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29 November 2016

To: Councillors D Coleman, Collett, Critchley, Mrs Henderson MBE, O'Hara, Owen, Scott, Stansfield and L Taylor

The above members are requested to attend the:

RESILIENT COMMUNITIES SCRUTINY COMMITTEE

Thursday, 8 December 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 13 OCTOBER 2016   (Pages 1 - 8)

To agree the minutes of the last meeting held on 13 October 2016 as a true and correct record.

3   PUBLIC SPEAKING

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

4   EXECUTIVE AND CABINET MEMBER DECISIONS   (Pages 9 - 14)

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

5   FORWARD PLAN   (Pages 15 - 22)

The Committee to consider the content of the Council's Forward Plan, December 2016 – March 2017, relating to the portfolio of the Cabinet Secretary.

6   COUNCIL PLAN PERFORMANCE REPORT QUARTER 2 2016/2017   (Pages 23 - 32)

To present performance against the Council Plan 2015-2020 for the period 1 July – 30 September 2016.

7   BLACKPOOL SAFEGUARDING ADULTS BOARD ANNUAL REPORT   (Pages 33 - 84)

To consider the Blackpool Safeguarding Adults Board Annual Report, which provides evidence of the activity of the Board during 2015/2016.

8   CHILDREN'S SERVICES REPORT   (Pages 85 - 92)

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

9   ADULT SERVICES REPORT   (Pages 93 - 112)

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

10   PUPIL REFERRAL UNIT SCRUTINY ACTION PLAN   (Pages 113 - 118)

To review progress made against recommendations made by the Pupil Referral Unit Scrutiny Review Panel.

11   EDUCATIONAL ATTAINMENT 2015 SCRUTINY PANEL FINAL REPORT   (Pages 119 - 144)

To consider the Education Attainment 2015 Scrutiny Review final report.

12   SCRUTINY WORKPLAN   (Pages 145 - 156)

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

13   DATE OF NEXT MEETING

To note the date and time of the next meeting of the Committee as Thursday, 26 January 2017, 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 Chris Kelly, Acting Scrutiny Manager, Tel: 01253 477164, e-mail chris.kelly@blackpool.gov.uk

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MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 13 OCTOBER 2016

Present:

Councillor Benson (in the Chair)

Councillors

Critchley	O'Hara	Stansfield	L Taylor
Humphreys	Scott	Singleton	

Mrs Frances McErlane, Co-opted Member

In Attendance:

Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Councillor Maria Kirkland, Cabinet Member for Third Sector Development and Engagement
Councillor Debbie Coleman, Cabinet Assistant (Resilient Communities)

Mr Neil Jack, Chief Executive
Mrs Delyth Curtis, Director of People
Mr David Sanders, Independent Chairman of Blackpool Safeguarding Children Board
Mr Andrew Lowe, Youth Offending Team Manager
Mrs Ruth Henshaw, Delivery Development Officer
Mr Chris Kelly, Senior Democratic Governance Adviser (Scrutiny)

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 1 SEPTEMBER 2016

The minutes of the previous meeting held on 1 September 2016 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 EXECUTIVE AND CABINET MEMBER DECISIONS

The Committee considered the Executive and Cabinet Member decisions within the portfolio of the Cabinet Secretary, taken since the last meeting of the Committee.

MINUTES OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETING - THURSDAY, 13 OCTOBER 2016

Members raised questions in regards to decision number PH54/2016 'Hornby Road and Coopers Way Commissioning Review' and Mrs Curtis, Director of People, advised that the service would remain operated as a seven day service.

A query was raised in relation to decision number PH58/2016 'Tendering for Community Advice and Information Provision' and Councillor Kirkland, Cabinet Member for Third Sector Engagement and Development advised that the tender to provide the independent advice and information service was currently open and that there had been a number of expressions of interest and applications received. Councillor Kirkland advised that she would report the outcome of the tender exercise to the Committee in due course.

With regards to decision number PH62/2016 'Housing Related Support', the Committee questioned the impact of the decommissioned Emergency Direct Access Accommodation provision for young people aged 16 to 24 years old. Mrs Curtis advised that young people would have access to beds through Streetlife.

5 FORWARD PLAN

The Committee considered and agreed to note the items contained within the Forward Plan, October 2016 – January 2017.

6 SCRUTINY WORKPLAN

The Chairman presented the workplan to the Committee and highlighted the Implementation of Recommendations' table.

The Committee agreed:
1.   To approve the Scrutiny Workplan.
2.   To note the 'Implementation of Recommendations' table.

7 YOUTH JUSTICE THEMATIC DISCUSSION

Mr Lowe, Youth Offending Team Manager, provided the Committee with a summary presentation of the improvements in the Youth Offending Service since the Full Joint Inspection in 2013, the impact of developments in the sector and the opportunities the developments presented.

It was explained to the Committee that the Youth Offending Team Partnership's vision was to prevent offending and reduce reoffending by young people, through working effectively with partners. Mr Lowe advised Members that there had been significant rises in the number of young people coming into the youth justice system in the past decade as a result of the growth of 'sanction detentions' by the police, which had imposed formal responses to incidents that would have previously attracted an informal response. The impact in

Blackpool of the rise had been that caseloads became twice the national average and were considered to be a significant barrier to achieving quality and effectiveness in the protection of the public and of young people themselves. It was noted that the result had been a poor inspection outcome from the HM Inspector of Probation in 2009.

In response to the poor inspection, Mr Lowe informed Members that the aims of the Youth Justice Strategy had been to develop processes and services to divert young people with low level offending behaviour away from the youth justice system into informal and voluntary forms of support. The Committee was advised that the success and improved performance of the Partnership could be demonstrated through an 80% reduction in the number of 'first time entrants' into the Youth Justice system in Blackpool.

