling to find interest or pleasure in everyday activities due to his feelings of depression and would often find himself sitting at home on his own for long periods of time without any interaction with others.

The Extensive Care team have worked with John to set a number of achievable goals for him to work towards. These have included learning to better manage his finances, as well as joining local groups and clubs to take part in regular activities. John

recognises the positive impact this has had on his overall health and wellbeing.

He said: “If it wasn’t for the Extensive Care service then I don’t know where I would be. I had nothing to live for. It’s been a real eye-opener for me. The team have given me the impetus to turn my life around by increasing my confidence to tackle issues that I wouldn’t have done.”

Previously John’s lack of confidence meant that he often felt he wasn’t able to do things on his own. Working with John, his Wellbeing Support Worker helped to unpick some of the barriers that he felt prevented him. This has given John much greater confidence and his health and wellbeing has improved significantly as a result.

He said: “They take the time to listen to me and my issues. I’ve come on an unbelievable amount. They really are a lifeline. They’ve given me the confidence to take control of my life. I feel a lot happier and healthier now. Through their care they’ve given me the confidence to regain my independence. I look forward to seeing them.”

Patient story: extensive care
Colin Davenport, 81

As an ex-sportsman, 81-year-old Colin Davenport has never been one to let his age or his health slow him down.

But after suffering a stroke almost a decade ago, the former Lytham Golf Club captain and Fleetwood Town footballer found himself unable to drive and having difficulty walking and talking. On top of the knock-on effects of his stroke, Colin also has a pacemaker and suffers from shortness of breath while out and about.

A strong personal drive borne out of his sporting background and an RAF-ingrained stiff upper lip attitude helped him to recover some of his lost freedoms following the stroke.

And now, thanks to a new service being rolled out across the Fylde coast, the retired corporal has the help of a dedicated team to manage his health conditions on a daily basis.

“The whole thing is great. It is there to try to keep you out of hospital and make sure everything is all right. It is the best thing that has happened to me,” says Colin of the new extensive care service.

The dedicated team supports Colin – who lives with his partner Rita Fletcher and other patients with all of their health and care needs so they no longer have various

appointments with different professionals.

Patients are allocated their own wellbeing support worker, who they meet with on a regular basis, to develop a long-term plan for their health. This includes setting a number of achievable goals which are all geared towards improving their health and wellbeing.

Since joining the extensive care service, Colin has been able to work with wellbeing support worker Rachel Haworth to get more active as a result of the goals he set himself.

Colin said: “Firstly I wanted to get some weight off and I have done that. I also wanted to understand why I was getting short of breath and that is now improving.

“Working with Rachel and the team has helped me to understand my conditions, which has helped me to manage them, overcome them and control them a lot more.

“Extensive care helps me to keep moving forward. I can just make a phone call and there is always someone there to help me and that is the main thing.

“It has helped me 120 per cent. The people who are responsible for this are fantastic.”

Rachel is part of a growing team of wellbeing support workers with a caseload now exceeding 20 patients each. Having previously worked as a healthcare assistant at Blackpool Victoria Hospital, she now enjoys being able to spend time with patients and getting to know them.

She said: “I really enjoy the work as it is very positive and person-centred. I get the luxury of having the time to spend with the patient and it is nice to build those relationships.

“Now when the patients are ringing us we know it is for a good reason as they have been empowered to deal with many things themselves.”

Patient story: extensive care
Stuart Bradley, 64

Retired firefighter Stuart Bradley once played professional rugby with Halifax, Dewsbury and Batley, but now 64 he struggles with multiple health complaints and finds it difficult just to get about his own flat.

Stuart, who lives with his partner of three years Beryl Kay, suffers from heart problems, diabetes, kidney failure and mobility issues due to severe arthritis and

gout, and was having to pay regular visits to his GP.

But thanks to the new extensive care service, Stuart is now turning his life around with the help of a dedicated team of health professionals and social and wellbeing officers.

“When things went wrong I was taken to hospital,” said Stuart, who was forced to relocate from his caravan to sheltered accommodation following a fall last Christmas. “I was going to see the doctor on a regular basis.”

Stuart was referred to the new extensive care service by his GP. He said: “I went to see my GP when I came out of hospital after suffering kidney failure. She described it and explained how it was working.

“She said one of the main objectives was to keep people out of hospital as much as they could and that was exactly what I wanted as I hate being in hospital. She asked if I would like to go on it and I accepted it there and then.”

Extensive care provides patients with multiple long-term conditions with a single point of contact for all their health needs. The extensive care service consists of doctors, nurses, advanced practitioners and care co-ordinators all under one roof. Patients also have their own wellbeing support worker, who they meet on a regular basis, developing a long-term plan for their health.

Having been referred and undergone an initial assessment of his conditions, Stuart was assigned to wellbeing support worker Lee Jones, who meets regularly with the couple to discuss Stuart’s needs and concerns.

Lee, who looks after 17 patients, has provided Stuart with information sheets explaining what he should do in any of the health emergencies that could occur and also helped him devise a set of goals to work towards.

Stuart, who used to spend every day at the gym keeping fit, said: “The goals are just simple things, but things that have become incredibly different in recent years. They are things like doing more DIY, cooking and doing more exercise.

“I had wanted to paint the hallway but was unable to as my legs start to hurt and I have to sit down every few minutes, so Lee got me a perching stool which has meant I have been able to make a start on the job. The stool has also helped me do some cooking. I also wanted to start swimming so I could do a bit of exercise, but I can’t manage the ladders to get into and out of the pool, but Lee found me a swimming pool with a walk-in area so I was able to get into that.

“These are little things to many people but it makes a massive difference to me and

makes me feel a lot happier while also helping get me up on my feet."

Stuart said he would recommend the extensive care service to anyone who met the referral criteria as it was helping to change his life for the better. He said: "I see Lee every week which is really good as we have built up a rapport and we get to talk about things that could help me to feel better.

"And the speed of the service is incredible. I know if anything goes wrong I can ring a number, 24/7, and someone will help me. I went in for an appointment and while I was there I asked about a rash that had developed on my arm and someone came and saw me there and then. There was no waiting around or needing to book a new appointment.

"I am not waiting a month to see a doctor any more. It is instant and for me, and Beryl, that provides huge security as I know in that place there is someone there if I need them."

Lee, who has a background in sports coaching and patient care, said he was seeing a huge change in the wellbeing of the patients he supported. He said: "This service is fantastic as, with myself and the other wellbeing support workers, we are able to get right to the very root of the problem and get it sorted.

"In a 10-minute appointment with a doctor, all they can do is diagnose a health complaint and arrange treatment, but through developing a relationship with Stuart I have been able to look at more preventative measures so, in the main, he is able to look after his conditions and avoid the need for emergency treatment."

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 8(a) Blackpool Enhanced Primary Care Model Service Description

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.

Placing you at the heart of everything we do on the Fylde Coast

your care our priority

Blackpool Enhanced Primary Care

Model Service Description

Dr. Mark Johnston

Blackpool Council

Lancashire County Council

NHS

Contents

Introduction

Purpose of the Service Description

The purpose of this service description is to outline the vision for Enhanced Primary Care and define the detail regarding the introduction of Integrated Neighbourhood Teams across Blackpool Clinical Commissioning Group (CCG). The Business Case is in development but has yet to be taken through the CCGs governance process, it will not contradict what is described here and is consistent with the Value Proposition assumptions. This paper will cover:

- Context and case for change
- Proposed service model
- Implementation
- Key assumptions
- Benefits
- Risks

The CCG recognises that it is not able to fully quantify the likely benefits, since the proposed model of integrated care is new to the NHS in England, albeit in alignment with national policy and international review. Blackpool CCG aims to work collaboratively with key stakeholders including health, social care and voluntary agencies to govern their pooled resources in order to improve the health and wellbeing of the local population. However, the resource defined in the paper refers only to that element that is commissioned by the CCG.

Background & Context

Enhanced Primary Care is described in the Value Proposition approved by NHS England as:-

"…an enhanced level of clinical and social support provided in a community setting through the Integrated Neighbourhood Teams (INT). These teams will comprise of a range of services and provision, some of which is already delivered (but not integrated) across the Fylde Coast, such as:-

- *Primary Care*
- *Community and District Nursing*
- *Community Mental Health Services*
- *Community Therapies*
- *Care Navigation*
- *Social Care*
- *Third sector and Voluntary services*

This provision will combine GP's, practice staff, community and specialist health staff working together to enable individuals to receive a high level of clinical support whilst remaining in a community setting."

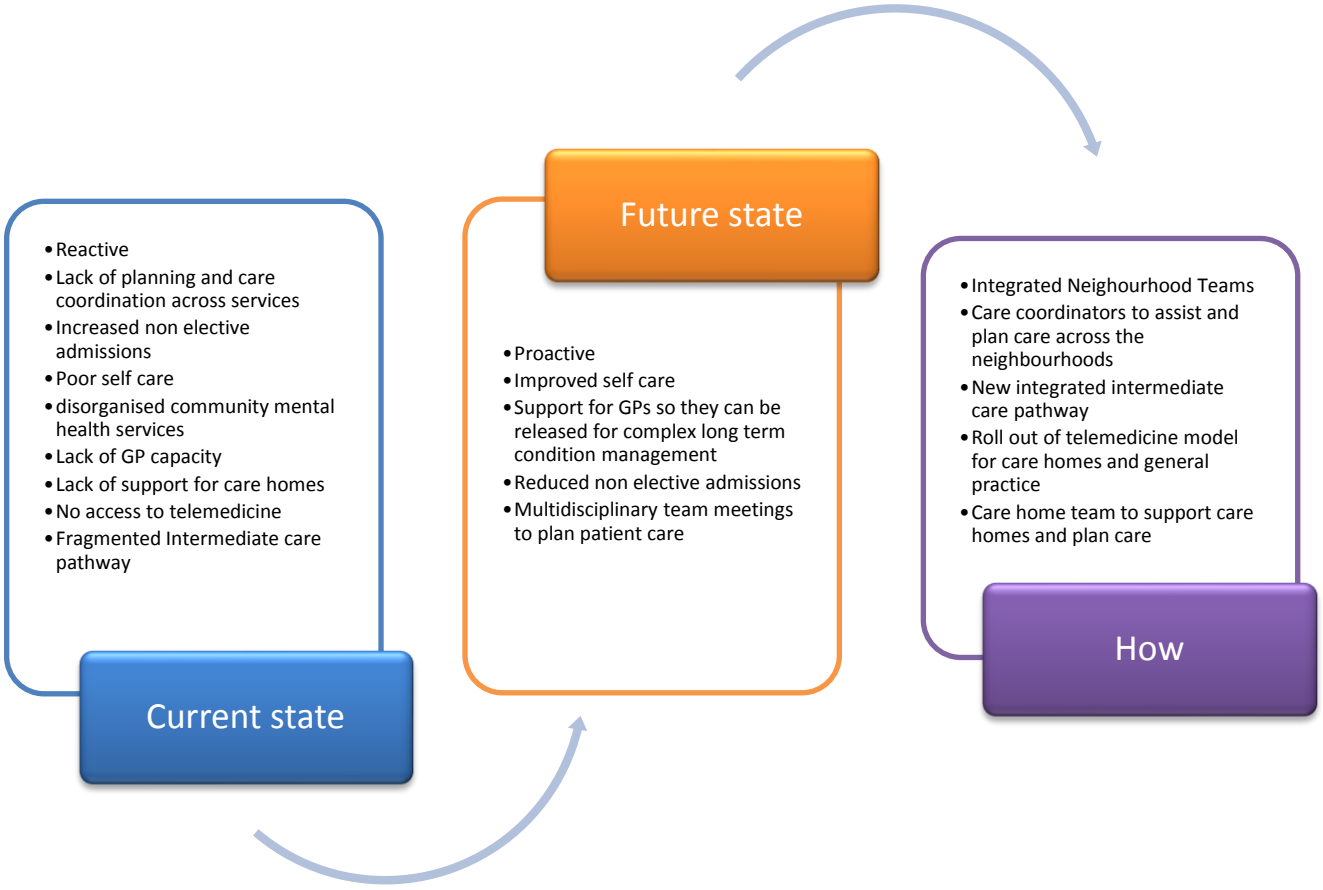
In Blackpool the NHS commissioning organisations, i.e. the CCG and previously the Primary Care Trust, have invested heavily in primary and community care services recognising that it is essential and preferable to treat or maintain people's health as close to home as possible and avoid the need wherever possible for recourse to secondary care

services which are increasingly under pressure from the growing demand. Some examples of this investment include:

- Premises
- Rapid Response Plus
- Acute Visiting Service

This has ensured that there is a very high standard of primary care provision in Blackpool but it is recognised that this needs to go further to meet the challenges of the future.

Case for Change – New Models of Care



Current Position

General practice is, and is likely to remain for the foreseeable future, the first point of contact many people have with health and care professionals when raising issues (perceived or real), with general practice often acting as the main gate keeper.

Given the forecast changes in demographics, public expectations, advancements in treatments and disease management, just maintaining existing services will fail to keep pace with the current and emerging demands on general practice.

Approximately 90% of all contacts with the NHS occur in general practice, and the average consultation time per patient has increased. The volume of GP consultations has risen by 19% from 2008/09 to 2013/14 with just 4.2% growth in GP numbers. Investment in primary care has fallen well below investment in hospitals despite the increase in expectations regarding the volume and type of work that should be carried out in primary care. Between 2003 and 2013 the number of hospital consultants increased by 48% while GP numbers only increased by 14% during the same period. The number of GPs per head of population has fallen since 2009 which is thought to be due in part to recruitment and retention issues (Summons 2015).

Many GPs believe the allotted 10 minutes consultation time with patients is not enough, particularly given the increasing numbers of patients with multiple, often complex, chronic conditions. Often the demands on their time prevent them from spending longer than this, other than in exceptional circumstances. The number of consultations being offered has significantly increased over time and is set to increase further. This is against a backdrop of a reduction in the proportion of funding being invested in general practice as a proportion of the total spend on all health services.

General practice receives funding from many income streams and contracting arrangements vary making it extremely complex to manage leaving practices with uncertainty regarding practice income. Certainty regarding practice income would however enable practices to develop plans for the future and invest in services and staff, as well as allowing flexibility to work in different ways.

Work undertaken by Blackpool CCG as part of the 2014-19 Strategic Plan, alongside work done in partnership with wider partners over the Fylde Coast has identified clear themes:

- Our population is growing, as is the proportion of older people. On the Fylde Coast the number of those aged over 65 are set to rise to between 31% and 35% by 2028 and there are increasing numbers of people with multiple and complex long-term conditions. These factors are putting a strain on resources, which is not possible to respond to without transformation in the way we provide care.

- Continuing to care for our communities in the same way is not financially sustainable. Forecasts for the next five years show that commissioner deficits could reach £15m. The acute provider deficit is expected to grow to £56m. In addition, each of our local authorities is anticipating spending cuts of 10% during the next two years at least.

- We know more people are cared for in hospital than is necessary and that care can be provided more effectively in the community or at home. The care we provide is not always coordinated as well as it could be and this can lead to poor experience for our patients and their families.

- The workforce challenge that is impacting nationally is compounded locally due to the geography of the Fylde Coast. The RCGP estimates that:

    - More than 1,000 GPs will be leaving the profession on an annual basis by 2022
    - The number of unfilled GP posts has nearly quadrupled in the last three years (2.1% in 2010 to 7.9% in 2013)

Continuing to do more of the same is not an option.

Definition Clarity and Scope

Our New Models of Care approach combines Extensive Care and Enhanced Primary Care enabling services to be provided appropriately across the spectrum of need. However the assumptions that sit behind these tiers of provision differ in response to the level of need that the respective populations present. Therefore we will focus on each tier individually and so this Business Case will cover only those elements that make up Enhanced Primary Care, although reference will be made to the connectivity and flow between tiers. The Integrated Neighbourhood Teams that will support primary care will **act as a catalyst, amplifying the impact that existing care (health, social and third sector) services** have. Through co-ordination and better management of the system we will leverage better outcomes for patients.

Proposed Service Model

Improved integration of health and social care was the focus of the Better Care Fund (June 2013) and was further stressed in the publication of the Five Year Forward View (October 2014). Partners across the Fylde Coast health and care system, building on earlier work, began to develop New Models of Care in early 2014 when we reviewed successful international models.

The key principles underpinning our New Models of Care are to provide targeted support to those who require services, to ensure a focus on prevention and early identification in the wider population and access to appropriate support where necessary, across the continuum of need.

In this newly designed system of care, people will not experience unnecessary hand-offs, referrals and / or discharges from one team to another. Services will wrap around individuals and manage the system on their behalf. Increased effectiveness will result from pro-active management of patients with long term conditions, the personalisation of treatment and care, improved assessment processes and the development of bespoke care plans. Wherever possible and practical patients will be assessed once, across the health and social care spectrum.

The practice of different specialists visiting patients to assess for particular needs will stop. Care will be coordinated through designated Care Coordinators operating within the Integrated Neighbourhood Team. The teams will be designed to support and manage care from self-management through to periods of crisis. A range of services (existing and new) will be aligned to link with the Integrated Neighbourhood Teams providing a seamless flow for patients and freeing up capacity within general practice to enable the GP to support those with greatest need.

In addition, new roles such as the Wellbeing Support Worker will be introduced to ensure that patient activation remains a key focus. This will enable a ‘golden thread’ of care to run between the two tiers of our new model of care (Extensive Care and Enhanced Primary Care) supporting patients to move seamlessly between the two tiers of provision depending on their level of need.