The Committee was provided with case study examples of the young people the Youth Offending Team had worked with, which helped to illustrate the support that was provided to young people. Members noted the high rate of youth offenders with mental health problems and raised questions regarding what work was undertaken with the particular cohort. Mr Lowe advised that managing the cohort of young offenders with mental health problems was a challenging process, particularly with the transfer from youth to adult services at 16, but that the Youth Offending Team met monthly with the Adult Mental Health Team in order to improve pathways and ensure appropriate care was identified.

Members discussed the provision of sport opportunities and other activities as a potential rehabilitator of young offenders and Mr Lowe informed Members of the wide variety of various activities that were provided around the town, including the Summer Arts College, which were used to divert young people away from offending. Mr Jack, Chief Executive and Chairman of the Youth Offending Team Board, advised the Committee that in the past a lot of focus of the Youth Offending Team Board had been on preventing re-offending, but now the emphasis of work had shifted to prevent first time offending. He informed Members of the work that was being undertaken into how the issues causing young people to offend were addressed, reporting that the focus of Headstart and the work being undertaken with schools were building up a variety of means to engage with young people and prevent them from offending.

The Committee questioned how rates of offending and reoffending compared to other local authorities and Mr Lowe advised that the prevalence of offending and anti-social behaviour by young people in Blackpool was higher than in other areas. However, it was noted that the increased rates were associated with the effects of poverty and deprivation, which were particularly acute problems in Blackpool.

The Committee noted that the 2013 inspection of Blackpool Youth Offending Team had assessed that considerable progress had been made and Members questioned whether there had been any particular areas that had been identified as good practice. Mr Lowe advised that the Team now had a much improved system for identifying victims to engage in the restorative justice process and that the Team had made good use of the grant money that it had received.

Members considered that the 80% reduction in 'first-time entrants' to the youth justice system committing low-level offences was an impressive achievement, but questioned the reasons for the high rates of re-offending for the young people remaining within the youth justice system remaining static. Mr Lowe explained that the Team had struggled to meet the requirements of the National Standards for Youth Justice when case managers had caseloads of up to 25 cases, which reduced resources in the service to address re-offending by the more serious and persistent offenders. However, as a result of the work undertaken to divert young people with low level offending behaviour away from the youth justice system into informal and voluntary forms of support, caseloads had reduced and the effort that was now focused on more persistent and complex offenders had reduced the frequency of re-offending to a rate below the national average.

The Committee noted further comments that had been made following the 2013 inspection, specifically that 'for the Youth Offending Team to be fully effective, it must be supported by a management board that provided strategic leadership.' Members challenged whether that strategic leadership was now being provided and Mr Jack explained that part of the challenge for the Board in the past had been that the senior officers from partnership agencies had not been attending the meetings. However, changes had been made and Mr Jack considered that the leadership being provided by the Board was as strong and effective as it had ever been.

Members noted that in September 2015 a comprehensive national review of the youth justice system had commenced but that publication of the final report had been delayed following ministerial changes. Questions were raised regarding to the changes to the youth justice system and legislation. Mr Jack advised that his conversations with the Chairman of the Youth Justice Board, Lord McNally, suggested that the outcome was likely to be in line with the expectations of the sector.

The Committee agreed to note the report.

Background papers: None.

8 BLACKPOOL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

Mr Sanders, Independent Chairman of Blackpool Safeguarding Children Board, presented the Blackpool Safeguarding Children Board Annual Report, which provided evidence of the activity of the Board during 2015/2016.

He advised the Committee that the key success during the 2015/2016 year was that the Improvement Plan was lifted in July 2015 and the Safeguarding Children Board resumed its full statutory duties. Mr Sanders reported that another achievement had been overseeing an increasing commitment to the Safeguarding Children Board from Blackpool schools.

The Committee discussed the demographics of Blackpool, which experienced high levels of deprivation and had nearly a third of children living in poverty. It was reported to the

Committee that Blackpool experienced far higher levels of safeguarding referrals than the England average. Mr Sanders explained to the Committee that it was hoped that the Early Help Strategy and work on the Neglect tool would have an impact in helping to reduce the number of referrals and number of looked after children, as the current numbers were not sustainable with the current resources available. Upon further questioning from Members, Mr Sanders considered that partners needed to find new, smarter ways of working to reduce the number of referrals.

Members were advised of the new Neglect Assessment tool that would be rolled out over the coming year and would enable practitioners to effectively and consistently evaluate the scale of neglect that children in Blackpool experienced.

The Committee questioned when the Early Help Strategy and Neglect tools would be launched and would have an impact. Mr Sanders advised that the Early Help Sub-Group was currently working on the Early Help Strategy, which aimed to ensure quantifiable provision of early help by all agencies who worked with children and families in Blackpool. Mr Sanders advised that it was hoped that the Strategy would be launched soon. With regards to the Neglect tool, Mr Sanders informed Members that it was hoped to be ready in November 2016 and that 25 practitioners had now been trained to be able to train others in using the tool.

The Committee raised concerns regarding the level of appropriate attendance at safeguarding meetings, noting that the report highlighted that the majority of Strategic Board members during the reported period had not met the required threshold for attendance. Mr Sanders advised that he had spoken to all key personnel within the partnership agencies and discussed the issue. He considered that low levels of attendance had not been due to a lack of interest, but had been as a result of officers having other commitments. However, Mr Sanders reported that the issue would continue to be monitored, although there had been recent improvements in attendance levels.