The New Models of Care

There are two main components of our model being implemented under the Vanguard Programme; Enhanced Primary Care (EPC) and Extensive Care, which together will deliver a seamless proactive out of hospital service. Extensive Care is focused initially on patients over 60 years of age with two or more long term conditions. Enhanced

Primary Care will be available for any other patient who requires the enhanced level of support the model will provide. Both components work seamlessly together to provide targeted out of hospital care.

The model is founded on patient's needs, which are then supported by fully integrated health and social care teams. One of the key components of the care model is clear patient accountability. All care decisions are taken by the patient and/or their Carers, supported by the lead professional and their care team. This care team has holistic responsibility for the patient's care, acting as the coordinating point across the local health and social care system, holding other individuals and organisations to account with respect to their patients. This is consistent with the public health approach of community-oriented primary care, basing interventions on community need. EPC requires moving assets across multiple agencies and community organisations to re-focus our efforts from illness to a clinical agenda aimed at enabling people to live well.

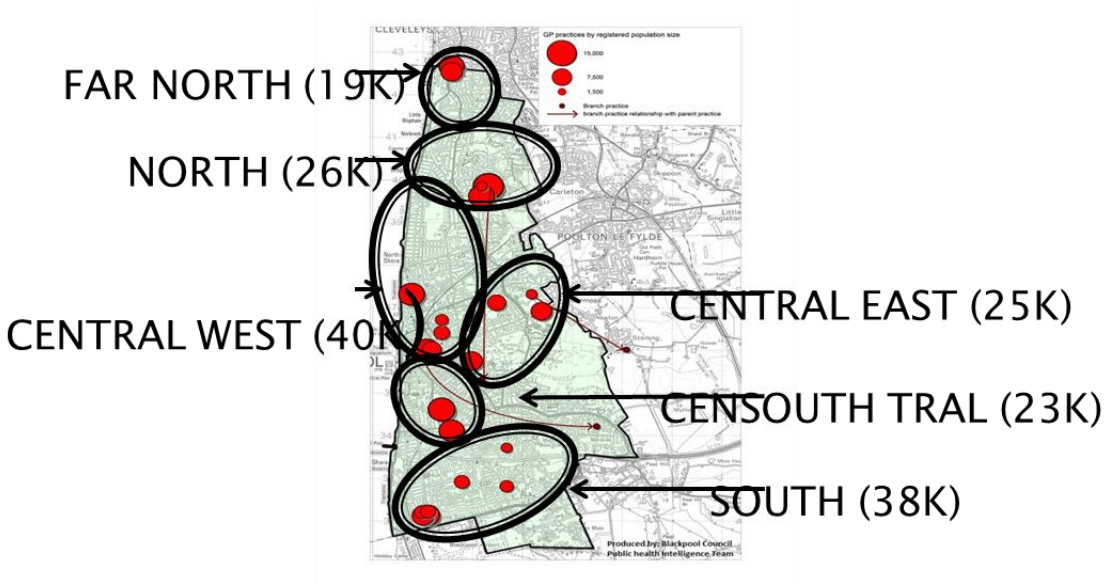
Enhanced Primary Care is supported through a number of **guiding principles**:

- A focus on prevention and not just treatment
- Primary Care at the heart of the system
- Population wide approach and not just responding to needs of individual patients
- Personalised care designed around the patients' needs
- Care planning and shared decision making
- Integrated multidisciplinary locality care teams
- Self care
- Shared assessment and support planning processes
- Primary resource used to help patients manage their own health and wellbeing.
- Patients will be assessed for need once, wherever possible and practical

Workforce structures will be as flat as possible, and will contain as few different types of roles as possible. There will be an emphasis on the multi-skilled element of the roles, maximising flexibility in service delivery such that responsibility is devolved down to the most appropriate level wherever possible

The new model of care will be delivered in six neighbourhoods across Blackpool; integrating a range of primary, community, acute, social, third sector and other services around the registered populations of practices.

Neighbourhoods are based on groups of GP practices covering populations of 20000 to 40000 patients, and builds on their local health, social care and voluntary service and estate assets available to deliver integrated care. Taking a geographic approach enables the various supporting links among statutory, public and third sector services to be maximised. It also ensures that some of the more enduring problems of social isolation, loneliness and poor mental health, much of which underpins poor physical health, will be tackled more effectively.



Neighbourhoods will be empowered to tailor the services to best meet the needs of its population, slow the progression of diseases and support people to stay independent for longer. Involving individuals and communities in designing services will ensure that approaches are relevant locally; that they do not duplicate (and are integrated with) existing services in the community; and that they are more likely to be successful.

The nature of consultations will change, to better combine clinical expertise with patients' aspirations for wellbeing. Patients will be asked more frequently about their wellbeing, capacity for improving their own health and be offered support to manage conditions themselves (e.g. health information, advice and equipment) or social prescribing. GP capacity will be freed through the Extensive Care service and through having better co-ordinated, integrated services through neighbourhood teams supported by new roles (Care Co-ordinator, Wellbeing Support Worker), so GPs are able to focus on the management of more complex patients, assuring compliance with best practice to improve health outcomes.

Practices, working in neighbourhoods, will work together with their Integrated Neighbourhood Team to:

- Coordinate plans of care, particularly for people who regularly visit the practice and whose health is at risk of deteriorating. If relevant, patients will be offered self-management support and/or social prescribing – directing them onto other information, resources and services available in their local communities
- Provide additional capacity for improving health and wellbeing
- Test new ways to build and improve relationships with local communities
- Establish a map of local community assets that can be harnessed for health and wellbeing
- Identify and develop local community health and wellbeing champions

In addition, the Directory of Services (DOS) of statutory and third sector services will be widely available to assist staff across health, social and voluntary services, supported by Wellbeing Support Workers to refer people to the right service, in the right place, the first time so they receive the right level of care for their assessed needs.

Target Population

The cohort of patients will be defined by those who will benefit most from the care offered by this tailored service and will be identified by need and care provider knowledge to assess/review their needs and take a proactive approach to personalised care planning to provide the most appropriate interventions for each person.

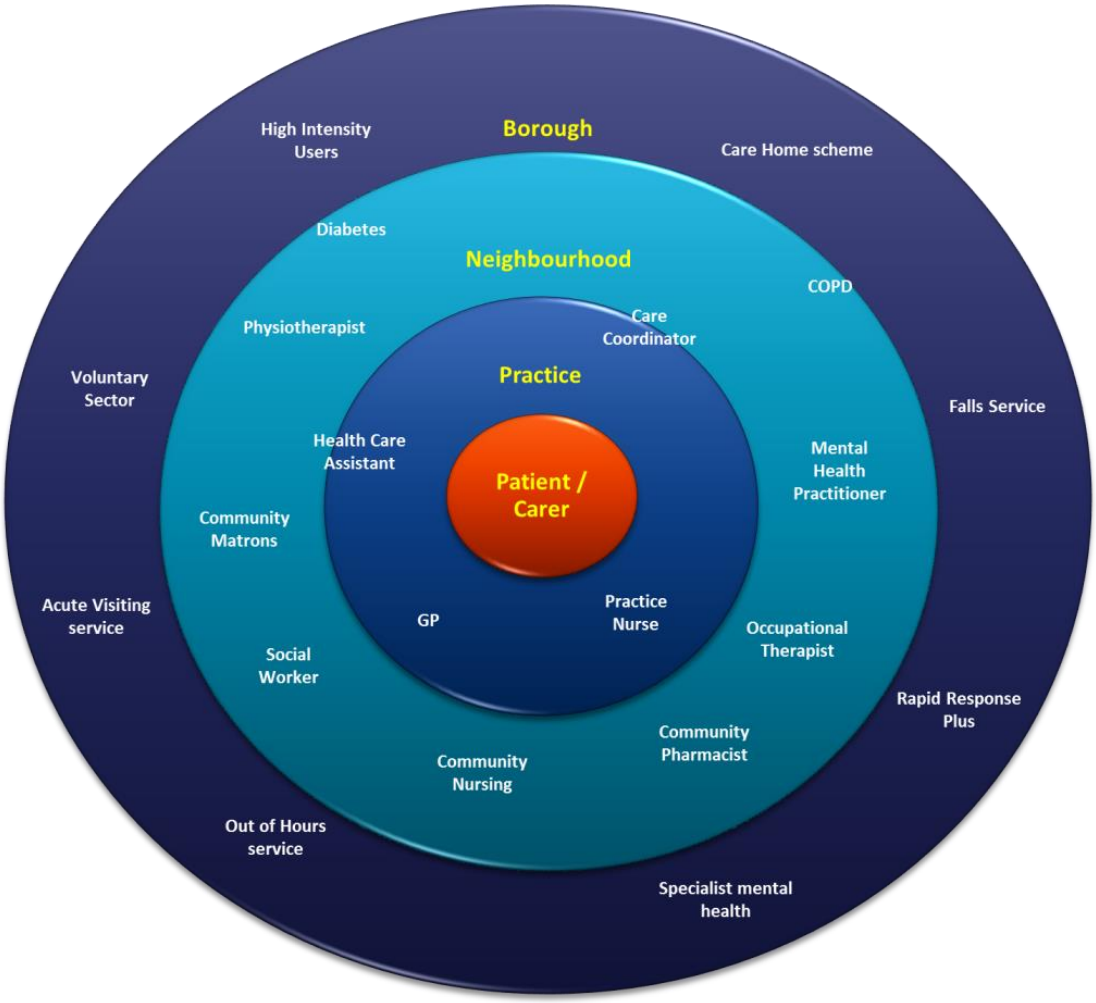
The population includes all patients over the age of 16 (excluding patients actively managed under the Extensive Care service).

Initially implementation will focus on the core Integrated Neighbourhood Team targeting those people with the highest level of needs and who use care services the most, however the model will flex to ensure services are developed to reflect the needs of the neighbourhood demographic, ensuring that those people identified within episodic care can access a wide range of services to meet their needs.

Service Description

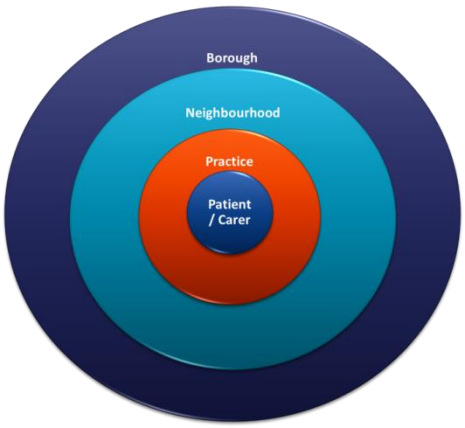
Central to the EPC delivery model is the development of a fully Integrated Neighbourhood Team based in each neighbourhood and centred on these groups GP practices. The teams will incorporate health and social care and will address patient need through a single point of access. The locality based teams will be designed to support and manage care from self-management through periods of crisis. A raft of services (existing and new) will be aligned to link with the neighbourhood based teams providing a seamless flow for patients and freeing up capacity within general practice to enable the GP to support those with greatest need. Integrated Neighbourhood Teams will include primary, community and secondary care services working closely with third and voluntary sector services.

Enhanced Primary Care will be part of an integrated care system that will wrap integrated care coordination and care provision teams around patients and primary care, at the appropriate scale



Below are some of the key areas of focus for commissioning services that will support delivery of EPC. This prioritisation draws out the areas where greatest impact is needed to create an environment that will support the development of EPC through a clear evidence base and benefits analysis.

Practice Level



GMS Plus - The CCG, in collaboration with its member practices has developed a local new contract framework in addition to the core national contracts, to address some of the current inequity in funding and service provision to create a firm baseline for a standardised approach for enhanced services for all 172,000 of the registered population.

There are currently three main contract types operating within Blackpool; general medical services (GMS), PMS, APMS and as a result there is wide variation in funding available based on various historical arrangements. In addition, practices have taken on additional locally commissioned services such as the CCG infrastructure scheme (£5 / head scheme etc.). This has meant that overall investment in primary care in Blackpool is significantly higher than most other parts of the country and has enabled practices to maintain high standards of care despite the growing pressures. Initially in 2016/17 the CCG will reinvest the PMS premium across all practices, not just PMS, to reduce the variation.

The GMS Plus contract, introduced in shadow form in September 2015, amalgamates a number of local enhanced schemes and coordinates the contract arrangements for services commissioned within the one contract and with one payment mechanism backed by recurrent funding.

Whilst it is recognised that there has been a higher than average investment in primary care in Blackpool, this has been against a backdrop of increasing pressures, difficult recruitment and growth in secondary care.

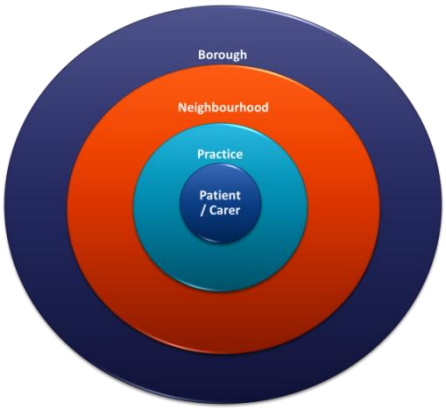
GMS Plus Benefit Analysis

The GMS Plus contract will begin to reduce the variation in practice income, provide simplicity and certainty in the income stream for a standard level of access and quality of service. Therefore the variation in practice outcomes and use of secondary care should be reduced by the standardised approach to agreed care pathways, adoption of best practice and certainty of funding to support longer term planning. It can therefore be assumed that benefits can be planned by the adoption of the GMS Plus contract in financial terms (as well as qualitative) e.g. by reducing the variation in use of other services such as Secondary Care, Walk in Centre, Same Day Health Centre, etc.

Benefits are difficult to accurately quantify as some practices are already providing a number of the services covered by the new service specification, given the current variation in funding and service delivery. A key benefit will be all residents benefiting from access to the same range of high quality of services regardless of which practice they are registered with, and as a minimum there should be a reported increase in patient and staff satisfaction with much more treatment and care being provided closer to home, following the full implementation of the service specification.

The GMS Plus contract provides a solid foundation for an "enhanced primary care" service but to be consistent and effective requires better co-ordination of services currently provided, the organisation of services and the introduction of new roles and new ways of working.

Neighbourhood Level



Enhanced Primary Care will bring a new approach to delivering care, creating a framework around which practices, working in neighbourhoods can organise themselves to deliver high quality care focused on the goals and preferences of individual patients and tailored to meet individual needs.

The Integrated Neighbourhood Teams (INT) will provide a new multidisciplinary model of enhanced and expanded out of hospital care which will be provided by a range of service providers including the voluntary sector. The objectives are to:

- Deploy a proactive care planning approach that will identify and respond to the needs of this population earlier than current services, therefore improving quality of life and supporting frail older people and those with Long Term Conditions to continue to live independently for as long as possible.
- Promoting self-care and health and wellbeing through social prescribing and using the third and voluntary sector to support and enable early interventions to be put in place where appropriate
- Provide access to shared records for health, social care and 3rd sector where relevant.
- Shift the provision of care from an acute setting to support people in the community.
- Have a workforce for whom behaviour changes will seek to promote self-care and proactive care planning

Whilst the establishment of multidisciplinary teams is at the core of proposals, there is no intention to provide a uniform approach to the size and mix of teams across Blackpool. Needs in each of the neighbourhoods vary considerably and there will need to be some flexibility applied in establishing local arrangements which, whilst meeting the core objectives of the model of care, are delivered in differing ways. Priorities will be developed through the production of Neighbourhood Plans which will reflect the needs of the population they serve.

Integrated Neighbourhood Teams (appendix 5)

Integrated Neighbourhood Teams are the delivery vehicle for EPC and it is anticipated the delivery model will develop over time, however in its simplest form it can be illustrated below:

Working in Integrated Neighbourhood Teams

EPC is designed to enable clinicians to operate in a more collaborative and cohesive manner across provider boundaries. Integrated Neighbourhood Teams will need to set out their preferred means of interaction for care professionals, including the best way of communicating effectively and the nature and frequency of interactions. These interactions can vary from regular practice meetings, virtual MDTs to full monthly themed MDT meetings.

Each neighbourhood will have a staff skill mix made up of health, social care and the third sector staff:-

- District Nursing
- Care Coordinator
- Physiotherapy/ Occupational therapy
- Mental Health worker
- Wellbeing Support worker
- Pharmacist
- High Intensity User support
- Community social worker

Access and Referral

Information/advice would be provided via a single point of contact either in response to individual enquiries or through outreach arrangements whereby information is provided to some individuals and communities. GPs will have open access to the service for suitable patients; other professionals will be able to refer to the service within agreed referral criteria. This would be supported by a comprehensive health and social care and voluntary sector Directory of Services (DOS) which can be accessed by staff and the public alike. The aim is to provide as much information as possible at this point to:

- Enable the person to manage their own needs and requirements, or
- Signpost them to alternative services which they can access directly, or
- Assess their needs for other health/social care services

Assessment and Care Planning

A holistic person centred assessment will be carried out by the Care Coordinator or appropriate member of the Integrated Neighbourhood Team, and will include the assessment of individuals for the use of assistive technology (tele-care and tele-health). Information recorded will then be shared electronically with other professionals as appropriate to avoid duplication. As needs emerge, discussions would take place with the person and carer/representatives regarding the type of support required, who is best placed to provide it and how the support should be managed.

Development of a personalised care plan should follow the approach described in "Delivering Better Services for People with Long Term Conditions – Building the House of Care[1]." This represents a departure from the current

[1] https://www.england.nhs.uk/house-of-care/

focus on individual diseases towards a generic approach in which patients' goals drive care delivery and greater attention is paid to the contribution that people make towards managing their own health.

Patients, along with their carers, will be encouraged to play an active role in determining their own care and support needs as part of a collaborative care planning process. This will involve discussing care and support options, agreeing goals the patient can achieve themselves to stay healthy and supporting self-care. The care co-ordinator will review the care plan with the person and their carer at a frequency agreed at initial assessment.

Care Coordination & MDT

There is no one model of care coordination, but evidence suggests that creating patient centred care that is more coordinated across care settings, particularly for patients with long-term conditions and medically complex conditions who may find it difficult to navigate fragmented health care systems is likely to achieve better results.

The Care Co-ordinator is a pivotal role to the Integrated Neighbourhood Team and will be the interface between service users, carers, primary care, secondary care, community care, social care, mental health, out of hours and voluntary organisations. They will have overall responsibility for the INT meetings and the smooth running of coordinated care within the team setting. The key role of the Care Co-ordinator with administrative support, will be to schedule the Multi-disciplinary Team meetings, manage the meeting agenda items, ensuring that all new referrals are identified and information circulated to team members in advance of the meeting.

Neighbourhoods will create or extend existing forums for discussing the more complex patients across multiple providers. These meetings can be used to improve quality and reduce avoidable admissions through improved coordination.

There will be also be 'themed' quarterly Multi-disciplinary Team meetings which should ideally include professionals from both health and social care. This might include specialist nurses, social services, housing and finance advisors, community matrons, mental health specialists and district nurses depending on the needs of the patient. These will provide the opportunity to review clinical cases, identify where gaps are not being addressed and identify learning and improvement.

A decision about the most appropriate intervention and arrangements for review will be made following multi-disciplinary, multi-agency discussion and assessment. The decision regarding care management and the appropriate level of support required should be made in partnership with the patient and carer, shared at the multi-disciplinary team meetings at GP practice and neighbourhood level, and communicated to all other partners involved in the person's care.

Patients Supported to Manage their Health and Wellbeing

Not all of the people who fulfil the criteria will need to be case managed. Some people, for example those who need less intensive interventions and those in lower range risk groups, will benefit more from other targeted approaches from a range of practitioners with the skills to support self-managed care.

The Integrated Neighbourhood Team will create an environment in which patients have the tools, motivation and confidence to take responsibility for their health and wellbeing. A culture of self-management support will underpin care coordination, recognising that the personal information that patients, their carers and families bring to the development of care plans can be as important as the clinical information in medical records.

Practices will be supported to develop an infrastructure to provide self-management support for patients with ongoing long-term conditions and support for their carers. Following a new diagnosis of a long term condition all patients will have at least one encounter dedicated to enhancing their ability to self-care, and then frequently according to need thereafter.

The third and voluntary sector has an important role to play to support wellbeing and social prescribing. They will be involved, where appropriate, in both care delivery to support people in the community, reducing the dependence on medical intervention.

High Intensity Users (appendix 2)

The service will be provided to any individual or family registered with a Blackpool GP who meet the eligibility criteria of existing or emerging high intensity users of primary care and urgent care services, who are experiencing crisis and chaotic lifestyles or who present as vulnerable.

Named Professional

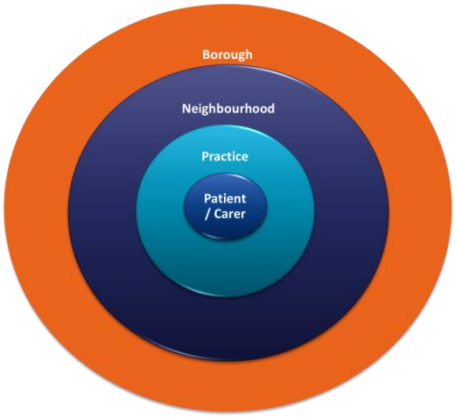
Clinical responsibility will remain with the GP, not with the employing organisation, for patients in EPC. Patients identified as needing coordinated care will have a named professional who will oversee their care to ensure continuity. The Accountable GP will provide continuity of care, either personally or in collaboration with the multidisciplinary team of clinicians and professionals in and around the practice/neighbourhood.

The person who coordinates their care should work with the patient to achieve their goals. For some patients this will require extended consultations, for others it will mean regular contact with the Integrated Neighbourhood Team. The intensity of contact and amount of time spent with the Accountable GP and extended team will fluctuate

in accordance with need, as assessed by risk profiling and regular communication with patients and their family and carers.

If patients go into hospital or transition to other services, including Extensive Care, the named professional should continue to be proactively informed about the patient as they move between services, continuing to coordinate their care if appropriate.

Borough Level



On the borough level footprint services will be commissioned to link and support neighbourhoods.

Community Mental Health (see appendix 3)

GPs will still have access to a range of specialist mental health services via the Access and Treatment team. However redesign will mean that there are no steps in the future model and that neighbourhood's know who to contact about mental health issues.

It will comprise

- Access and treatment team
- Community mental health team
- Increasing Access to Psychological Therapies

Key Outcomes and Timescales

- Patients and their families should feel able to access services more easily and understand how to navigate the new system.
- The new model should be in place from April 2016
- Patients with Long Term conditions will be more able to access talking therapies in 2016, starting with Diabetes, Cardiac and Pulmonary conditions. This should help people to self-manage by reducing anxiety and depression associated with their conditions.
- Services should be able to be delivered in people's homes where they want it to be.

Intermediate Care

Blackpool Intermediate Care Review was jointly undertaken by NHS Blackpool CCG and Blackpool Council. Its aim was to identify what intermediate care services were needed and how these would work together to best effect and describe a model which: -

- Promotes independence and wellbeing and prevent, reduce or delay the onset / development of need/s
- Supports care closer to the person's home
- Simplifies intermediate care pathways to provide effective and accessible integrated services
- Prevents people attending or going in to hospital unnecessarily
- Prevents people from having to move in to residential care or nursing care until they really need to

Rapid Plus

The Rapid Plus service was commissioned following the recommendations of the Fylde Coast Unscheduled Care Strategy which recommended the development of services that provided alternatives to hospital admission. The Rapid Plus service utilises a model of integrated Multi-disciplinary Team meetings working with health and social care with links to condition specific pathways, Primary Care, Out of Hours services and Care Co-ordination services to ensure 24/7 health and social care provision.

The service was built on an existing system (Rapid Response) which was already embedded and well regarded in primary and secondary care.

The service aims to avoid admission for patients with a diagnosed health need and/or urgent social care need and is accessed by a phone call.

An integrated expert health and social care team then provide rapid assessment within 2 hours and mobilisation of appropriate support, referral onwards and signposting to appropriate services.

Falls Pathway Review

Due to the high number of admissions and conveyances, Blackpool CCG along with Blackpool Teaching Hospital are reviewing the falls pathway.

Each section of the pathway has been reviewed with the provider to ensure it is functioning properly. The Blackpool Falls group have identified gaps in provision i.e. non injury patients in care homes and additional provision for this aspect of the pathway is being reviewed. The review has been working closely with NWAS to ensure the non-injury pathway calls have links to currently commissioned services.

Blackpool CCG is also completing a review of intermediate care services and the falls pathway will be part of the final model. This will then include an element of falls prevention and links to other community services to ensure continuity of care. Blackpool Teaching Hospitals are in the process of setting up an ambulatory care pathway at the urgent care centre which will include falls.

Telehealth, Telecare and Telemed Solutions

Telehealth/Telecare solutions allow the diagnosis and treatment of patients at local level in real time without the need to refer patients to specialised providers. They improve access in areas where specialised services are not easily available and, as a long-distance training tool for health care professionals, supporting the coordination of services.

Our aim is to change the way we manage and treat patients with complex health needs in care homes. These patients often have recurrent exacerbations of their condition and are very likely to have frequent admissions to hospital which need to be managed. As such plans are already underway to broaden the ICT infrastructure to support the wider delivery of care closer to home through the Care Home Connect scheme. This will enable both health and social care services to maximise the clinical outcomes by providing enabling access to software in their normal workplace.

Through the delivery of Care Home Connect, we will be able to deliver remote/virtual video consultation with the patients / residents without the need of a GP, health or social care professional visiting the care home. This will enable rapid access to patients for assessments and also support records to be updated in real time. And with access to equipment and software through Social Services and other community service initiatives, we will enable real time, historic and ongoing monitoring of vital signs to go alongside any remote / virtual consultation, which will give a far greater picture of an individual's health than visual alone.

As we look to deliver intermediate care closer to home, there will be a need to be able to track patients from the point they are identified, through the assessment process, and then through a programme of health and social care into either long term support, enhanced short term support, or full independence.

Those providing care from third sector and voluntary services will also benefit from the developments, as key stakeholders will be able to access, report and, in the future, input clinical / social interventions directly onto interoperable systems in providing better integrated care. Supporting the delivery of the overall strategy of caring for our citizens, through skilled multidisciplinary teams and care home staff who are able to access and follow updated care plans for individuals.

Musculoskeletal Clinical Assessment & Treatment Service

As part of shifting activity into community settings, Blackpool CCG is exploring the commissioning of a Musculoskeletal Clinical Assessment and Treatment Service (MSK CATS). MSK CATS is designed to allow many patients to be managed without secondary care intervention – providing greater capacity at a reduced cost. Research shows that this service would help to alleviate pressures, and while it is not expected to initially reduce referral rate, it will allow the opportunity for patients to be managed more conservatively in the community. This is a nationally recognised model which is utilised by a number of CCGs nationwide.

This Tier 2 CAT service is expected to manage all MSK referrals in Blackpool through a triage and treat model by experienced clinicians, specifically: Consultant Physiotherapists, Extended Scope Physiotherapist and GP's with a Special Interest. Referrals are then appropriately either fed into Community Physiotherapy, kept within the Tier 2 service, or to secondary care.

This service is expected to shift secondary activity into community settings by as much as 40% with aims for an increase in patient satisfaction and GP satisfaction from a more responsive service.

Care Homes

In January 2015 Blackpool had 14 nursing homes and 56 residential homes with a bed total of 1593.

To help improve quality, reduce unnecessary admissions and reduce the demand on primary care, the Blackpool care home model would provide a dedicated clinical triage hub that would enhance primary care by managing patients in care.

- The scheme would be initially piloted in one neighbourhood
- Clinical triage hub staffed by Blackpool Care home team to operate 8 – 6 weekdays and 9 – 1 at weekends. The service would hand over to the out of hours care coordination service.
- The service would coordinate and triage calls from care homes, coordinate GP visits and sign post as required
- The team would provide 'ward rounds' to the care homes to assist in the planning of care for the care home residents
- To continue to provide some education and training for care homes
- Each care home and GP practice would have phone, Wi-Fi and telehealth links for video conferencing.

Objectives:

- To provide additional support to primary care
- To reduce conveyances, A&E attendance and NEL admissions
- To provide continuity of care for care home patients and reduce primary and community care demand
- Improve community urgent care communication
- Empower remote assessment of patients to escalate appropriately and defer confidently
- Meaningful coaching for Care Home staff
- To improve medication review processes for care homes via links to practice pharmacists and reduce waste.

Workforce

The new model is not a simple restructuring exercise and will be developed to facilitate neighbourhood working with the clear ambition of creating service and financial resilience for the whole economy. We will take a highly granular approach to designing the pathways of activity that the core INT will deliver to patients. This will allow us to build a

staffing model from the ground up ensuring the right professional is doing the right task at the right time. This optimises staff efficiency and gives professionals the most patient-facing time possible.

Designing activities in this way, coupled with the recruitment challenges across the system, drives us to move away from traditional staff roles where highly qualified professionals are too often used inefficiently, carrying out tasks that can be done by a lay person or supporting professional. The way care is currently delivered also lacks the right level of standardisation with staff regularly duplicating similar, or the same assessments, when one trusted opinion would suffice.

Our staffing model will eliminate this waste in the system and create new professional roles which bring together skills and competencies from different care settings and backgrounds forming a core skill set that will not only make the delivery of care more effective but bring a new and exciting prospect for potential candidates considering working in the area.

A new staffing model for the neighbourhoods also presents us with an opportunity to reverse a trend of over-specialisation in some clinical professions; unique skills and competences will not be shared and staff will not be expected to undertake tasks for which they are not competent. Over time, teams will be able to capitalise on skill sharing and role blurring, in recognition of shared core skills across professions. This will enable staff to provide a more coordinated approach to a person's care, rather than depending on a number of different professionals being involved.

We also have an opportunity through EPC to take a much greater advantage of the skills and resources of the voluntary sector as we aim to have a significant volunteer presence within the neighbourhoods. Care Coordinators, supported by Wellbeing Support Workers will act as a focal point of contact for each patient with the neighbourhood; coordinating all aspects of the individuals care, navigating the wider health system and performing suitable assessments and management.

Implementation

Delivering our vision represents a huge change both organisationally and culturally and a holistic approach across the whole Health and Social Care economy will not be achieved in a single step. The development of EPC and in particular the Integrated Neighbourhood Teams, will be incremental with the initial roll out beginning in North and Far North neighbourhood in April 2016. Further roll-out to South will be carried out in parallel to South Central in June 2016 and finally Central West and Central East in September 2016. This approach minimises the risk to full roll out and provides an opportunity to develop the model, and transfer the learning to the other neighbourhoods ensuring a smoother transition to the new ways of working.

In Blackpool we already have good primary care and community services. We have a responsive social care sector and a large third sector. The challenge is that they to often work as different systems and as a result there is a too much duplication and time and resource in being wasted.

Through the delivery of Extensive Care and EPC it will free up GP time, through having to spend less time addressing their patient's issues that do not require their expert input. Through more appropriate support patients will be able to have less of a requirement to visit their GP. This will allow GP time to be better utilised to focus on patients where their expertise is put to better use and also provide strong clinical leadership for EPC.

Timescales

Short-Term Outcomes
(Relevant patient cohorts)

Neighbourhoods established
EC/EPC and other primary / community services integration
Clinical Care / Safety/Quality
Improved management of exacerbations of conditions.
Hospitalisation rates (-50%).
Increased prevalence rates.
Patient Experience/Health and Well-Being - increased knowledge and management of own health.
Increased confidence in service responses by patients & carers.
Funding and Efficiency
Reduction in acute costs of £5.1m for CCGs
Workforce - new generic worker roles and professionals with improved generic skills
ICT- tele-health/care deployed.
Use of 'apps' by patients to improve condition self-management.
Directory of Services in place.

Medium-term outcomes
(Registered population)

MCP established – following agreed legal/governance forms
Clinical Care /Safety/Quality
Improved diagnosis rates of long term conditions.
Hospitalisation rates (-30%)
Earlier diagnosis for cancer.
Hospital mortality levels within expected range.
Patient Experience/Health and Well-Being – lower levels of social isolation.
Improved patient and carer satisfaction.
Increased personal resilience.
More positive lifestyle choices.
Funding and Efficiency – health/care services financially and clinically sustainable and £25.6m saved by CCGs
Workforce – recruitment and retention rates sufficient.
Skill mix changes in primary care
ICT – integrated health and care records.

Long-Term Impacts
(Registered population)

MCP/ACO in place – as a long term model for services
Clinical Care/Safety/Quality
Increased life expectancy.
Reduced health inequalities.
Reduced years of life with a debilitating condition.
Patient Experience/Health and Well-Being - patient satisfaction levels high for all services.
Lower levels of worklessness.
Increased participation rates in social activities.
High personal resilience.
Funding and Efficiency – sustain the levels achieved at medium term.
Workforce – happy staff.
Skill mix changes that maximise the use of all team members.
ICT – real time clinical predictive analytics.

The diagram above shows the outcomes (on a Fylde Coast basis for NMoC). To achieve these outcomes Blackpool will evolve the model described to act as a catalyst for further system change. During 2016/17 there are key tasks outlined below that will achieve the short-term outcomes.

In 2017/18 the Integrated Neighbourhood Team and GP time that has been freed up, will leverage change across the wider health and care economy to change how we care for all registered patients. This will begin to address the aspirations for the medium/ long term outcomes.

Dec 15 – March 16

The project team will, during this period, be working intensively with health and social care staff to develop the model and agree the structure for how the new neighbourhood teams will operate. Working with enablers to ensure that the estates, IM&T and HR elements are in place to ensure that neighbourhood teams will be co-located with appropriate IT access and information sharing agreements in place to enable teams to work efficiently and collaboratively.

April 16 – June 16

Following phase one implementation, the CCG will work closely with providers and GP practices to develop the ongoing model for the other neighbourhoods, further refining the working practices of the neighbourhood teams. Recruitment will commence for the roll out of phase two in June.

Aug 2016

Final implementation will commence with findings from early adopters incorporated. Redesigned borough wide services will form part of a wider neighbourhood Service, bringing services into the neighbourhoods where appropriate. They will be closely aligned to and work side-by-side with the wider INT, and will include 3rd and voluntary sector services.

Within the wider neighbourhood service supporting EPC, we anticipate the following to have been established and operational:

- GPs to have formed six neighbourhood groups, corresponding to the neighbourhood team geographies, which are working collaboratively amongst themselves, and with the integrated neighbourhood team, to deliver services to their GP registered population.
- The Wellness Service will have been commissioned and beginning to operate across the borough, delivering preventative and wellbeing services to the population.

Neighbourhood development

The whole programme delivery will require a significant culture change, in particular with GPs, practice managers and wider practice staff. The NMoC will not be successful without GP engagement, involvement and ownership. The CCG will facilitate a discussion with the neighbourhoods collectively and individually to discuss:

- What do we mean by ‘neighbourhood working’?
- What are the benefits/challenges of neighbourhood working?
- What does a ‘ready neighbourhood’ look like?
- What work is needed to prepare neighbourhoods for EC/EPC?
- What is the current position in each neighbourhood?