Mr Sanders advised that the end of the reporting period covered by the report marked the halfway period of the current 2015-2017 Business Plan. He advised that the new Business Plan was due to be agreed by the Blackpool Safeguarding Children Board in February 2017. Members considered that the new Business Plan should be presented to the Committee once it had been agreed by the Blackpool Safeguarding Children Board.

The Committee discussed the recent campaign relating to safe sleeping for infants and Mr Sanders advised that before the campaign there had been a number of serious case reviews that had involved child death as a result of babies sleeping in their parents' bed. Members were advised that following the campaign, there had only been one case. Members were provided with details of the campaign and the work that had been undertaken with health visitors and Blackpool Safeguarding Children Board colleagues, in order to achieve the reduction.

The Committee agreed to consider the new Blackpool Safeguarding Children Board Business Plan following its approval by the Blackpool Safeguarding Children Board.

Background papers: None.

9 COUNCIL PLAN PERFORMANCE REPORT Q1 2016/17

Mrs Ruth Henshaw, Delivery Development Officer presented the performance against the Council Plan 2015/2020 for the period 1 April 2016 to 30 June 2016 and highlighted the key exceptions.

Mrs Henshaw reported that the majority of the Council Plan indicators for 'Resilient Communities' that were due to be considered by the Committee were either annual or bi-annual and therefore could not be reported on for the quarter.

Of the indicators where data was available, it was reported to the Committee that there were three indicators in which performance had deteriorated in Quarter 1 2016/2017:

- Number of referrals / rate of referrals to social care per 10,000 children;
- Number of looked after children / rate of looked after children per 10,000 population; and
- Percentage of children who became subject to a child protection plan for a second or subsequent time.

The Committee noted that all three of the deteriorating indicators had been discussed in detail in recent meetings of the Committee.

The Committee agreed to note the report.

10 SCRUTINY ANNUAL REPORT

The Committee considered the Scrutiny Annual Report 2015/2016.

The Committee approved the Scrutiny Annual Report 2015/2016.

Background papers: None.

11 DATE OF NEXT MEETING

The Committee noted the date and time of the next meeting as Thursday, 8 December 2016 commencing at 6pm in Committee Room A, Town Hall, Blackpool.

Chairman

(The meeting ended at 7.40 pm)

Any queries regarding these minutes, please contact:
Chris Kelly,
Tel: 01253 477164
E-mail: chris.kelly@blackpool.gov.uk

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Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Chris Kelly, Acting Scrutiny Manager
Date of Meeting	8 December 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.

6.0   Witnesses/representatives

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

- Councillor Graham Cain, Cabinet Secretary (Resilient Communities)

Does the information submitted include any exempt information?   No

List of Appendices:
Appendix 4(a): Summary of Executive and Cabinet Member decisions taken.

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.

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DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
SECONDARY SCHOOL PLACES AND THE PROPOSED DEMOLITION OF THE FORMER BISPHAM HIGH SCHOOL. 1. To note the approval by the Secretary of State for Education of a new Free School within Blackpool. The school will be opened September 2018 for pupils from nursery age to 16 years of age (all-through) and will be run by Fylde Coast Academy Trust (FCAT). The location of the school will be the former Arnold School site on Lytham Road, Blackpool. 2. To approve the demolition of the former Bispham High School in its entirety and that the demolition be undertaken by the Blackpool Local Education Partnerships via the existing arrangement with the Council, which would expedite the demolition process. 3. To retain the former Bispham High School site in the short term for educational purposes until a further decision is made around the future use of the site. 4. To agree that the Director of People continues to work with existing academy providers, to ensure that there are a sufficient number of good quality secondary places to meet demand in future years.	To inform of the status of the Free School application made by Fylde Coast Academy Trust and update on the impact this will have on secondary school places within Blackpool. Further to the above, seek approval for the demolition of the former Bispham High School buildings and agree to retain the land at this present time. Any proposal regarding the future use or disposal of the land would be the subject of a further report.	EX44/16	10 October 2016	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)

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Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Chris Kelly, Acting Scrutiny Manager.
Date of Meeting	8 December 2016

FORWARD PLAN

1.0   Purpose of the report:

1.1   The Committee to consider the content of the Council's Forward Plan, December 2016 – March 2017, relating to the portfolio of the Cabinet Secretary.

2.0   Recommendations:

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

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

3.0   Reasons for recommendations:

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

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

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

3.3   Other alternative options to be considered:

None.

4.0   Council Priority:

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

5.0   Background Information

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

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

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

6.0   Witnesses/representatives

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, Cabinet Secretary (Resilient Communities)
- Councillor Cross, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding

Does the information submitted include any exempt information?   No

List of Appendices:
Appendix 5(a) – Summary of items contained within Forward Plan
December 2016 – March 2017.

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.

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EXECUTIVE FORWARD PLAN - SUMMARY OF KEY DECISIONS

(DECEMBER 2016 to MARCH 2017)

* Denotes New Item

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

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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 Amy Cross, Cabinet Member for Adult Services and Health
Date on which or period within which decision is to be made	December 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	November 2016
Who is to be consulted and how	N/A
How representations are to be made and by what date	Representations were sought 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	Neil Jack, Chief Executive e-mail: neil.jack@blackpool.gov.uk Tel: (01253) 47 7006

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Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Ruth Henshaw, Delivery Development Officer
Date of Meeting:	8 December 2016

COUNCIL PLAN PERFORMANCE REPORT QUARTER 2 2016/2017

1.0   Purpose of the report:

1.1   To present performance against the Council Plan 2015-2020 for the period 1 July – 30 September 2016.

2.0   Recommendation(s):

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

3.0   Reasons for recommendation(s):

3.1   To ensure constructive and robust scrutiny of performance against the Council Plan 2015-2020.

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

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

3.3   Other alternative options to be considered: N/A

4.0   Council Priority:

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

5.0   Background information

5.1   This report reviews performance against the priorities in the Council Plan 2015 - 2020.
        The report focuses on a set of core performance indicators which have been
        developed in consultation with the Corporate Leadership Team.

5.2   Performance against the resilient communities' indicators will be reported to the Committee on a quarterly basis.

6.0   Overview of Performance

6.1   There are 13 indicators within the performance basket for Resilient Communities. The graph below shows the direction of travel when performance in Quarter 2 2016/2017 is compared with the same period in 2015/2016.
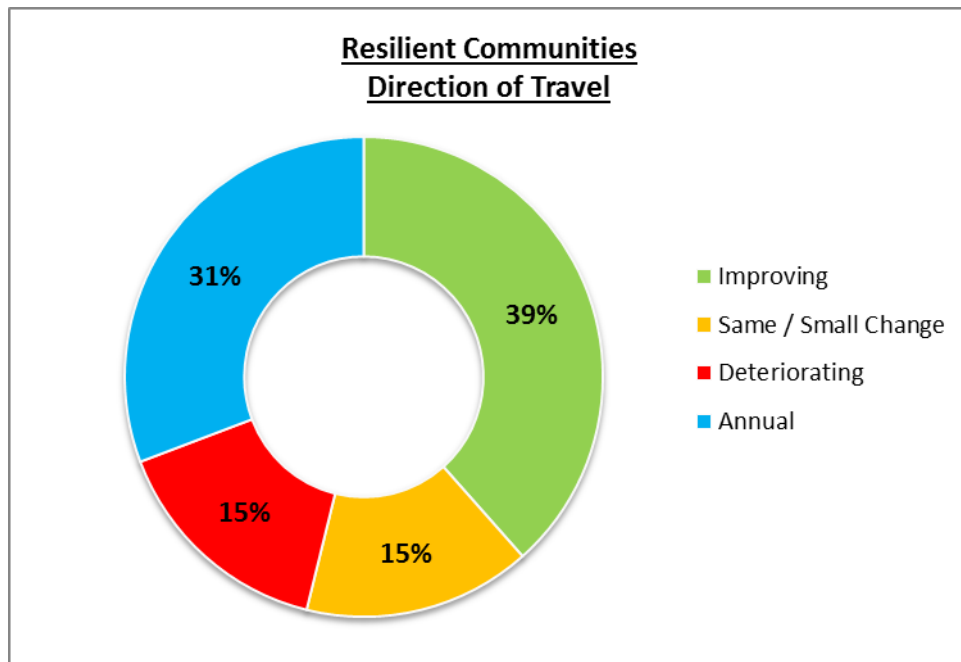
6.2   A number of Council Plan indicators for this Committee are either annual or bi-annual and therefore cannot be reported in this quarter. Of those indicators where data is available, the majority are showing an improvement in performance.

6.3   Further information on the indicators where performance is below target or where performance has deteriorated during the quarter can be found in **Appendix 6(b) – Quarter 2 Exception Reports**.

7.0   Trajectories

7.1   At the Target Setting Scrutiny Panel on 27 June 2016, the Panel recommended that the Committee receive performance trajectories for the following indicators:

   ▪   Permanent admissions of older people (65+) to residential care per 100,000 population;

- Proportion of older people offered reablement services following a discharge from hospital;

- Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths; and

- Number of children looked after / rate of children looked after per 10,000 population.

7.2   Trajectories for the achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths has been produced for this report and can be found in **Appendix 6(b) – Quarter 2 Exception Reports**.

8.0   Witnesses/representatives

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

   Ruth Henshaw, Delivery Development Officer

Does the information submitted include any exempt information?   No

List of Appendices:
Appendix 6(a): Q2 KPI Spreadsheet
Appendix 6(b): Q2 Exception Reports

9.0   Legal considerations:

9.1   None

10.0   Human Resources considerations:

10.1   None

11.0   Equalities considerations:

11.1   None

12.0   Financial considerations:

12.1   None

13.0   Risk management considerations:

13.1   None

14.0   Ethical considerations:

14.1   None

15.0   Internal/ External Consultation undertaken:

15.1   N/A

16.0   Background papers:

16.1   None

Corporate Key Performance Indicators
Performance as at 30th September 2016

Appendix 6a

KEY - Direction of Travel Icons:

Icon	Meaning
⇧✓ / ⇩✓	Performance is improving or on target
⇧ / ⇩	Small deterioration in performance / slightly off target
⇔	No change
⇧✗ / ⇩✗	Performance is deteriorating or off target