- What is the leadership within each neighbourhood? For example: will lead GP / Practice Manager / Practice Nurse time be 'back-filled'?
- What work is needed to be done within each neighbourhood for successful implementation of Extensive Care and EPC – immediate issues; short-term issues; medium-term issues; long-term issues?

This will direct the immediate tasks required to support the neighbourhoods to prepare and make the cultural shift that will be needed to move toward a new model for primary care in Blackpool that will lead the improvements across the whole care economy.

Optimum Service Delivery Model

In order to define the optimum service model for implementation of the Integrated Neighbourhood Team model considerable work has been done by design groups supported by Business Intelligence and Finance colleagues, to understand the required workforce skill mix and capacity, activity and impact assumptions. It is important to note that despite this detailed work the model proposed is still based upon assumptions and as such these may need to change as the model is implemented and evidence is gathered of actual activity, performance and impacts.

To assist in planning, the CCG has segmented its population into tiers corresponding to New Models of Care. Workforce and potential savings have been identified against these tiers with the patients with higher risk score (and secondary care spend) will require a higher level of support but also offer a greater opportunity for potential savings by reduction in avoidable secondary care activity.

NB. Although these cohort numbers have been used as a baseline for modelling the Design Group strongly recommends that the access to support from the Integrated Neighbourhood Team is wider and covers any patient who would benefit.

The Integrated Neighbourhood Team modelling (appendix 5) assumes a range of case loads for each team member that was co-created with providers of similar roles in the care economy. The workforce model is the starting point only. An agile learning approach will enable us to understand the operational reality and we will further develop the modelling with each iteration. As care shift into a community setting and the secondary care sector shrinks, resource will shift accordingly. Scenario 3 is thought to provide an optimum level of support from these types of roles to ignite change in the care system.

The potential costs are outlined in appendix 4.

Impact on Acute Activity

The table below sets out the assumed activity impacts from EPC. The lead time to deliver these impacts, and associated reductions in PbR (Payment by Results) activity (under the PbR PODS of Accident & Emergency (A&E), Non Elective Admissions (NEL), Elective Admissions (EL) and Out Patient activity (OP)), is anticipated to be 12 months from full implementation of the New Models of Care (Extensive Care and Enhanced Primary Care). The estimates for Extensive care describe an assumption that the net cost of the service is neutral. It is recognised that current assumptions are based on PbR cost reduction and as such a saving for the CCG but it doesn't necessarily represent savings to the care system. Fixed costs will need to be modeled by the secondary care provider before they can be built into the assumptions.

Table 2 - Activity Deflection Assumptions

Patient Category	Number of Patients	Confidence of Deflection	Average Attendances for category	Attendances Avoided	Average Cost of Atendance	PBR Avoided
Extensivist - NEL	2,564	45%	0.79	911	£1,933	£1,760,794
Extensivist - EL	2,564	45%	1.20	1,383	£933	£1,290,094
Extensivist - A&E	2,564	45%	0.93	1,078	£94	£101,298
Extensivist - OP	2,564	45%	4.67	5,387	£105	£565,583
EPC Cohort 1 Tranche 1 - NEL	1,547	50%	1.59	1,231	£2,023	£2,490,313
EPC Cohort 1 Tranche 1 - EL	1,547	50%	1.72	1,328	£846	£1,123,488
EPC Cohort 1 Tranche 1 - A&E	1,547	50%	2.10	1,625	£94	£152,703
EPC Cohort 1 Tranche 1 - OP	1,547	50%	5.13	3,967	£105	£416,483
EPC Cohort 2 Tranche 1 - NEL	19,814	10%	0.16	309	£1,905	£589,217
EPC Cohort 2 Tranche 1 - EL	19,814	10%	0.48	941	£963	£906,376
EPC Cohort 2 Tranche 1 - A&E	19,814	10%	0.28	565	£94	£53,063
EPC Cohort 2 Tranche 1 - OP	19,814	10%	2.22	4,394	£105	£461,328
EPC Tranche 2 - NEL	40,199	10%	0.11	436	£1,905	£831,152
EPC Tranche 2 - EL	40,199	10%	0.35	1,398	£963	£1,346,659
EPC Tranche 2 - A&E	40,199	10%	0.29	1,150	£94	£108,138
EPC Tranche 2 - OP	40,199	10%	1.68	6,770	£105	£710,850
Episodic - NEL	78,775	0%	0.05	0	£1,905	£0
Episodic - EL	78,775	0%	0.18	0	£963	£0
Episodic - A&E	78,775	0%	0.20	0	£94	£0
Episodic - OP	78,775	0%	0.90	0	£105	£0
Total	142,899			32,871	£766.68	£12,907,536

Risks

The main risks with regard to the model are:

- Unable to recruit to the required numbers of Integrated Neighbourhood Team workforce resulting in a delay in delivery of the full model and resultant negative impact on the assumed savings
- The model is fully implemented but fails to deliver the assumed benefits

In order to mitigate the workforce risks, the CCG as part of the Vanguard, is benefitting from a dedicated HR manager who will focus on the mechanics of the recruitment, such as job descriptions, agenda for change banding, advertising and appointment to ensure that this work receives an appropriate level of support. In addition, the CCG as part of the Vanguard, is also benefitting from a dedicated Workforce expert who is contributing to the strategy that this piece of work requires, as well as contributing to the workforce development that will be required.

The majority of the Integrated Neighbourhood Team focuses on un-qualified, generic posts with clear competency skills where a training programme will be provided. It is believed that we will be more likely to be successful in recruiting to these posts. Response to recruitment within Extensive Care to similar low level posts has been very good and it is fair to assume good levels of interest in similar posts within the Integrated Neighbourhood Team.

The detail contained in the modelling scenarios and business case is as robust as it can be but it is based on assumptions. The agile approach to implementation and learning will enable the model to be reviewed and the learning applied to each iteration of the model and in this way the assumptions about activity and savings can be similarly reviewed and updated in order to more accurately reflect the change in the system.

Appendix 1 – Care Coordinator

REVIEW EC ROLE TO ENSURE IT COMPLIMENTS AND INCORPORATE DETAIL BELOW

The Care Coordinator will;

- Coordinate care and if a health professional will also provide some, but not all, care
- Care coordinate and secure care and support arrangements to meet the person's care plan
- Through the Wellbeing Support worker, signpost the person and their carer to appropriate voluntary sector services including carer support services
- Is likely to be the person with the most frequent contact with the individual and may not necessarily be the professional who carried out the initial assessment. The person's care co-ordinator is not expected to frequently change
- Act as the link between the person and the other health and social care services required, both in and outside the integrated care team
- Review the care plan with INT colleagues, the person and their carer/ family to a frequency agreed with the individual
- Ensure the patient's care plan is readily available for other agencies/ services (as agreed with the individual)
- Multidisciplinary Team Meetings

Appendix 2 - High Intensity Users

The service will be provided to any individual or family registered with a Blackpool GP who meet the eligibility criteria of existing or emerging high intensity users of primary care and urgent care services, who are experiencing crisis and chaotic lifestyles or who present as vulnerable.

The focus of the HIU work includes early intervention of homeless persons or those with housing problems, those who self-harm and medical/social presentations, who were not accessing scheduled services and, therefore, rely heavily on unscheduled services for their health care.

Aim

To identify and manage vulnerable individuals and families who are current or emerging high intensity users of primary care, in order to improve their health and wellbeing and reduce avoidable A&E attendances and NELs.

Objectives

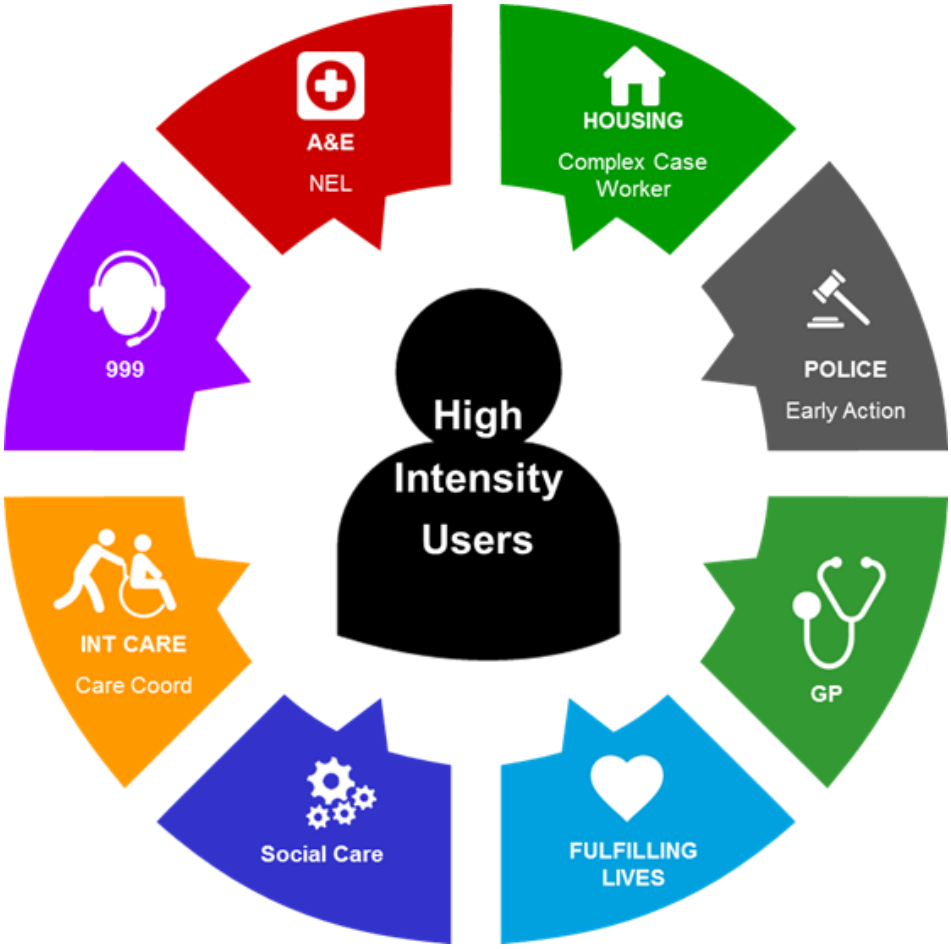
- Identify and manage those at greatest risk of attending A&E and non-elective admissions.
- Support vulnerable individuals and families to improve their health and wellbeing.
- To manage the top high intensity users of GP surgeries.
- Form a robust network of community health, social care, mental health and police contacts to manage patients, creating true integrated working, including support to other services, INT and Early Action.

Referral and assessment Process

Access to the service will be via referrals from GP practices (directly) or Integrated Neighbourhood Team. However, High Intensity Users may be also identified through data gathered from BTH and primary care data i.e. those who call more than 4 times in a month are identified and patient data accessible to the clinical lead to be managed. This will be at the discretion of the HIU lead clinician and any recruitment will be communicated to the Care Coordinator from the patients' INT.

Each referral is contacted by phone and assessed using a personalised approach to uncover the 'real' reason for calling 999. Following the initial telephone consultation, a process of support ensues with concordance underpinning changes in behaviour rather than compliance through fear of isolation from supportive services or fear of legal restrictions. The lead acts as an advocate for each patient, guiding them through the complex journey and multifaceted approach which has resulted in appropriate use of unscheduled care. Whether the reason for calling is clinical, social, mental health, addiction, loneliness or a combination of any of these factors, the project lead will identify and adapt the support to meet the need.

Interdependencies



Appendix 3 - Community Mental Health Team

Access & Treatment Team (ATT)

- 7 days a week 24 hours per day
- The ATT will be the main access point into mental health services. All referrals will be triaged by the team for level of need and urgency and an appropriate response will be provided dependent on this need
- When risk is deemed high, the service user will be provided with a prompt assessment which will be the same day wherever possible or the next day dependent on other factors e.g. on time of referral
- Service users contacting the ATT 'out of hours' will be given support via the telephone or directed to the A&E department when there is a medical emergency. An assessment will be arranged the following day when indicated
- The ATT will provide the initial phase of care and treatment for all people entering mental health services
- After 8.00pm the ATT will provide an out-of-hours telephone response to service users experiencing crisis and/ or relapse of their mental health

Community Mental Health Teams (CMHT)

- Monday – Friday
- Core working hours will be 9am to 5pm though some teams will have some needs led out of hours working
- Aligned to two or three Integrated Neighbourhood Teams
- A neighbourhood resource with clear links and named responders for the practices
- Service users, previously known to the CMHT, who present with relapsing features of long-term mental health conditions, will be promptly directed via the ATT to the CMHT if this course of action is described in their discharge care plan. This prompt route to the CMHT will avoid a re-assessment in ATT wherever possible
- Multi-disciplinary approaches to care
- Recovery-focused care for those service users with severe and enduring mental health and ongoing needs
- Anti-psychotic monitoring including physical health

IAPT (psychological therapies services)

- IAPT will be a standalone service covering all the neighbourhoods and patients will be able to self-refer in the future and receive their treatment within six weeks - in line with national targets. Targeted employment support will be available to run concurrently to talking therapy in Blackpool.

Appendix 4 - Finance summary

The estimated gross costs to deliver Integrated Neighbourhood Teams in 2016/17 are set out in the table below. One of the key themes of NMoC is that GP capacity is freed up through the introduction of Extensive Care and EPC.

- The cost of Integrated Neighbourhood Teams is based on the design groups assumption (appendix 5, scenario 3)
- The Primary Care cost is based on the proposed local GP plus contract
- Additional community nursing is the investment that has already been made by the CCG
- Other EPC costs describes the Fylde coast work, not detailed in this document

Table 1 - Cost Summary

	£000s	Funding Source
Integrated Neighbourhood Teams	2,687	Vanguard
Social care	600	Vanguard
Other EPC costs	2,000	Vanguard
Primary Care	4,700	CCG
Additional Community Nursing	300	CCG
Total	10,287	

Note – The above costs are the gross costs of delivering Enhanced Primary Care. The borough level schemes are funded through existing budgets and any redesign to facilitate EPC delivery will be completed within existing resource.

The Vanguard related costs are consistent with the Value Proposition document.

Appendix 5 – Staffing model

EPC Staffing Models - Integrated Team

Neighbourhood			South Central	South	North	Far North	Central West	Central East	Total	
Caseload Scenario 1										
Role	**Band**	**Caseload**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**Total Cost**
Pharmacist	8a	100	1.03	1.72	1.14	0.95	1.95	0.92	7.72	£ 448,886
MH Support Worker	5	25	4.13	6.89	4.56	3.82	7.80	3.67	30.87	£ 1,095,601
AHP	5/6	25	4.13	6.89	4.56	3.82	7.80	3.67	30.87	£ 1,176,295
Care Coordinator	5	50	2.06	3.45	2.28	1.91	3.90	1.84	15.43	£ 547,801
Wellbeing Support Worker	3	25	4.13	6.89	4.56	3.82	7.80	3.67	30.87	£ 717,014
High Intensity User Service	6	25	0.50	0.50	0.50	0.50	0.50	0.50	3.00	£ 126,699
Admin	3	-	0.50	0.50	0.50	0.50	0.50	0.50	3.00	£ 69,681
Total			**16.48**	**26.85**	**18.10**	**15.32**	**30.25**	**14.77**	**121.76**	**£ 4,181,977**
Caseload Scenario 2										
Role	**Band**	**Caseload**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**Total Cost**
Pharmacist	8a	100	1.03	1.72	1.14	0.95	1.95	0.92	7.72	£ 448,886
MH Support Worker	5	100	1.03	1.72	1.14	0.95	1.95	0.92	7.72	£ 273,900
AHP	5/6	100	1.03	1.72	1.14	0.95	1.95	0.92	7.72	£ 294,074
Care Coordinator	5	100	1.03	1.72	1.14	0.95	1.95	0.92	7.72	£ 273,900
Wellbeing Support Worker	3	100	1.03	1.72	1.14	0.95	1.95	0.92	7.72	£ 179,253
High Intensity User Service	6	25	0.50	0.50	0.50	0.50	0.50	0.50	3.00	£ 126,699
Admin	3	-	0.50	0.50	0.50	0.50	0.50	0.50	3.00	£ 69,681
Total			**5.16**	**8.62**	**5.70**	**4.77**	**9.75**	**4.59**	**38.59**	**£ 1,666,394**
Caseload Scenario 3										
Role	**Band**	**Caseload**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**Total Cost**
Pharmacist	8a	100	1.03	1.72	1.14	0.95	1.95	0.92	7.72	£ 448,886
MH Support Worker	5	50	2.06	3.45	2.28	1.91	3.90	1.84	15.43	£ 547,801
AHP	5/6	50	2.06	3.45	2.28	1.91	3.90	1.84	15.43	£ 588,148
Care Coordinator	5	50	2.06	3.45	2.28	1.91	3.90	1.84	15.43	£ 547,801
Wellbeing Support Worker	3	50	2.06	3.45	2.28	1.91	3.90	1.84	15.43	£ 358,507
High Intensity User Service	6	25	0.50	0.50	0.50	0.50	0.50	0.50	3.00	£ 126,699
Admin	3	-	0.50	0.50	0.50	0.50	0.50	0.50	3.00	£ 69,681
Total			**9.29**	**15.51**	**10.26**	**8.59**	**17.55**	**8.26**	**69.46**	**£ 2,687,522**

Notes re assumptions:

Staffing requirements modelled on a 42 week productive year

Assumed 80% of time each week is patient centred / facing

All posts costed at top of scale with oncosts

Report to:	**RESILENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Marie Thompson, Director of Nursing, Blackpool Teaching Hospitals Trust
Date of Meeting	17 March 2016

BLACKPOOL TEACHING HOSPITALS FOUNDATION TRUST: CQC INSPECTION

1.0 Purpose of the report:

1.1 To brief the Committee on the Care Quality Commission (CQC) follow up inspection to Maternity Services and Accident and Emergency Services on 21st and 22nd September 2015 to allow effective scrutiny of the Trust.