Lead Cabinet Member		Indicator	Outturn 2013/14	Outturn 2014/15	Outturn 2015/16	DoT (13/14 v 15/16)	2016/17				Outturn 2016/17	Target 2016/17	Direction of Travel		Notes	Dept
							Q1	Q2	Q3	Q4			Against Previous	Against Target		
Cabinet Secretary (Resilient Communities) — Page 27	Cllr Cain	% take up of free school breakfasts	77.4%	82.3%	83.1%	⇧✓	A	A	A			Increase on last year	Annual			CES
	Cllr Cain	Death to service time for cremations (% within 14 days)	55.6%	40.7%	44.9%	⇩✗	39.2%	52.4%				60%	⇩	n/a	52.4% compared with 64.3% in Q2 2015/16.	GPS
	Cllr Cross	Proportion of service users with a completed review in year	58.7%	54.8%	48.7%	⇩✗	26.3% (986/3744)	41.8% (1727/4131)				60%	⇧✓	n/a	41.8% compared with 32.1% in Q2 2015/16.	AS
	Cllr Cross	Permanent admissions of older people (65+) to residential care per 100,000 population	994.3 per 100,000 pop.	876.5 per 100,000 pop.	983.1 per 100,000 pop.	⇩✓	No. 69 / Rate 242.6	No. 147 / Rate 516.8				1,100 per 100,000 pop.	⇧	n/a	516.8 compared with 505.6 per 100,000 pop. in Q2 2015/16.	AS
	Cllr Cross	Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation	84.6%	78.6%	78.1%	⇩✗	A	A	A			80%	Annual			AS
	Cllr Cross	Proportion of older people offered reablement services following a discharge from hospital	1.9%	1.8%	Data available Oct 2016	n/a	A	A		A		Increase on last year	Annual			AS
	Cllr Cain	% of children attending a primary or secondary school judged by Ofsted to be good or outstanding	73.2%	68.3%	61.9%	⇩✗	A	77.8%	A	A	77.8%	Increase on last year	⇧✓	⇧✓	77.8% compared with 61.9% in 2015/16.	CS
	Cllr Cain	Achievement of 5 or more A* - C grades at GCSE or equivalent including English and Maths	46.7%	44.6%	41.5%	⇩✗	A	42.4%	A	A	42.4%	60%	⇧✓	⇩✗	42.4% compared with 41.4% in 2015/16. Please see App B - Exception Reports for more details.	CS
	Cllr Cain	% of pupils achieving a Good level of development at EYFS profile	51.8%	54.9%	61%	⇧✓	A	64.5%	A	A	64.5%	Increase on last year	⇧✓	⇧✓	64.5% compared with 61% in 2015/16.	CS
	Cllr Cain	% of 16-18 year olds not in education, employment or training	6.8%	6.5%	6.4%	⇩✓	A	A	A			6.2%	Annual			CS
	Cllr Cain	No. of referrals / Rate of referrals to Social Care per 10,000 children	No. 3,610 / Rate 1,242.2	No. 2,774 / Rate 955.6	No. 2,551 / Rate 885.5	⇩✓	No. 2,813 / Rate 976.4	No. 3,029 / Rate 1051.4				No. 2,291 / Rate 795.4	⇩✗	⇩✗	3,029 compared with 2,355 in Q2 2015/16. Please see App B - Exception Reports for more details.	CS
	Cllr Cain	Number of children looked after / rate of children looked after per 10,000 population	No. 443 / Rate 152.4	No. 454 / Rate 156.4	No. 469 / Rate 162.8	⇧✗	No. 487 / Rate 169	No. 502 / Rate 174.2				No. 443 / Rate 153.8	⇩✗	⇩✗	502 compared with 450 in Q2 2015/16. Please see App B - Exception Reports for more details.	CS
	Cllr Cain	% of children who became subject to a child protection plan for a 2nd or subsequent time	18.4% (73/397)	18.2% (83/455)	19.1% (99/517)	⇧✗	21.6% (37/171)	16.1% (57/354)				Decrease on last year	⇩✓	n/a	16.1% compared with 17.1% in Q2 2015/16.	CS

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CABINET SECRETARY
(RESILIENT COMMUNITIES)

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

2013/14	2014/15	2015/16	2016/17		DoT
			Outturn	Target	
46.2%	44.6%	41.5%	42.4%	60%	⇩ ✖

Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths
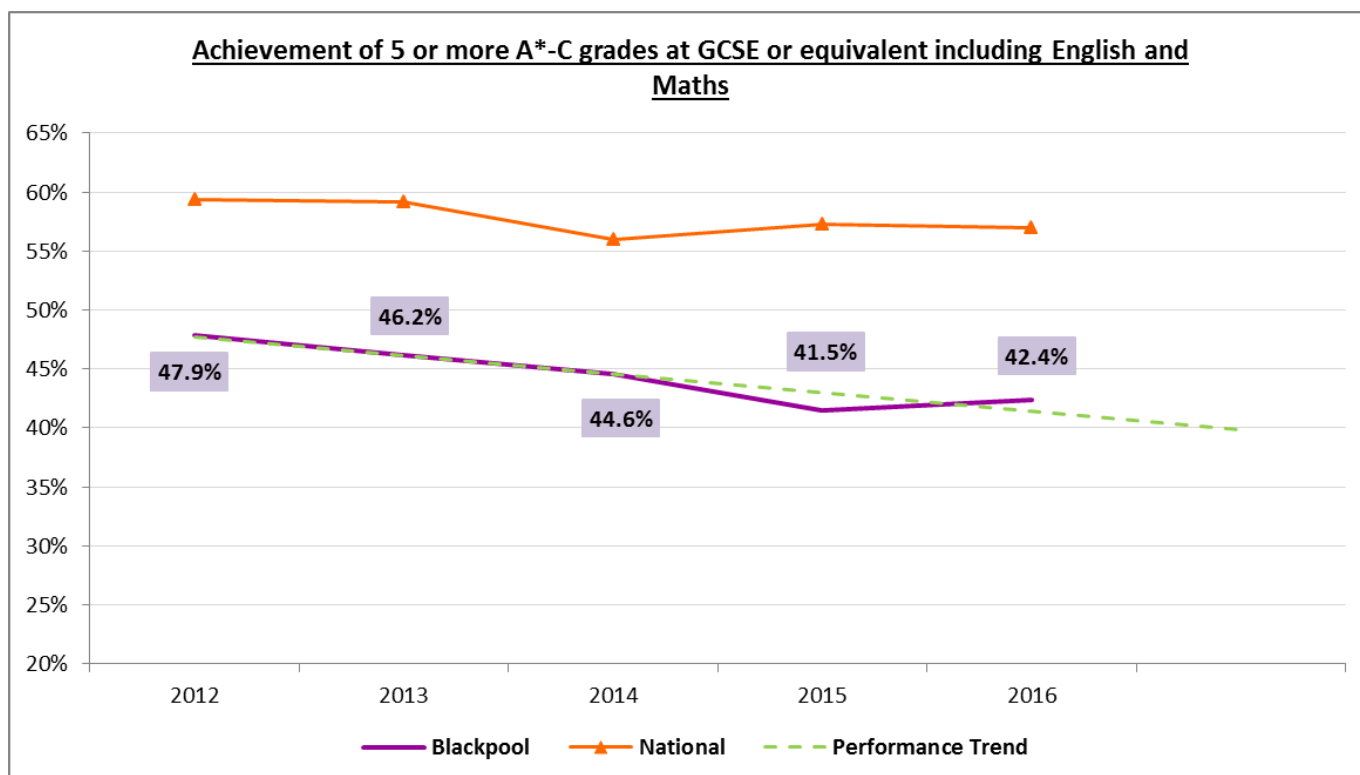
Commentary:

The graph above shows the achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths for Blackpool from 2012 – 2016. It also shows the national average over this time period. Performance has continued to deteriorate since 2012 although there has been a slight improvement in performance in 2016. However, GCSE attainment in Blackpool remains consistently lower than the national average.

The table below shows the achievement of 5 or more A* - C grades at GCSE or equivalent including English and Maths broken down by secondary school for the last 3 years.

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School	2014	2015		2016	
Bispham / Aspire Academy	44%	39.5%	↓	34.3%	↓
Collegiate / Aspire Academy	32%		↑		
Highfield	47%	29.4%	↓	30.7%	↑
Montgomery Academy	54%	55.9%	↑	57.5%	↑
South Shore Academy	35%	28.3%	↓	30.5%	↑
St George's Academy	48%	48.7%	↑	47.8%	↓
St Mary's Academy	43%	55.2%	↑	54.5%	↓
Unity Academy	41%	34.7%	↓	35.7%	↑

Source: *Perf Tab (Jan 2015)*   *RoL (Dec 2015)*   *DfE (Oct 2016)*

Secondary attainment is being addressed through the Blackpool Challenge Board. Schools have been required to submit targets for 2017 for each measure which are being monitored at termly data drops. In addition, School Improvement holds termly Focus Meetings with each secondary academy to review progress towards targets.

Considering the diminishing role of local authorities in education provision, the Council is limited in its ability to tackle poor performance in this area. A review of the Council Plan performance indicators for 2017/18 is currently taking place and as part of that review consideration will be given as to whether GCSE attainment should continue to be monitored as part of the Council Plan performance report or whether it is more appropriate for this information to be reported through other channels i.e. Children's Services reports or updates from the Challenge Board.

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Appendix 6B - Exception Reports (Q2 2016/17)

Indicator Description	Better to be?
Number of referrals / Rate of referrals to Social Care per 10,000 children	Low

	2014/15	2015/16	2016/17				
			Q1	**Q2**	**Q3**	**Q4**	**Target**
No. (Rate)	2,774 (955.6)	2,551 (885.5)	2,813 (976.4)	3,029 (1051.4)			**2,291 (795.4)**

Direction of Travel			
Current vs. EoY (15/16)	**Current vs. EoY (14/15)**	**Current vs. England (14/15)**	**Current vs. Stat Neighbour (14/15)**
⇧✖	⇧✖	⇧✖	⇧✖

Commentary:

* Awaiting commentary from Children's Services *

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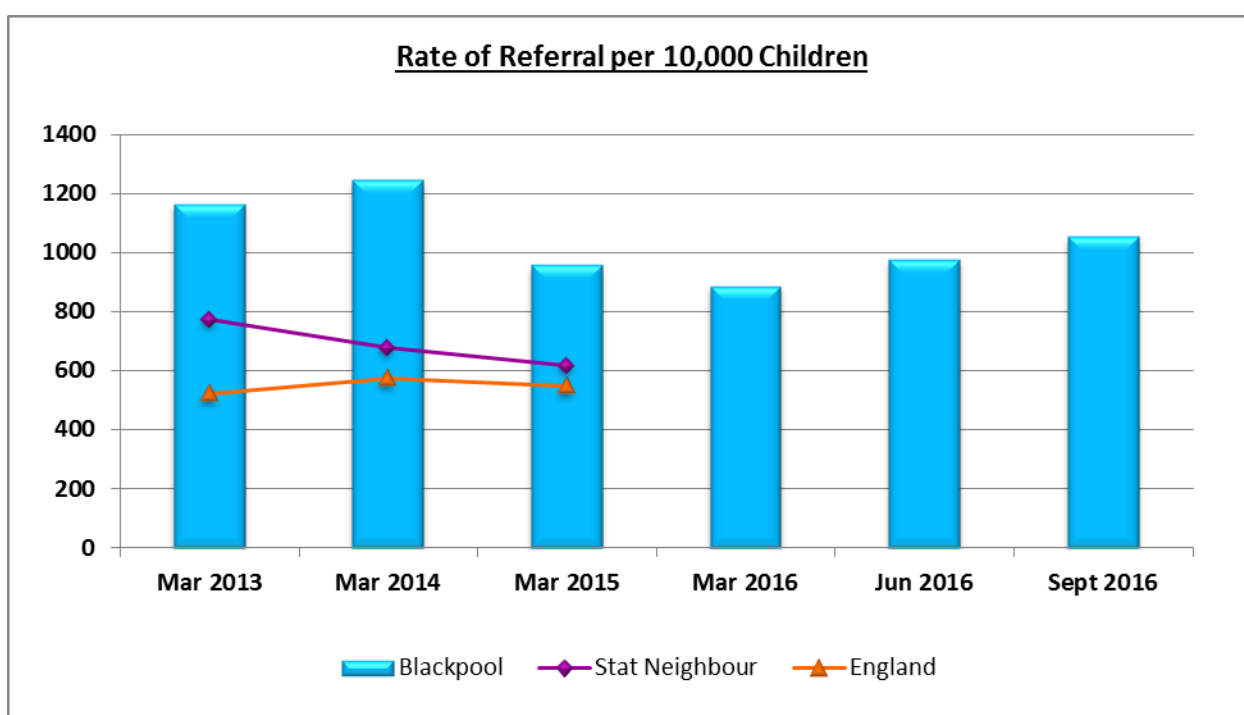
Appendix 6B - Exception Reports (Q2 2016/17)