The final report was published by the CQC on 29th January 2016.

2.0 Recommendations:

2.1 The Committee is asked to scrutinise the content of the report and ask any questions pertaining to the outcome of the inspection.

The Committee is requested to note the improvement in the Maternity Services rating from 'inadequate' to 'good'.

3.0 Reasons for recommendation:

3.1 To ensure the Committee has the opportunity to consider the findings of the CQC follow-up investigation.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	N/A
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 In January 2014, the CQC carried out a comprehensive inspection of Blackpool Teaching Hospitals Foundation NHS Trust using the new inspection framework and CQC standards. Overall the Trust was rated as Requires Improvement. Maternity Services was rated as Inadequate due to concerns with clinical effectiveness in respect to the number of post-partum haemorrhage cases with subsequent hysterectomy (5 cases in 12 months) and the utilisation of maternity staff.

At the Quality Summit in March 2014, in response to the concerns raised by the Trust and Stakeholders about the rating of inadequate and track record of overall good performance within the service, it was agreed that an early re-inspection would take place.

The CQC uses 5 domains to structure their inspections –

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs
- Is it well led?

5.2 **Maternity Services**

The report notes that improvements have been made since the last inspection. One area of Trust wide compliance following the January 2014 inspection was to improve rates of incident reporting and the report confirms improvement in this area. Improvements were also noted in the number of post-partum haemorrhages, which were in line with expected performance. The work undertaken by the team on changing the midwifery staffing model was also viewed positively by the inspectors. Patient experience was positive and outcomes for patients being in line with the England average on most of the compared measures.

Outstanding practice was noted in the work undertaken to support breast feeding via the star buddy's model.

Some concerns were raised about infection control and maintenance of equipment in some areas of the maternity unit and these areas have been actioned since the inspection.

The individual rating for the five domains were – Good in the areas of effective, caring, responsive, and well led and requires improvement for safe. Overall rating of good.

5.3 **Urgent and emergency services**

The inspection report notes that some areas had improved since the last inspection. The service was rated good for being safe, caring and responsive and requires improvement for effective and well led. However at the last inspection (January 2014) the CQC had not fully developed the inspection methodology for the Effectiveness domain and so had not rated this element at that time. Under the domain of effectiveness the CQC looked at the national College of Emergency Medicine Audits which showed that the Trust was in the bottom 25% of participating Trusts. The report notes that the Accident and Emergency Department had action plans in place to address this. However, the time to mental health assessment was noted as a concern but it was recognised that the Trust was already cited on this and is working with external partners to address this.

Checking of essential equipment was raised at the last inspection and found to still require improvement with some shortage of basic equipment items at the time of the visit e.g. thermometers.

The report comments on the layout of the department hindering patient flow but acknowledges that processes were in place to manage periods of surge. The Paediatric Accident and Emergency area was viewed positively. Improvements in medical and nurse staffing and use of temporary staffing was recognised and good standards of care and Multi-Disciplinary Team working observed. Evidence was seen of risks, incidents and complaints being managed well and patient experience was positive.

There is one action that the CQC requires the Trust to take in regards to Regulation 9 HSCA (RA) Regulations 2014 Person Centred Care.

Performance regarding the number of patients waiting for mental health assessment for over four hours did not always meet the needs of the patient. Regulation 9(2).

The Trust was already responding to this issue and had raised the matter with the relevant Commissioners. A monthly meeting has been established between the Commissioners, Lancashire Care Foundation NHS Trust and Blackpool Teaching

Hospitals NHS Foundation Trust to work on improvements to this particular group of patient's experience. The Accident and Emergency team have good input from the CRISIS Mental Health Team and further analysis of the patients presenting to Accident and Emergency, age group, waiting times etc. is currently being undertaken to establish the main themes for improvement.

The Trust will be required to provide a report to the CQC and to provide regular updates on progress.

Does the information submitted include any exempt information? No

The full inspection report can be found at the following link:
http://www.cqc.org.uk/sites/default/files/new_reports/AAAE3922.pdf

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None

Report to:	**RESILENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	David Sanders, Chairman of the Blackpool Children's Safeguarding Board
Date of Meeting	17 March 2016

BLACKPOOL CHILDREN'S SAFEGUARDING BOARD: BUSINESS PLAN

1.0 Purpose of the report:

1.1 Blackpool Safeguarding Children Board is required to ensure that multi-agency arrangements to safeguard children are co-ordinated and effective. To this end it has agreed a two year business plan which is at the midway point. The Scrutiny Committee is invited to offer their views as to progress made and priorities for the year ahead.

2.0 Recommendation:

2.1 That the business plan is reviewed and comment offered as to progress made during the 2015/016 business year and the need for any additional priorities or actions during the final year of the plan.

3.0 Reasons for recommendation:

3.1 Blackpool Safeguarding Children Board will review progress against the plan and its priorities for the forthcoming year at its Strategic Board meeting on the 30th March and is keen to hear the views of the Scrutiny Committee beforehand.

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:

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 Blackpool Safeguarding Children Board agreed its 2015 – 2017 Business Plan in March 2015. It is based on four key safeguarding priorities: child sexual exploitation, neglect, early help and the toxic trio, together with objectives related to the development of the Board.

5.2 The plan is reviewed on a bi-monthly basis by the Board's Business Management Group and will also be reviewed by the full Strategic Board later this month.

5.3 It is intended that the plan will be refreshed for the 2016 – 17 business year to reflect progress made, challenges that have been encountered and changes to the safeguarding landscape in Blackpool in the past year. The central government review of LSCB may require further change in year.

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 10(a) BSCB 2015 – 17 Business Plan with updates

6.0 Legal considerations:

6.1 n/a

7.0 Human Resources considerations:

7.1 n/a

8.0 Equalities considerations:

8.1 n/a

9.0 Financial considerations:

9.1 n/a

10.0 Risk management considerations:

10.1 n/a

11.0 Ethical considerations:

11.1 n/a

12.0 Internal/ External Consultation undertaken:

12.1 n/a

13.0 Background papers:

13.1 n/a

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Priority 1: BSCB to complete and embed all elements of the Improvement Plan

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
1.1	BSCB will be compliant with all	To commission an external review of BSCB to provide external challenge to ensure that all duties are met (7.1)	Feedback from review	Chair	Sep-15	9.15 External review of BSCB to take place on 02.10.15 in development day. 11.15 External review has been undertaken and will be used to inform future BSCB activity	
1.2		To establish schools representation on BSCB (7.2-3)	Named schools representatives' attendance at meetings	Chair	Jun-15	9.15 Primary and Special schools reps are in place. Secondary school rep is outstanding. 11.15 A secondary schools representative is now in place and the schools' safeguarding advisor is now in post.	
1.3		To engage with schools (and other sectors as required) to enable more active contributions to BSCB business (7.5)	Schedule of meetings and reports to BSCB	Chair	Jun-15 and ongoing	9.15 Half-termly Schools' Twilight meetings are in place and the Chair will visit a significant number of schools in person in Autumn 2015.	

Priority 1: BSCB to complete and embed all elements of the Improvement Plan

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
1.4	statutory duties with all agencies undertaking their roles	To review and develop BSCB membership to ensure that all agency perspectives are represented (7.7)	TOR Annual report Attendance at meetings External review	Chair	Ongoing	9.15 All statutory agencies are represented. Third sector representation needs to be re-established and a second lay member appointed. 11.15 The lay member post has been advertised and a request made to One Blackpool for renewed representation. 01.16 No suitable applicants were received for the lay member post, although Community Voice are assisting. One Blackpool are not able to provide third sector representation. 3.16 The lay member post remains advertised on the BSCB website, but no further applicants have been received.	
1.5		To complete development of Part A of the Greater Manchester LSCB dataset (7.10-11)	Completed dataset Reports to Board	PMEG	Jun-15	9.15 Part A of the dataset is now in place (barring a handful of recommended items that are not currently available) and is reported to PMEG on a quarterly basis.	

Priority 1: BSCB to complete and embed all elements of the Improvement Plan

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
1.6	To strengthen the range of performance information made available to BSCB	To provide in depth data reports in respect of key safeguarding themes using Part B framework of the Greater Manchester LSCB dataset (7.10-11)	Completed data reports to Board	PMEG	Sep-15 and ongoing	9.15 Work on CSE/ MFH elements of Part B is ongoing, other elements have yet to be started. 11.15 Work re CSE/ MFH data is ongoing, work is underway to secure funding for an analyst which will be necessary to complete other elements of the dataset. 01.16 Data is being collected for the CSE dataset as of the start of 2016, other work is pending appointment of the analyst. 3.16 No further progress made.	
1.7		All partner agencies to contribute to the development of the MASH and its KPI suite	Reports to BSCB including KPI Use of MASH KPI within BSCB dataset	MASH steering group	Jun-15	9.15 MASH report required. 11.15 The GIR and MASH steering groups have now been combined and brought under BSCB governance, so will routinely report to BMG. 01.16 Early Help subgroup to provide assurance in this respect. 3.16 To be discussed at the Early Help subgroup on 10.3.16	
1.8		To establish a shadow BSCB to ensure that links between strategic decision making and frontline practice are maintained (7.16)	Schedule of meetings and reports to BSCB	Chair	Ongoing	9.15 BSCSB is now in place and has met three times, with future meetings scheduled in the week prior to strategic board to which it reports	
1.9		To hold regular multi professional discussion forums to receive feedback from the frontline and to develop multi-agency relations	Schedule of meetings and reports to BSCB	Training Subgroup	Ongoing	9.15 Two MPDF have been held to date and will be held on a six monthly basis in the future. Standard processes and links to the LIF to be introduced	

Priority 1: BSCB to complete and embed all elements of the Improvement Plan

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
1.10	To give scrutiny to BSCB partners to safeguard and promote the welfare of children	To develop a programme of BSCB members shadowing frontline practitioners in partner agencies as part of the s11 and s175 audit programme (7.17)	Reports from frontline visits PMEG s11/ s175 audit programme report	PMEG	Sep-15	9.15 The programme of frontline visits starts this month and will report to the October PMEG. 11.15 One out of four projected visits to the frontline has now taken place. These will report to the December PMEG. 01.16 The 2015/16 frontline visit programme will be complete by the end of January and report to	
1.11		To promote awareness of private fostering through training and a publicity campaign (7.18-20)	Publicity campaign for private fostering Private fostering data returns	Private Fostering T&F group	Jun-15	9.15 The publicity campaign will be delivered this month.	
1.12		To hold partners to account for ensuring that SCR learning is disseminated and implemented	Report to BSCB on audit process of partner agency dissemination and implementation processes	Training Subgroup	Sep-15	9.15 Agencies have been requested to provide evidence as to how they disseminate SCR learning. 11.15 Evidence provided has demonstrated gaps in dissemination, consequently wider networks for distribution will be used for future publications. This will be supported by SCR briefings in December and February. 01.16 One further SCR has been published which will be disseminated through strategic and shadow board channels. Briefings are in progress.	
1.13		To evaluate the effectiveness of SCR learning on practice (7.23)	Subgroup report to BSCB of evaluation of impact of SCR learning on practice	Training Subgroup	Mar-16	3.16 Training subgroup need to progress this action.	

Priority 1: BSCB to complete and embed all elements of the Improvement Plan

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
1.14		BSCB to assume full monitoring/ scrutiny of areas currently held by the Improvement Board in relation to LAC (2.4-5; 3.1,5,7) social worker supervision (2.6), conference and core group attendance (4.17-19) and social worker recruitment and retention (5.4)	Agency reports to Board Audits on specific issues BSCB dataset Annual report	Chair	Sep-15	9.15 SW (and other agencies' staff supervision), together with meeting attendance is routinely considered by multi-agency audits. SW recruitment and retention is included in the dataset.	
1.15	To rigorously evaluate own performance and the safeguarding of children in Blackpool	To publish annual report (7.26)	BSCB scrutiny of annual report Publication on website	Business Manager	Sep-15 and Sep-16	9.15 2014/15 annual report has been completed.	

Priority 2: CSE

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
2.1	BSCB to thoroughly understand the scale of and response to CSE in Blackpool	To expand CSE dataset through completion of Part B section of Greater Manchester LSCB dataset and the collation of other locally agreed data indicators	Completion and scrutiny of dataset by PMEG and report to BSCB and CSE subgroup	PMEG	Sep-15	9.15 A range of data has been requested from the Police and LA to measure progress against each area of the CSE strategy. 11.15 Work in this respect remains ongoing and is managed by a task and finish group. 01.16 A dataset has been agreed and agencies have started to collect data as of the start of 2016. 3.16 Awaiting completion of Q4 dataset for 2015-16.	
2.2		Lancashire Constabulary CSE Problem Profile to be presented on a six monthly basis to BSCB	Presentation to BSCB	CSE subgroup	Jun-15	9.15 Lancashire Constabulary have produced a PIA, and will now produce the Problem Profile on an annual basis.	
2.3		Blackpool CSE action plan to be maintained and reported to BSCB	Reports to BSCB	CSE subgroup	Ongoing	9.15 Action plan is in place and regularly updated.	
2.4		Awaken to report to BSCB on a six monthly basis to provide assurance of its activity and ongoing multi-agency response to CSE	Reports to BSCB	Head of Children's Services	Sep-15	9.15 Report provided to July 2015 Board meeting and will also be considered in November 2015. 01.16 Strategic Board presentation scheduled for January meeting at six monthly interval.	
2.5		Completion of multi-agency audit into CSE responses	Report presentation to BSCB Response from CSE subgroup	CSE subgroup	Mar-16	01.16 Scheduled audit meeting in Dec 15 was postponed due to IT issues. Awaiting re-scheduled date.	

Priority 2: CSE

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
2.6		To seek assurance that local CSE responses engage with and take account of national developments	CSE Strategy CSE action plan updates Reports to BSCB	CSE subgroup	Mar-16	01.16 This will be included in the CSE report to January's strategic Board. 3.16 The CSE subgroup have considered a number of national CSE reports throughout the year e.g. Oxfordshire SCR, RiP. The outgoing and ongoing Chair both attend meetings on a national basis and report back to the CSE	
2.7	BSCB and partner agencies to have policies and procedures in place to address CSE	BSCB policies and procedures to be reviewed annually	Revision of policy and publication on Tri-X website Report to BSCB	Pan-Lancashire CSE Policy and Procedures Group	Mar-16	01.16 The pan-Lancashire SOP has now been agreed and will be included in the Spring Tri-X update.	
2.8		Partner agencies to provide assurance of compliance with CSE protocol and planning	Reports and evidence from partner agencies Report to BSCB	CSE subgroup	Dec-15	01.16 This has been completed through the CSE self-assessment which will be reported to the January Board.	
2.9		The experiences of children who are open to the Awaken team to be sought and used to inform future action planning including around safe exit strategies	Feedback from engagement with children Report to BSCB	CSE subgroup	Mar-16	01.16 Action ongoing - work is underway to collate experiences of children that are recorded on closure of a case by CSC, the Police are also looking at how they can take feedback at the end of their involvement. 2.16 Remains ongoing	

Priority 2: CSE

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
2.10	BSCB to understand the experiences of CSE victims, groups who are vulnerable to CSE and the overall child population	MFH return to home interview process to be reviewed to better understand links to CSE (3.13)	Evaluation and revision of process Subsequent feedback from MFH interviews Themes to be collated and reported to BSCB	Pan-Lancashire CSE group	Sep-15	9.15 The RHI pro-forma now includes a standard CSE question. A MFH action plan is being developed which will include work to analyse intelligence from RHI interviews. 11.15 Work on the action plan is ongoing. Blackpool is represented on this pan-Lancashire group. 01.16 Work remains ongoing to collate and provide intelligence from RHI. 3.16 Strategic responsibility has now been assumed by the Pan-Lancashire CSE group and the MFH action plan will be the responsibility of the local CSE operational group. All RHI interviews are now sent to the MFH co-ordinator which provides the means for the collation of intelligence. However data that is now available indicates a considerable shortfall in the number of RHI being completed.	

Priority 2: CSE

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
2.11		The experiences of children in Blackpool are sought to better understand experiences and knowledge of CSE amongst the child population and specific vulnerable groups.	Scoping exercise as to what is known already Feedback from subsequent consultations	Voice of the Child Task and Finish Group	Mar-16	01.16 An initial child participation meeting suggested a significant lack of knowledge of CSE amongst those present, although they were aware of high profile local cases. 3.16 A longer standing YP participation group is in the process of being established and will be used to test wider understanding of CSE.	
2.12	Children, professionals and members of the public are better equipped to recognise CSE	Receive assurance from schools and other educational providers that PHSE covers CSE (including E-Safety) and that children are able to share concerns that they may have.	Review of PHSE content Feedback from schools s175 audit process	CSE subgroup	Dec-15	9.15 All secondary schools have bought in PHSE content that includes a CSE element. 11.15 Over 90% of s175 audits have been returned and follow up is being provided by visits from the Chair and schools' safeguarding adviser.	
2.13		Evidence based multi-agency training is available to meet the needs of differing agencies and levels of understanding	Data on number of courses delivered and agency take up Evaluation of course content	Training subgroup	Ongoing	9.15 A CSE briefing and more in depth full day's training is now available. The evaluation process is ongoing.	
2.14		Single agency CSE training to be reviewed and advice provided to ensure that a consistent approach is adopted throughout Blackpool	Reviews of single agency training Development of a framework for training	CSE subgroup	Sep-15	9.15 A standard single-agency presentation will be developed and a train the trainer event held to promote the delivery of a consistent CSE awareness programme. 11.15 The single-agency package is now available and being used.	
2.15		CSE awareness training to be provided for taxi drivers as part of licensing process	Data on training delivery Report from Licensing	CSE subgroup	Mar-16	9.15 This will start in CSE awareness week in November.	
2.16		Links to be developed with community/ faith and BME groups to raise awareness of CSE	Report to BSCB by CSE subgroup	CSE subgroup	Sep-16	3.16 Action remains outstanding.	