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

	2014/15	2015/16	2016/17				
			Q1	Q2	Q3	Q4	Target
No. (Rate)	454 (156.4)	469 (162.8)	487 (169)	502 (174.2)			**443 (153.8)**

Direction of Travel			
Current vs. EoY (15/16)	**Current vs. EoY (14/15)**	**Current vs. England (14/15)**	**Current vs. Stat Neighbour (14/15)**
⇧✖	⇧✖	⇧✖	⇧✖

Rate of Children Looked After Per 10,000 Population

Commentary:

* Awaiting commentary from Children's Services *

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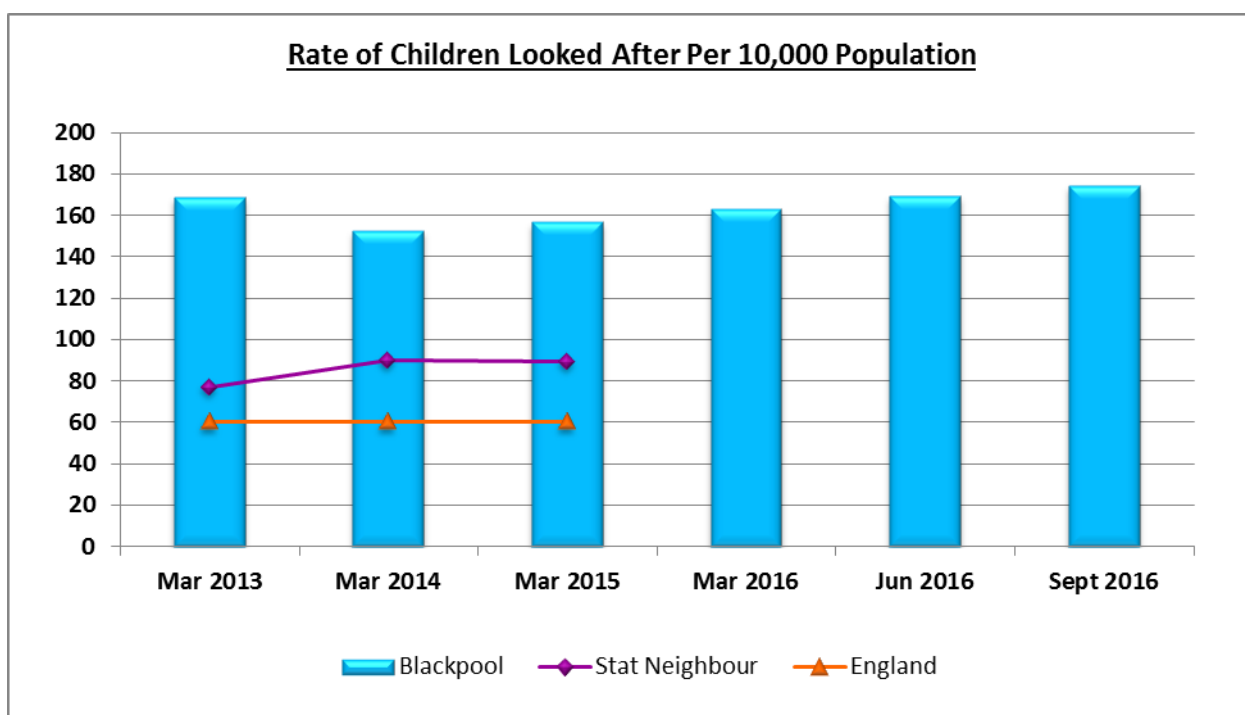
Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	David Sanders, Independent Chairman of Blackpool Safeguarding Children Board
Date of Meeting	8 December 2016

BLACKPOOL SAFEGUARDING ADULTS BOARD ANNUAL REPORT

1.0   Purpose of the report:

1.1   To consider the Blackpool Safeguarding Adults Board Annual Report, which provides evidence of the activity of the Board during 2015/2016.

2.0   Recommendations:

2.1   The Committee is asked to scrutinise the content of the Annual Report and use the information provided to inform future discussions and to hold relevant parties to account, where appropriate.

3.0   Reasons for recommendations:

3.1   The role of Blackpool Safeguarding Adults Board is to assure itself and local people that local safeguarding arrangements are in place and partners act to help and protect adults in Blackpool. Through scrutinising the content of the Annual report, the Committee will be able to be gain assurance that the Board is effectively undertaking its role and/or the Committee will be able to identify any further issues for scrutiny.

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

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

3.3   Other alternative options to be considered:
       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 Blackpool Safeguarding Adults Board (BSAB) is a multi-agency partnership, which became statutory from April 1, 2015 as a result of The Care Act 2014.