Priority 2: CSE

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
2.17		CSE awareness training to be provided for hotel/ guesthouse proprietors	Data on training delivery	CSE subgroup	Mar-17	3.16 Written guidance is being prepared for hoteliers, although the longer term plan has yet to be fully developed.	
2.18		Public awareness of CSE to be developed through CSE awareness week	Report to BSCB by CSE subgroup Publicity campaign	CSE subgroup	Dec-15 and Dec-16	9.15 The BSCB training co-ordinator is a member of the planning group for this event. 11.15 Materials are available now and will be distributed to Doctors/ dentists etc	

Priority 3: Early Help

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
3.1	BSCB to be assured that appropriate early help interventions are available	Early Help subset of Part B of Greater Manchester LSCB dataset to be developed	Completion and scrutiny of dataset by PMEG and report to BSCB	PMEG	Dec-15	9.15 This area is likely to prove difficult to complete due to the lack of central collation of GIR CAT that remain at L2. 11.15 Progress in this respect has not been made due to a lack of analyst capacity and the continuation of the issue noted above.	
3.2		Map early help services available in Blackpool to determine whether this meets the local needs	Report to BSCB following completion of mapping exercise	EH Subgroup	Dec-15	11.15 This piece of work will be undertaken by the re-constituted GIR steering groups once this is established. 01.16 Service mapping has now been started by the EH subgroup. 3.16 Remains ongoing.	
3.3		To seek assurance that the commissioning and planning of early help services reflects the developed understanding of services available	Feedback from commissioners and EH senior managers Feedback from partner agencies	EH Subgroup	Mar-16	01.16 This will be an ongoing action. A commissioner is a member of the EH subgroup and its work will be linked to wider Transformational planning	
3.4		To seek assurance that partner agencies are delivering expected Early Help to children with an identified need	Six monthly report from GIR steering group	EH Subgroup	Sep-15 and ongoing	9.15 Needs to be progressed by GIR Steering group 11.15 To be progressed once the GIR steering group is re-established. 01.16 This work is now underway as part of the service mapping under action 3.2 above. 3.16 Remains ongoing.	

Priority 3: Early Help

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
3.5		To undertake an audit of the quality and impact of early help services provided	Completion of audit and report to BSCB	MAAG	Sep-15	9.15 The EH audit was postponed to allow changes arising from the review of the front door and subsequent action plan to take effect. 11.15 The audit has taken place and will report to BSCB shortly. 01.16 The delivery of early help has been covered both within the already reported thresholds audit and the stepping down audit which will be reported to the January strategic board	
3.6	BSCB to be assured that thresholds for intervention are properly understood and implemented by all agencies	To undertake an audit of Children's Service referrals to review agency understanding of thresholds and the decision making process.	Completion of audit and report to BSCB	MAAG	Jun-15	9.15 Audit took place in July and will report to September BMG/ Board.	
3.7		All agencies to provide evidence of appropriate internal QA processes for GIR forms (4.12)	Feedback and evidence to be provided by agencies	EH Subgroup	Jun-15	9.15 The GIR steering group and operational group both review a selection of GIR referrals each meeting and will identify any without appropriate QA. This issue was also addressed by the MAAG thresholds audit	
3.8		Assurance to be provided that the concerns resolution process is properly used	Audit of cases referred into process Survey of partner agency staff to assess awareness and take up of process	EH Subgroup	Sep-15	9.15 Action outstanding, audit element may need undertaking by Safeguarding unit. 11.15 Remains outstanding 01.16 To be progressed by the EH subgroup which is now in place. 3.16 Remains outstanding.	
3.9		To develop an understanding of the step up and step down process for children whose level of need changes (4.16)	Longitudinal study of children's progression through services at different levels of need to be undertaken and reported to BSCB	EH Subgroup	Dec-15	11.15 Needs progressing 01.16 To be progressed by the EH subgroup which is now in place. 3.16 Remains outstanding.	

Priority 3: Early Help

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
3.10		To understand the end to end experience of children who enter Level 2 or higher services	Feedback from children to be reported to BSCB	Voice of the child Task and Finish group	Sep-16		
3.11	Staff in all agencies will have the appropriate knowledge and skills to provide early help	To undertake an evaluation of GIR training and an analysis of ongoing need (4.15)	Report to BSCB to include supporting evidence drawn from evaluation	Training subgroup	Mar-16	01.16 To be progressed by the EH subgroup which is now in place. 3.16 Remains outstanding.	
3.12		To develop and deliver Early Help training course	Data on number of courses delivered and agency take up Evaluation of course content	Training subgroup	Ongoing	01.16 Early Help is currently part of the Working Together training which is delivered to approx. 100 practitioners pa	
3.13		To develop BSCB website resource for professionals containing information about early help services that are available in Blackpool	Publication of resource on BSCB website	EH Subgroup	Mar-16	9.15 A Professional's resource area will be developed on the FIS once information about services has been collated. 01.16 This is currently delayed by the lack of admin capacity	
3.14		BSCB to assume oversight of the delivery of GIR training	Ongoing delivery of GIR training	Training subgroup	Mar-17		

Priority 4: Neglect

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
4.1	That multi-agency staff are properly equipped to assess neglect	The revised suite of neglect assessment tools is developed and implemented in a suitable way for Blackpool	Reports to BSCB from neglect group Evidence provided of tool content and ongoing use of tool	Neglect group	Jun-15	9.15 An assessment tool has been agreed and the process of implementation has begun. Training for the pilot phase should begin in Autumn, full implementation will take significantly beyond the initial milestone to achieve. 11.15 Progress has been delayed by the resignation of the Neglect subgroup chair. Neglect is going to be discussed at the November strategic board to move this forward. 01.16 The initial training for practitioners will now be delivered in late March and the pilot will start shortly thereafter. Implementation of the assessment tools will be a longer process than originally envisaged. 3.16 no further update	
4.2		Training is provided for multi-agency staff in the use of the neglect tool	Reports to BSCB from neglect group Evidence provided of training take up and evaluation	Neglect group	Dec-15	9.15 An initial cohort of staff to be trained has been identified, practical arrangements need to be made. 11.15 Delayed as per 4.1 01.16 Initial training will be in March, thereafter it is likely that the NSPCC will then provide one more set of training before BSCB takes on delivery. 3.16 No further update	
4.3		Training is available for all professionals on neglect	Data on number of courses delivered and agency take up Evaluation of course content	Training subgroup	Ongoing	9.15 Safeguarding and Neglect training is now on the BSCB training programme starting on 03.11.15	

Priority 4: Neglect

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
4.4	That BSCB is assured that neglect is properly assessed and addressed	BSCB is provided with evaluation reports as to the use and efficacy of the neglect tool	Reports to BSCB from the neglect group Evidence provided of how the tool is being used and its impact	Neglect group	Dec-15 and Jun-16	11.15 This action is delayed due to 4.1 01.16 Awaiting implementation of the tool, we are working with the NSPCC to develop an evaluation programme. 3.16 No further update	
4.5		Neglect subset of Part B of Greater Manchester LSCB dataset to be developed	Completion and scrutiny of dataset and report to BSCB	PMEG	Mar-16	01.16 As with all actions in this respect, progress will not be made until the Board analyst is appointed.	
4.6		Work to address neglect is assessed through multi-agency audit	Completion of audit and report to BSCB	MAAG	Dec-15	11.15 The neglect audit will now be postponed until the assessment tool is introduced.	
4.7		BSCB to seek assurance that its developed understanding of neglect is reflected in the commissioning of services for children and families	Scrutiny of reports from commissioners	EH Subgroup	Mar-16	01.16 This action will be progressed through the early help subgroup, on which commissioners are represented. This group will be provided with outcomes of neglect subgroup work.	

Priority 5: Toxic Trio

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
5.1	BSCB develops a robust understanding of the number and experience of children experiencing parental domestic abuse, substance misuse or mental health problems	BSCB to receive and review the JSNA and CSNA following updates	Submission of JSNA to Board and subsequent minutes	PMEG	Ongoing	9.15 PMEG reviewed the Blackpool child health profile in August and will discuss the JSNA in October. 3.16 and again in April - this is now a standing part of the PMEG work programme.	
5.2		Completion of the Greater Manchester LSCB dataset Part B subsets for DA and parental substance misuse/ mental health	Completion and scrutiny of dataset by PMEG and report to BSCB	PMEG	Sep-15 and Mar-16	9.15 Action not achieved. Analyst capacity is an issue.	
5.3		The means to understand the child's lived experience in households with elements of the toxic trio is developed	Feedback on children's experiences Reports to Board	Voice of the child Task and Finish group	Sep-16	3.16 A YP participation group that is able to link in to school councils is being established. This should have the means to survey children the prevalence of issues of this nature	
5.4		Completion of a service mapping exercise to identify services available to children living in households with elements of the toxic trio	Report to BSCB detailing services available and any gaps	PMEG	Sep-16	3.16 To date BSCB has received presentations on domestic abuse commissioning, alcohol and drug strategy which has provided the opportunity for a scrutiny of provision	
5.5		To receive assurance that safeguarding children responsibilities are included in the commissioning of adult facing services in respect of each area of the toxic trio	Report to BSCB/ PMEG from commissioners of services Deep dive audits of providers Section 11 audits	PMEG	Mar-16	9.15 BSCB has worked with Public Health to provide scrutiny to substance misuse providers s11 audits and will review the DA commissioning action plan.	
5.6		To monitor the implementation of multi-agency action plans to address each element of the toxic trio	Reporting of action plans to BSCB and subsequent scrutiny (to be received via HWBB for substance misuse and mental health and CSP for DA)	HWBB/ CSP	Mar-16	3.16 The Independent Chair will meet with the Chairs of the CSP and HWBB shortly to determine how the three Boards work together to address the toxic trio.	

Priority 5: Toxic Trio

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
5.7	BSCB is assured that service provision is available and adequately seeks to safeguard children	Completion of multi-agency audits in respect of single and combined areas of the toxic trio	Completion of audits and report to BSCB	MAAG	Jun-15 and ongoing	9.15 DA audit has been completed and reported to BSCB. 11.15 Substance misuse and mental health audits are scheduled to take place in 2016.	
5.8		Establish links to BSAB QA processes to assess the safeguarding children activities of adult facing agencies	BSAB to include child safeguarding in QA processes Report to BSCB	Business Manager	Dec-15	3.16 Work noted under 5.6 above is being undertaken on behalf of both Boards. BSAB does not currently have a multi-agency audit process, although this is in development. Work in this respect will be strengthened by the joining of the two boards' business units.	
5.9		Scrutinise the implementation of the CAMHS Improvement Plan	Reports to Board from HWBB and commissioners PMEG deep dive audit	PMEG	Dec-15	11.15 PMEG will review this in the December meeting. 01.16 CAMHS scrutiny has been completed and assurance was provided as to progress made. A presentation to a future strategic board will be provided.	
5.10	Staff in all agencies are appropriately trained to safeguard children	To deliver multi-agency training in respect of each element of the toxic trio	Data on number of courses delivered and agency take up Evaluation of course content	Training subgroup	Ongoing	9.15 Hidden harm training and Safeguarding and Substance use training cover these issues.	
5.11		To evaluate the specific training needs of adult facing agencies and to adapt/ provide training as indicated	Feedback from and scrutiny of agency training provision Review of BSCB training provision/ content Data re take up of BSCB training by adult facing agencies	Training subgroup	Dec-15	11.15 BSCB and BSAB now have joint training provision and courses are all written to be relevant for staff who work with children or adults. Ongoing evaluation and monitoring of training uptake will ensure that the needs of all attendees are met.	

Priority 6: BSCB organisational development

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
6.1		To review and formalise its relationships with other strategic multi-agency boards in Blackpool through a memorandum of understanding (to include BSAB, HWBB, CYPP, CSP, CPP, YOT management board)	Memorandum of understanding Reports to/ from other Boards	Chair	Sep-15	9.15 DS to meet chairs of boards to start this process. 11.15 BSCB will now take part in a wider review of strategic Boards in Blackpool, both in terms of governance and business. In the meantime DS is a member of the CYPP. 01.16 Wider review remains ongoing.	
6.2		To develop links to neighbouring LSCB to share good practice and resources	Reports from Chair and Business Manager Evidence of initiatives undertaken across LSCB areas	Chair	Ongoing	9.15 Pan-Lancashire Chair's meetings are ongoing. Current joint activities are shared CSE/ MFH action plans, developing links with Chief Constable and PCC. 11.15 More recently a joint approach to recruiting lay members has been adopted and the pan-Lancashire approach to CSE has been strengthened by the Lancashire Independent Chair assuming the chairing of the pan-Lancashire strategic group.	
6.3		To review BSCB subgroup structure to ensure ongoing effectiveness	Report to BSCB with potential revised subgroup structure	Chair	Jun-15	9.15 A new subgroup structure was approved by the May strategic board and Business Management and Neglect groups have since started. 11.15 BSCB has strengthened its governance of the GIR process now by adopting the re-constituted GIR and MASH steering groups as a	

Priority 6: BSCB organisational development

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
6.4	BSCB develops its governance and functioning to ensure that it meets its statutory responsibilities	Subgroups to review terms of reference and membership	Updated TOR for each subgroup	Subgroup chairs	Sep-15	9.15 All TOR (except CRS and CSE) have reviewed and approved adapted TOR. Membership of every group has expanded in the last six months. 11.15 CRS and CSE TOR remain outstanding, but will be in place by the end of the year. 01.16 BSCB structure and subgroup TOR will be agreed by the January BMG.	
6.5		To review the induction process for board, shadow board and sub-group members and to consider the introduction of 'job descriptions'	Revision of induction process/ booklet and review of the use of job descriptions in other Boards	Business Manager	Dec-15	9.15 The Business Manager continues to meet with all new Board members (and most subgroup members). The induction booklet includes expectations of Board members, The training subgroup has its own expectations document. 11.15 A 'job description' is incorporated within the induction booklet and the roles and responsibilities of members are emphasised in induction meetings.	
6.6		To hold six monthly development days to evaluate and develop BSCB functioning	Delivery of development days and member evaluations	Chair	Sep-15	9.15 A development day with external review is scheduled for the 2nd October. 11.15 The first development day has been held and will inform future activity planning	

Priority 6: BSCB organisational development

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
6.7		Develop mutual understanding of partners through single agency reports to BSCB	Reports to BSCB from individual agencies	All agencies	Ongoing	9.15 A single agency presentation is a standing agenda item for the strategic board: May BCH Sept YOT Nov Schools' Safeguarding Advisor	
6.8		To review agency contributions both financially and in kind to ensure that BSCB is able to meet its statutory functions and the local demographic needs	Evidence of review and subsequent commitment of agencies	Chair	Mar-16	9.15 The financial planning subgroup has approved a new model for the board business support unit which does require additional funding. DS to meet contributing partners to discuss. 11.15 Work remains ongoing in this respect. 01.16 A three year financial plan has been developed and awaits full agreement, work remains ongoing to widen the pool of agency contributions. 3.16 No further progress to note, work remains ongoing in this respect.	
6.9		To relaunch the BSCB website	Availability of revised website	Business Manager	Jun-15	9.15 Progress is delayed - the website has been constructed but needs to be populated. 11.15 The new BSCB website was launched in late September.	

Priority 6: BSCB organisational development

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
6.10	To raise professional and community awareness of BSCB	To develop BSCB newsletter to promote professional awareness of BSCB	Publication of newsletter	Business Manager	Dec-15	9.15 A programme of weekly briefings shared with BSAB will begin in late October. 11.15 This has been delayed to explore the potential for obtaining professional support in the presentation of materials. 3.16 A proposed marketing plan will be raised at the finance subgroup in March to determine	
6.11		Annual report to be widely disseminated to other Boards and partner agencies	Evidence of discussion and response by other Boards Evidence of wider distribution	Business Manager	Dec-15 and 16	9.15 The annual report will be published in September and brought the attention of other Boards. 11.15 The annual report has been published and submitted to the P&CC, CYPP and HWBB. It is also being used to raise awareness of the Board in schools.	
6.12		To promote public understanding of actions to be taken if they are concerned about the safety of a child	Publicity campaign Website	Business Manager	Sep-16	01.16 The local authority marketing team are working on a BSCB marketing plan, which will be reported to BMG.	

Priority 6: BSCB organisational development

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
6.13	For BSCB to understand the views and experiences of children	To map and review children's participation groups in Blackpool to identify how they operate and what they are telling us	Report to BSCB detailing current position	Voice of the Child Task and Finish group	Sep-15	9.15 Scoping exercise is ongoing and the first meeting of the VOCYP group is scheduled for 28.9.15 11.15 This meeting was postponed and will now take place on 3.11.15 01.16 Meeting has taken place, a longer term programme for secondary and primary children will now be developed. 3.16 A longer term YP participation group with representatives from all Blackpool secondaries/ FE and linked in to school councils will be established. This will be supported by a series of meetings with primaries, across clusters of schools.	
6.14		To either develop formal links with these groups or to establish BSCB group to link with BSCB structures	Evidence of ongoing channels of communication with groups Report from BSCB specific group	Voice of the Child Task and Finish group	Mar-16	01.16 as per 6.13 3.16 Additional reporting will be sought from groups/ agencies that are able to provide information about specific groups of the child population e.g. those who have been open to Awaken, care leavers etc.	
6.15		Develop the use of social media to communicate with a wider cohort of children	Feedback obtained from social media Collated report as to implications	Voice of the Child Task and Finish group	Mar-17	3.16 Consultation so far has favoured the use of internet based surveys, although more work will be done in this respect.	

Priority 6: BSCB organisational development

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
6.16	BSCB will learn from reviews that are undertaken and ensure that multi-agency staff in Blackpool are	To maintain and implement and effective Learning and Improvement Framework drawing on learning from SCR, MALR, MAAG and CDOP to develop and evidence improvements in practice	To be maintained in the LIF and reported to BSCB periodically	Business Manager	Ongoing	9.15 The LIF has now been completed and will be reported to BMG after significant updates and used to develop ongoing learning activities.	
6.17		To review training programme to ensure that it fully reflects the current business plan and recent SCR learning	Report to BSCB from training subgroup	Training subgroup	Jun-15	9.15 The training programme has undergone significant revision in the last six months. All safeguarding priority areas are specifically addressed. An SCR briefing will be delivered in November. 11.15 Dates for SCR briefings have now been scheduled for December	
6.18		To develop a multi-agency pool of trainers	Evidence of training delivered by a range of multi-agency trainers	Training subgroup	Ongoing	9.15 A range of trainers drawn from different agencies now deliver BSCB training. A development meeting will be held for them to promote quality practice	
6.19		To develop pan-Lancashire links and co-ordination of training programmes	Reports to BSCB from training co-ordinator Respective LSCB training schedules	Training subgroup	Sep-15	9.15 Pan-Lancashire and North West training co-ordinator forums are regularly held, although work remains to be done to develop better co-ordinated delivery of training	
6.20		To merge the oversight and delivery of BSCB and BSAB training	Combination of training subgroup functions Combined schedule of delivery	Training subgroup	Mar-16	9.15 A shared training brochure is now available and all courses have been reviewed to ensure that they are relevant to staff safeguarding children and adults.	

Priority 6: BSCB organisational development

No.	Objective	Action (IP reference)	Evidence	Lead	Target date	Update	RAG
6.21	sufficiently skilled to safeguard children	To assess the efficacy of the recently introduced training evaluation process	Data and evaluation of process to be reported to BSCB	Training subgroup	Mar-16	01.16 The training evaluation process has had to be put on hold due to the lack of BSCB administrative capacity. 3.16 remains on hold pending recruitment	
6.22		To review and develop methods of training delivery to include e-learning, bite sized packages etc.	Report to BSCB from training co-ordinator Training schedule to incorporate a range of methods of delivery	Training subgroup	Mar-16	01.16 This will be discussed at BMG and the training subgroup development morning in January, current indicators are that short briefings are not being taken up. 3.16 The e-learning packages are going to be developed, no clear consensus has been reached re other types of training package so monitoring will be continued.	
6.23		To develop materials for a one day safeguarding course for agencies to adopt, together with the means to quality assure their trainers.	Availability of training package Feedback from agencies with details of training delivered and the knowledge base of their trainers	Training subgroup	Sep-16	11.15 A task and finish group has been established to complete this action and has met once to date. 3.16 work remains ongoing.	
6.24		To review training offer including agency need, take up, capacity and charging policy	Data provided through TNA, reporting of take up of BSCB training, assessment of own capacity Provision of report on options for BSCB charging policy	Training subgroup	Mar-17	11.15 The means to undertake a TNA are being developed and procedures are in place to monitor agency take up and impact of the current charging policy. 01.16 The training subgroup development morning later in January will consider how to undertake a TNA. 3.16 work remains ongoing.	

Report to:	**RESILENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Karen Smith, Deputy Director of People
Date of Meeting	17 March 2016

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

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

4.0 Council Priority:

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

5.0 Background Information

5.1 Regulated Services

Care Quality Commission (CQC) Residential Care Inspection Outcomes update.

5.1.1 Since the last report, the CQC has published 10 inspection reports for Blackpool, with the total published now 50.

5.1.2 Of these, there has been another positive shift overall with an increase from 75% of homes rated 'Good' to 82%. There has also been an increase in the number of homes which are ranked as 'Requires Improvement' from 7 to 8 in the area, but this represents a reduction from 17.5% to 16% of the 50 homes.

5.1.3 Blackpool currently has a higher percentage than the national average at 'Good', and a lower percentage than the national average at 'Requires Improvement' and 'Inadequate'. The Contracts and Commissioning team continue to work very closely with the 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%	17	1.27%
Good	41	82.00%	842	62.93%
Requires Improvement	8	16.00%	384	28.70%
Inadequate	1	2.00%	95	7.10%
	50	100.00%	1338	100.00%

5.1.4 The number of homes currently rated as 'Inadequate' has fallen from 3 to 1. This home is currently suspended to new placements whilst improvement work is undertaken. In addition to this home we have another suspended home which is under a contract termination notice.

5.1.5 We have 5 providers currently on an Enhanced Monitoring regime.

CQC Care at Home Inspection Outcomes update.

5.1.6 A total of 5 out of 16 contracted Care at Home agencies have been inspected under the new regime. All have been rated 'Good'.

5.1.7 There are currently no Care at Home providers suspended to new packages of care or under an enhanced monitoring regime. Adult Services are however, looking at the performance of two Care at Home agencies with a view to supporting them to improve. Our findings and decisions will be shared with the CQC.

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

Deprivation of Liberty Applications

5.2.1 The figure for Deprivation of Liberty Safeguards (DoLS) for 2015/16 is currently at an average of 65 applications a month. This indicates an upward trend during the last quarter where the figure stood at an average of 55 per month. The average figure fluctuates over time due to new applications, cessations of authorisations due to changes in circumstances and the number of completed assessments but over time shows a consistently upward trend.

5.2.2 In support of residential care and nursing home providers the Deprivation of Liberty officers have recently hosted out-of-hours 'drop in 'advice sessions in community localities. This may also have impacted on the rise in numbers. At the current rate the anticipated total numbers of applications for the year stands at 800. This figure represents a significant increase from 2014/15 year end where the total number received was 437.

5.2.3 The number of individuals for whom the Council holds responsibility and who are currently subject to a DoL authorisation is 380.

5.3 Safeguarding Overview

Safeguarding alert figures for 2014/15 totalled 624. Alert figures for 2015/16 (as at 17/02/2016) totalled 608. Comparison across the two years is as follows:

Start Yr	**Q1**	**Q2**	**Q3**	**Q4**
2014/15	160	147	176	141
2015/16	145	190	172	101 (thus far)

5.4 Case closure rates

During 2015/16 the 'closed' cases below include a number of cases 'rolled over' from 2014/15 and from quarter to quarter in 2015/16.

Comparing the total closure rates by quarter, the figures are as follows:

Q1	**Q2**	**Q3**	**Q4**
147	184	179	111 (thus far)

5.4.1 By case closure type, the data shows that the number of cases deemed to be 'Not safeguarding' appear to be consistent whilst those 'Requiring further enquiry' have fallen slightly.

5.4.2 The number of cases deemed to be 'incident only' has risen and which is in part due to the number of alerts generated by staff from 'The Harbour'; the Lancashire Care Foundation Trust facility who progress the issues separately.

5.4.3 Work is currently being undertaken with the Safeguarding lead for Lancashire Care Foundation Trust to explore the outcomes of those cases to enable the Safeguarding Adults Board to be reassured that the safeguarding issues at the Harbour are being addressed to ensure that that their patients are as safe as possible.

5.5 Safeguarding Adults Board

5.5.1 The Safeguarding Adults Board has made further progress on its journey to work more closely with the Children's Safeguarding Board. For example much of the training provided is now accessible to both Adult and Children's agencies. An illustration of this is joint work on what is currently known as 'The Toxic Trio' (Domestic Violence, Mental Illness and Substance Misuse).

5.5.2 Although they remain separate entities in order to maintain a specific focus in each area where required the Boards now have a joint independent Chair. There are also joint groups for finance, training and business management.

5.6 Update on Delayed Transfers of Care

5.6.1 Following on from the last report, the following information has been provided by the Business Information Team.

5.6.2 There has been a significant amount of media attention on the extent to which social care has delayed the discharge of people from hospital beds recently but the evidence is that in Blackpool there have been major changes in the amount of delays that can be attributed to Adult Social Care. The chart at 5.6.4 below shows how the percentage of delays due to the NHS alone and to Social care or social care and the NHS together have altered during the past 5 years. The chart demonstrates how Blackpool has performed in December over the last three years. As is plain, Blackpool was worse than the average for delays due to social care in 2013 but has massively changed this so that by 2015 delays in Blackpool that were attributed to social care were well below the national average.

5.6.3 Looking at how Blackpool ranks amongst all other English local authorities over the 2013 to 2015 period (December snapshot) it's clear how much improvement has been made:

5.6.4 In 2013 Blackpool ranked 142/151 in England but this had improved to 37/151 in

2015. Similar improvements were made when looking at regional rankings and the table below shows the ranks.

	Year percentage of delays due to Social Care or both Social Care and NHS	Rank of local authorities in England (out of 151)	Rank of local authorities in the North West (out of 23)
Dec 2013	71.43	142	23
Dec 2014	45.45	111	17
Dec 2015	18.75	37	5

5.6.5 It does seem that all the work done in Blackpool has made a real difference and, while we could still do better, we have made massive strides in the last three years.

5.7 Intermediate Care

Blackpool Council and Blackpool Teaching Hospitals Trust are working together with the support of the Blackpool CCG to deliver a new way of working for Intermediate Care in Blackpool from April 2016. Supporting people who have had a rapid deterioration in health, such as a stroke or fracture after a fall, the Intermediate Care service brings health and social care together to help people leave hospital (or remain at home, avoiding hospital) and regain their independence as soon as possible. The new model, which will be a combination of short term residential support and increased community provision has a strong focus on helping people to do as much for themselves as possible, improving and maintaining their health and wellbeing at home and engaging with their local community. The new service will be therapy led, with Occupational Therapists and Physiotherapists a huge part of planning the pathway for people as they improve in confidence and ability. The "hub" for the new service which will be delivered across Blackpool will be the Assessment and Rehabilitation Centre (ARC) on Clifton Avenue in Blackpool. As well as providing bed based care, the ARC will serve as a place for staff working in the Intermediate Care support services to come together, share ideas, experience and work to secure the best outcome for every patient.

5.8 Charging for the Money Management Service

5.8.1 The Client Finances Team currently supports approximately 170 vulnerable adults with the management of their finances. Some adults lack the mental capacity to manage their finances as a result of illness, such as dementia, a learning disability or a mental health issue. Increasingly the team are asked to provide support in situations of financial abuse, where a vulnerable adult or young person is exploited by friends, family and other members of the community.

5.8.2 In these situations the Council can apply to the Department of Work and Pensions (DWP) to act as appointee for a person. This arrangement with the DWP allows the Council to receive any benefits the person is entitled to and to spend those benefits

on daily living costs such as paying bills and buying food.

5.8.3 In addition to demonstrating a clear commitment to safeguarding vulnerable adults from financial abuse, there are wider benefits in this arrangement to both the Council and the individual:

a. The avoidance of debt including the regular payment of charges due to the local authority i.e. contributions towards the cost of care, rent and/or council tax.
b. Individuals are supported to remain independent and maintain a stable home environment where bills are paid regularly and money is provided for shopping and leisure activities
c. Financial plans are drawn up with the help of care providers and social workers, resulting in the individual being able to accrue savings which can then be used for ad-hoc purchases such as holidays, new furniture, the purchase of additional care services etc aimed at improving quality of life.

5.8.4 Regular daily work includes managing over **£1.4M** of clients' money with the associated banking administration, dealing with requests for additional funds, liaising with the DWP regarding changes in circumstances, liaising with Social Care Benefits Team regarding financial assessments and paying client contributions, paying bills, dealing with post, updating records and answering telephone queries.

5.8.5 In order to help achieve the long term financial sustainability of the team, there will be a charge of £5 per week for the provision of the money management service (where the Local Authority acts as appointee) from 1st April 2016. The flat rate charge of £5 per week will be subject to the following considerations :

a. Those people receiving aftercare services provided under section 117 of the Mental Health Act 1983 will be exempt from the charge.
b. Where the application of the charge is likely to result in financial hardship for the person, an appeal will be considered by the Debt Decision Group.
c. Other payments due to the Council should not be compromised as a result of the charge for the provision of money management.
d. The Looked After Children (LAC) Team will commission and fund the service as appropriate for young people. This will help ensure that the service is appropriately targeted, reviewed periodically, and that someone from the LAC team is working with the young person to develop more resilience in managing money independently, assuming that mental capacity is not the primary issue. Once the person reaches adulthood and is no longer the responsibility the LAC team, they will be subject to the same considerations as any other adult.

5.9 <u>Respite Service</u>

5.9.1 Following the closure of Hoyle at Mansfield respite service on 31 January 2016, a respite pilot has now commenced in partnership with two private residential care homes, Hollins Bank and Elmsdene Care Home. Elmsdene is situated on Dean Street

in South Shore and is owned by Sheridan Care. The home specialises in residential care for older adults with Dementia. Hollins Bank is situated on Lytham Road in South Shore and provides residential care for older adults, older adults with physical disabilities and those with sensory impairments. Both providers have formally signed up to the pilot and two respite beds have been commissioned in each home which are bookable in advance.

5.9.2 Whilst carers are able to explore other residential respite options or alternative methods of respite including Shared Lives, the pilot has been established in direct response to the feedback received from carers about the inability to make advanced bookings for respite in the private sector and of short notice cancellations.

5.9.3 The pilot is in the very early stages having commenced on 1st February 2016 however preliminary monitoring has shown that of the 55 active services users that had previously used Hoyle@Mansfield, 21 are now accessing other provision as detailed in the table below.

5.9.4 The pilot will be reviewed on a monthly basis staring in late March 2016.

Provider	Client Group(s)	Notable points	No of registered places	Vacancies as at 24.02.16
Coopers Way Respite Service	Learning Disability with complex health needs and general needs	Coopers Way has broadened its access criteria to include general needs to make provision for learning disabled adults that previously accessed the Council's Hoyle@Mansfield Service. Of the five learning disability service users that previously accessed Hoyle@ Mansfield, three have successfully transitioned to Coopers Way and are accessing respite. Transition is underway for the two remaining service users.	5	0
Hollins Bank Care Home	Older People, Physical Disability	Six service users that previously accessed the Hoyle@Mansfield Service have now booked respite with this provider; of these two have booked respite for the full year.	44	3
Elmsdene Care Home	Dementia	One service users has booked respite with this provider. At the time of writing this update three carers had visited the service but bookings were not confirmed.	33	3

Other respite provision being accessed by services users who had previously used Hoyle@Mansfield				
Provider	Client Group(s)	Notable points	No of registered places	Vacancies as at 24.02.16
Belgravia	Older People, Physical Disabilities Mental Health, Learning Disability, Under and Over 65s	Two service users have booked respite with this provider	15	2
Princess Alexandra Care Home for the Blind	Older People, Mental Health, Dementia, Physical Disabilities Sensory, Stroke	Two service users have booked respite with this provider	40	3
Amber Banks	Older People, Mental Health, Dementia, Physical Disabilities	One service user has booked respite with this provider	46	9
Haddon Court	Dementia	One service user has booked respite with this provider	33	3
Langdales Care Home	Older People	One service user has booked respite with this provider	24	0
Rosehaven Care Home	Older People	One service user has booked respite with this provider	24	3
Highcroft Care Home	Older People Mental Health	One service user has booked respite with this provider	31	3
Napier Lodge Care Home	Dementia Mental Health, Older People, Physical Disabilities Younger Adults	One service user has booked respite with this provider	15	0

5.10 **Review of Care at Home and Residential Care Fee Rates 2016/17**

5.10.1 A review of the fee rates paid to care at home and residential care providers has taken place against a background of:

- the introduction of the National Living Wage in April 2016, which will see the hourly rate for workers aged 25 years and over increase to £7.20,
- the ongoing requirement to enrol employees aged 22 or over and earning over £10,000 in a pension scheme
- employment case law and changes to the requirements for the payment of sleep-in shifts.

5.10.2 Alongside the financial issues the Council must be mindful of its legal requirements under the Care Act 2014. These requirements in relation to market shaping and commissioning include:

- A duty not to undertake any actions which may threaten the sustainability of the market as a whole, for example, by setting fee levels below an amount which is not sustainable for providers in the long-term.
- Allowing for providers to meet statutory obligations to pay at least the national minimum wage and provide effective training and development of staff.

5.10.3 Consultation with providers to quantify the impact of the introduction of the national living wage, the pension enrolment requirement and the implications of employment case law with regard to sleep-in rates has been undertaken over several months. Using information directly from providers and costing models which have been developed locally and nationally, the following fee rates for 2016/17 have been proposed and will be effective from 1st April 2016.

Care at Home Fee Rates			
	Current Rate 2015/16 £	**New Rate 2016/17 £**	**Increase £**
Generic Rate (per hour)	11.35	12.55	10.6%
Learning Disability Rate (per hour)	12.50	13.00	4%
Sleep-in Rate (per hour)	Approx. 4.50 (currently fixed rate per night t)	8.00	78%

5.10.4 When considering residential fee rates, the opportunity has been taken to achieve a number of long-standing objectives:

- To simplify the current fee framework by reducing the number of fee rates and move towards a more consolidated fee structure by no longer applying the

Quality Banding Scheme.

- Fee rates for adults aged 18-64 with a Learning Disability, a Physical Disability or a Mental Health issue will be aligned and merge with the rate for older adults' standard residential care.
- A more consistent basis for funding the additional care needs of people with complex and challenging conditions has been developed.

Residential Fee Rates			
Current Classification	**2015/16 £ Per week**	**2016/17 £ Per Week**	**New Classification**
18-64 Rates			
Adults with a Learning Disability	389.06	403.48	
Adults with Mental Health issues	354.06		Standard Rate
Adults with a Physical/Sensory Disability	411.81		
65 + Rates			
High Band			
Standard Rate	364.70	403.48	Standard Rate
Higher Rate	418.74	441.70	Higher Rate
Medium Band			
Standard Rate	354.76	403.48	Standard Rate
Higher Rate	401.80	441.70	Higher Rate
Low Band			
Standard Rate	343.77	403.48	Standard Rate
Higher Rate	378.56	441.70	Higher Rate
Basic Band			
Standard Rate	333.20	403.48	Standard Rate
Higher Rate	366.66	441.70	Higher Rate
Non-Accredited			
Standard Rate	289.80	403.48	Standard Rate
Higher Rate	319.83	441.70	Higher Rate

Notes: The contracted standard residential rate for Adults with a Learning Disability, Adults with Mental Health issues and Adults with a Physical/Sensory Disability will be supplemented by an additional payment where further one to one support is

required as assessed by the social worker. This additional payment will be based on the social worker's assessment of need for additional hours paid at the applicable care at home rate.

5.10.5 The new rates will apply from 1st April 2016, in order to allow providers to meet their statutory requirements and encourage the development of the care and support workforce. There is still a commitment to support providers to pay the Joseph Rowntree Foundation Living Wage in the longer term.

A request was made to providers to start a dialogue on the following issues:

- In residential care top-ups are only charged for enhanced accommodation or facilities not care
- No call cramming in the care at home sector ie too many calls too close together
- Pay the minimum wage/ national living wage for all hours worked
- Only use zero hours arrangements for 'bank' staff / for staff who genuinely want casual hours
- Use of I pool for mandatory training areas
- Staff attend appropriate training during normal working hours
- All time at work is paid time
- Pay for first three days of sickness
- Rest days are not used as an alternative to sick days, except by agreement
- Consistency of carer wherever practicable
- Essential equipment provided at no cost to staff
- Staff have the opportunity to share best practice with colleagues
- There is a clear way for staff to raise concerns about the people in their care and these are responded to appropriately
- Help to deliver a positive message about pay rates and the industry

6.0 List of Appendices:

6.1 None.

7.0 Legal considerations:

7.1 None.

8.0 Human Resources considerations:

8.1 None.

9.0 Equalities considerations:

9.1 None.

10.0 Financial considerations:

10.1 None.

11.0 Risk management considerations:

11.1 None.

12.0 Ethical considerations:

12.1 None.

13.0 Internal/ External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

Report to:	**RESILENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Delyth Curtis, Director of People
Date of Meeting	17 March 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 and have assurance that Blackpool is continuing to meet its statutory obligations for future inspection requirements. The LA remains retains a statutory responsibility to monitor all schools in order to support improvement and raise the attainment and progress for all children in the Local Authority Area.

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

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

3.3 Other alternative options to be considered:

Services are subject to national and statutory frameworks.

4.0 Council Priority:

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

5.0 Reports

5.1 **School Improvement Processes**

5.1.1 The School Improvement Team is in the process of carrying out the Spring visits to maintained schools. A focus within the visit is reviewing gaps between Pupil Premium children and other pupils in school. School Improvement Partners will also be asking for judgements within Early Years regarding any gaps.

5.1.2 In the Autumn term, the visit notes were redesigned to reflect a clearer and more focused way of working. In addition, a cross section of School Improvement Partner visits will be monitored and quality assured this term to review outcomes and clarity.

5.1.3 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 categories agreed in the autumn term. The only variation in categories was made with St Cuthbert's, where the school moved to category 1. The Head of Service was involved in the collection of evidence alongside the Executive Headteacher.

5.2 **School Inspection Outcomes**

5.2.1 **HMI Monitoring Visits:**

There have not been any monitoring visits to date this term.

5.2.2 **Full Inspections:**

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

- **Anchorsholme** The report has now been published. The outcomes of this

visit suggest: 'The school continues to be good'.

5.3 **Children's Social Care /Safeguarding**

5.3.1 Volume of Work: The numbers of contacts to the front door and referrals for services are still high – further work needs to be done to understand the reason for the high number of contacts. This includes the interface with the Multi Agency Safeguarding Hub (MASH) (in January 303 contacts came from MASH and only 42 converted into referrals) and the number of referrals, which do not meet threshold and should have been managed at a level two. An analysis of these issues will be undertaken and this will be reported to the next Children's Services performance meeting. Part of this will include reviewing the conversion rate from referral to assessment which is reported in November as 67.4%. Work is planned to support schools to share the work they are doing at level 2 as there is some excellent practice but this is not consistent. The Chair of the Safeguarding Board will also support this work.

5.3.2 Caseloads: Caseloads are currently high due to sickness and maternity leave across the social work teams - these are being covered by agency where possible but this has put an increased pressure on the teams and created challenges in meeting court timetables. All vacancies have been advertised and five new members of staff have been appointed.

5.3.3 Children subject to child protection plans: The lowest figures for 2015 for children on plans were recorded in November. A more rigorous approach is being taken to reviewing those on a plan for over 12 months and in February, Service Managers in Safeguarding and Service Managers in Long Term teams reviewed nine cases and agreed that eight children should no longer be on a plan. The introduction of a new approach to reflective supervision has helped in this area as has a more robust approach to working with other agencies and challenging them to provide clear reasons and risk analysis to underpin their desire for children to remain on plan.

5.3.4 Numbers of Our Children (Looked after Children): Although the November figure (the most recent complete performance book) seems to be in the lower level recently there has been a significant increase and rates of over 450 consistently. This is due to an increased demand and a number of serious injuries to young children.

5.3.5 Emotional health and wellbeing of Our Children: All of Our Children undertake an annual Strengths and Difficulties Questionnaire (SDQ) to look at their emotional needs. In previous years SDQ scores have not been used to sufficiently drive planning and improvement for individual children. This year Children's Services will be ensuring there are robust links in place to trigger the use of pupil premium plus

and access to HeadStart support.

5.3.6 Personal Education Plans (PEPs): PEP completion is at its highest rate. This is a significant achievement and the SDQ work outlined above will enhance the quality of the PEPs which are in place and which currently stand at 96%.

5.3.7 Young people not in education training and employment (NEETS): There has been an increase in the figures. It is anticipated the Core (the new care leavers drop in centre) and the work planned to be delivered at the Core, plus the vulnerable adolescent hub will improve performance. Development of a project search programme for Our Children for September 2016 is also being considered. This will support around eight of Our Children in a yearlong programme for them to access intensive job coaching and support. The project will build on the 19 pledges made that related to employment support from the Corporate Parenting Conference.

5.3.8 Access to therapeutic support: The Council has been successful in a bid to the Police and Crime Commissioner to establish a new pilot programme, Enlighten, to enhance therapeutic support to young people who have been sexually abused. The funding will be £100,000 for a one year pilot programme.

5.4 **Early Years – Ofsted Inspections**

5.4.1 Three childminder inspection reports have been published since the last report. Two childminders were judged Outstanding and one good. No additional group settings reports have been published. One registered out of school club, which had a previous judgement of inadequate, has resigned its registration, and the school (Bispham Endowed) has taken over responsibility for out of school provision. This means that we currently have no inadequate settings in Blackpool.

5.4.2 The overall percentage of Good and Outstanding:

Blackpool	Nationally
Childminders - 92%	83% CMs
Childcare on non-domestic premises - 85.7%,	87% PVIs
All registered provision – 89.5%.	85% all provision

National figures are as at 31 October 2015. (Currently in Blackpool, due to numbers of settings awaiting a grading inspection, 1 PVI setting = 2.8%).

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

5.5.1 Both Houses have now agreed on the text of the Bill which now waits for the final stage of Royal Assent when the Bill will become an Act of Parliament. There are to be eight Pilot authorities for the 30 hours free childcare initiative: Wigan,

Staffordshire, Swindon, Portsmouth, Northumberland, York, Newham and Hertfordshire. Only York will be offering additional hours to all eligible children in their area and they will be piloting an online application system. The North West Early Innovator areas are Stockport, Bolton, Trafford, Bury and Cheshire West & Cheshire. Local Authorities and providers will be working on a variety of projects to deliver the additional entitlement such as for children with Special Educational Needs or the Homeless.

5.6 **Early Years Pupil Premium (EYPP) take-up**

5.6.1 The figures below are based on a Department for Education estimate of 643 eligible children in Summer term when all three intakes are present in the system.

Summer 2015 term take up was 546 (85%)
Autumn 2015 term take up was 355 (55%)
Spring 2016 term take up is 409 children (64%) to date (15th Feb 2016)
Funding released to childcare settings for 2015-2016 to Dec 2015 is: £ 100,000

5.7 **Free entitlement grant for 2 Year olds**

Take up of the grant is still increasing and reached 748 children (81%) in Autumn Term 2015.

5.8 **Better Start**

5.8.1 Parks and Open Spaces: Work on parks is now underway commencing on George Bancroft Park and Revoe Park in January. Both sites have been part of an extensive community consultation exercise. A development worker has been appointed in partnership with Left Coast and Blackpool Coastal Housing to take forward consultation in the Mereside area around the use of green space. Two Park Rangers are being appointed to work with parents of 0-3's as part of the Parks developments. They will cover all parks in the seven target wards of the Better Start programme.

Two pilots are starting this year to encourage outdoor activities with families. These are the development of the Fit2Go scheme to Early Years and Sports Blackpool Volunteer Development Sport Coaching scheme.

5.8.2 Evidence Based Interventions: Since September 2015, parents in the seven Better Start wards have had a universal, evidence based anti-natal offer consisting of Family Nurse Partnership (FNP) for all parents under 20 and Baby Steps for all new mothers over 20. To date 278 have been registered for Baby Steps through the midwives at their first appointment. The Baby Steps team is made up of Health

Visitors, Family Engagement Workers, Midwives and Star Buddies working in partnership through the Children's Centres. FNP is working to the target of offering every eligible parent a place. The Baby Buddy app has been downloaded by 294 Mothers since it went live in Nov 2014. The NSPCC has redesigned its Service Centre in Blackpool to focus on the pre-birth to three age group. The staff will be moving into the two main Children's Centres and will be trained in and delivering the following programmes;

- Video Interactive Guidance – from Feb '16
- Safecare – From March '16
- Parents Under Pressure – from April '16
- Survivor Mum's Companion – pilot from May '16

The Mental Health Alliance, funded by the Big Lottery, is working with the Centre for early Child Development and Blackpool partners to develop a holistic Perinatal Mental Health Pathway across the town

5.9 **Special Educational Needs (SEN) and Disability**

5.9.1 The large scale changes for SEN and disability (SEND), associated with the Children and Families Act continue to be implemented. Blackpool is one of the few authorities nationally to be meeting the statutory timescales for the completion of new Education, Health and Care Plans and the converting of Statements of SEN, whilst doing so in a person centered way. Two recent visits, from the Education Funding Agency and Preparing for Adulthood (a body working closely with the DfE) have both verbally praised the work and progress Blackpool is making. Work is ongoing to form a children and young people's council to represent the views of those with SEN and/or disability. A DVD is also being produced to represent their views to all of the work groups. All locally produced video material on the Local Offer web site have BSL signing and text to enable access.

5.9.2 A parent conference will be held, organised by the Parent's Forum on the 18th March from 10am until 2.30pm at the Football Club. This will enable parents to contribute their views on the Local Offer for children and young people with SEND, and their families, in Blackpool.

5.9.3 In March the Equalities and Human Rights Commission is due to visit the town on the invitation of a local charity, for deaf young people and their families, Sign Hi, Say Hi. The charity has asked them to visit, in part, to discuss the good working relationships they have in coproduction with the Local Authority.

5.10 **Early Help**

5.10.1 Inner Strength: The Perpetrator Programme moves onto its second cohort of four. The shared responsibility for the delivery of the programme is progressing well and to date Children's Social Care, Families in Need, Police and Mental Health staff have all been part of the assessment and delivery of the sessions receiving excellent feedback form the participants.

5.10.2 Parents as Partners : The training of staff to deliver the Tavistock Foundations evidence based programme "Parents as Partners" has taken place and 14 professionals from different disciplines completed the training and the delivery of the programme will commence in the near future. This programme will reinforce and strengthen the co-couple relationship and focus on the fathers or partners as well as the mothers.

5.10.3 Organised crime, prevent and protect: The Families in Need Service is delivering and coordinating a programme as part of a wider pan Lancashire project that is funded through transforming public services network. The work in Blackpool is focussed on vulnerable young people who are currently interlinked and have multiple risk taking behaviours thus making them vulnerable. By coordinating activity using current data and a targeted approach to provide effective and timely support to the young people and their families their vulnerability and risk will be reduced.

5.10.4 Troubled Families: The latest Troubled Families return was submitted to The Department for Communities and Local Government in January and 89 families were successfully turned around delivered through the Families in Need Service. The services latest quarter three figures show that they have worked with a total of 549 families 785 adults 1285 children. The number of families stepped down to a level two services in quarter three is 107. The number of children and young people supported to be reunified from a care placement to live safely back with their family is 25.

5.11 **Virtual School Governing Body**

5.11.1 It has been agreed that a governing body will be established for the Virtual School. The governing body will consist of an elected member, senior officers, young people in care and representatives from other agencies. It will champion the needs of Our Children wherever they are placed and educated and ensure that strategic policies and practice enhance their educational opportunities. It is intended that the governing body will support the outcomes, priorities and key actions of the Virtual School including its development plan and will receive and approve the Virtual School Head's annual report.

5.12 **Elective Home Education**

5.12.1 The Government has been focused on Elective Home Education recently, following a 65% increase nationally over 6 years in children who are removed from mainstream education provision to be 'educated' by their parents at home. There has been a concurrent investigation into "out of school settings" with a focus on unregistered schools and the threat to safeguarding posed by radicalisation. As a result the Pupil Registration Regulations and Children Missing Education guidance, and Elective Home Education guidance may be reviewed because of Ofsted's call for more "destination data" when children are taken out of school.

Ofsted said "we cannot be sure that some of the children whose destinations are unknown are not being exposed to harm, exploitation or the influence of extremist ideologies." Ofsted also said "we do not know whether these children are ending up in unregistered provision."

5.13 **Connexions**

5.13.1 The Connexions Youthability Hub is due to complete its second year of activity. Connexions Youthability Hub is a one stop shop for young people aged 16-24 to get a range of support that helps them into employment. This support includes specialist careers advice, NHS counsellor support (from Connect) and direct input from employers alongside other Council/third sector support services. Over the last twelve months employers such as Blackpool Transport, Sainsbury's, Tesco, and Burger King have supported Youthability. Since April last year 855 young people have accessed Youthability during its weekly three hour slot with 71 young people gaining employment and a further 247 in apprenticeships and Traineeships.

5.13.2 "The Sixth Our Future", Our Choice event took place at Blackpool Pleasure Beach at the end of January this year. This collaborative event, steered and managed by the Blackpool Guidance Community Network and Blackpool Council, is supported by all of Blackpool's secondary schools, FE colleges, training providers and employers. It is widely recognised as a template for good practice in relation to national aims and priorities. The 2 day event attracts around 1500 young people and in excess of 120 school staff from local secondary schools, including special schools and Pupil Referral Units. This year also saw 10 of Blackpool's Primary schools attending the event.

5.14 **Adult Community and Family Learning**

5.14.1 The Family Learning service has been developing and delivering provision in a range of partnership projects. The service worked with the Grand Theatre and nine schools on a Family Learning project which included photography and theatre performance. Accredited Functional English and Maths for parents has been

delivered in four children's centres. Two secondary schools are piloting accredited Maths courses for parents for the first time. The aim of the courses is to then be able to assist their children with the maths curriculum. Family Learning is also being delivered in two new settings (Thames Primary Academy and Stanley Kittens).

There are two emerging exciting partnership projects. Firstly, Family Learning and Better Start are working together on literacy projects and secondly, Family Learning have been working in partnership with the Early Years team to develop and deliver REAL (Raising Early Achievement in Literacy) training for practitioners and parents to support children's literacy development.

5.15 **Youth Offending Team**

5.15.1 Reoffending: The service now demonstrates consistent reduction and improvement against the national measure of reoffending. The regional and national rates have steadily increased over the same period. 'Live' data for young people under YOT supervision over the last 12 months is better than the national average. Reduction in the reoffending rate and improvement against the performance of YOTs nationally was recognised by the removal of Youth Justice Board improvement measures in Autumn 2015.

5.15.2 Reducing 'First Time Entrants' to the youth justice system: Significant reductions made over the last 4 years have been maintained, but remain above the national and regional rates. The creation of an integrated service for young people offers to opportunity to improve co-ordination of systems and services and to make further improvements.

5.15.3 Reducing the Use of Custody: Performance has been improved over the last 4 years to reach match the average for the region. In practice this represents a reduction from over 30 custodial sentences per year, to single figures. Performance now reflects the seriousness of some offending, rather than the inability of the service to offer a credible, robust community sentence as an alternative.

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