5.2   The Blackpool Safeguarding Adults Board Annual Report provides evidence of the activity of the Board during 2015/2016, details services provided to safeguard adults in the locality and recommendations for the future work of the Board and its partners.

Does the information submitted include any exempt information?   No

List of Appendices:

Appendix 7(a): Blackpool Safeguarding Adults Board Annual Report 2015/16

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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BSAB 2015-16 Annual Report

1. **Foreword from the Independent Chair**

I am pleased to introduce the Blackpool Safeguarding Adults Board (BSAB) Annual Report for 2015-2016.

The past year has seen some difficult challenges for all partners in terms of human and financial pressures. However, I have witnessed a real sense of "pulling together" to ensure that the safeguarding of adults at risk has been maintained as a priority.

During the year we welcomed the implementation of the Care Act 2014. The legislation provides for the first time a formal statutory base for safeguarding adult boards. I am pleased that following a review of governance we have been able to create a Board structure in keeping with the new expectations placed upon it. This will enable the Board to deliver a more robust challenge and ensure greater consistency in safeguarding arrangements throughout Blackpool.

We have revised our policies and procedures to ensure that they are compliant with the new legislation.

We have used training and other learning opportunities to embed a culture of making safeguarding personal where the desired outcomes of service users are at the centre of decision making and satisfied wherever practical.

The Care Act gives the Board statutory status as well as providing guidance on how we are to exercise our responsibilities. I am also delighted that the role of the Safeguarding Adults Board has been strengthened and I am really looking forward to leading the Board in its continued challenge "to safeguard vulnerable adults from harm and abuse by working effectively together".

We accepted the further challenges with the widening scope of safeguarding to include domestic violence, modern day slavery, self-neglect and the 'Prevent' agenda within the Care Act.

I am confident, even in the light of significant challenges, that partners will confront them in a positive and professional way to ensure that adults at risk in Blackpool are kept free from harm. I would also like to take this opportunity to thank members of the Board, and their organisations, for the commitment, challenge and the sheer enthusiasm they bring to safeguarding Blackpool citizens.

David Sanders

Independent Chair

Blackpool Safeguarding Adults Board

2. Blackpool demographics

The total population of Blackpool is 139,578 (2015)
Source: ONS mid-year population estimates, 2015

Blackpool's population displays a higher proportion of people over 45 years of age than the average in England, and a much lower proportion in ages younger than 45. The age bands 20-39, in particular, have a considerably lower proportion than the average in England. Blackpool reflects the average in England of a higher proportion of females in the older age bands than males.

MOSAIC is a demographic profiling tool that is produced by Experian. MOSAIC categorises all households and postcodes into 'segments'. Each segment shares a set of statistically similar behaviours, interests or demographics. MOSAIC is especially useful for providing insight into the local population, service users and neighbourhoods. A large majority of Blackpool households fall into four Groups; K, L, M and N (see table below) representing 60% of all households in the town.

Figure 7:   Percentage   of   households   in   each   Mosaic   group   -   Blackpool

Group Name	One-Line Description	Households	%	
A Country Living	Well-off owners in rural locations enjoying the benefits of country life	22	0%	
B Prestige Positions	Established families in large detached homes living upmarket lifestyles	638	1%	
C City Prosperity	High status city dwellers living in central locations, pursuing careers with high reward	0	0%	
D Domestic Success	Thriving families who are busy bringing up children and following careers	1,117	2%	
E Suburban Stability	Mature suburban owners living settled lives in mid-range housing	5,544	8%	
F Senior Security	Elderly people with assets who are enjoying a comfortable retirement	7,014	11%	
G Rural Reality	Householders living in inexpensive homes in village communities	13	0%	
H Aspiring Homemakers	Younger households settling down in housing priced within their means	7,203	11%	
I Urban Cohesion	Residents of settled urban communities with a strong sense of identity	84	0%	
J Rental Hubs	Educated young people privately renting in urban neighbourhoods	1,543	2%	
K Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles	9,472	14%	
L Transient Renters	Single people privately renting low cost homes for the short term	14,065	21%	
M Family Basics	Families with limited resources who have to budget to make ends meet	7,769	12%	
N Vintage Value	Elderly people reliant on support to meet financial or practical needs	8,079	12%	
O Municipal Challenge	Urban renters of social housing facing an array of challenges	3,372	5%	

Source: Experian: Mosaic Public Sector 2014

Life expectancy is one of the key indicators of health in a population. Life expectancy for men in Blackpool is 74.7 years (2012-14) and is the lowest in England. Women can expect to live longer than men; life expectancy for women in Blackpool is 79.9 (2012-14), the second lowest in the country.

Adult health

In 2012, 29.5% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays was worse than the average for England. The rate of self-harm hospital stays was worse than the average for England. The rate of smoking related deaths was worse than the average for England. Estimated levels of adult excess weight, smoking and physical activity are worse than the average in England. Rates of sexually transmitted infections and people killed and seriously injured on

roads are worse than average. Health Priorities in Blackpool include alcohol and substance misuse, smoking, and cardiovascular disease.

3.0   Who we are and what we do

3.0.1   Who we are

The Blackpool Safeguarding Adults Board (BSAB) is a multi-agency partnership, which became statutory from April 1, 2015 as a result of The Care Act 2014. The Board is made up of senior members from all the agencies listed in paragraph 3.2. The role of the Board is to assure itself and local people that local safeguarding arrangements are in place and partners act to help and protect adults in Blackpool. This is about how we prevent abuse and respond, when abuse does occur, in line with the needs and wishes of the person experiencing harm. Many of the Board Partners have contributed towards the development of this Annual Report.

3.0.2   Our aims

Working together and with adults at risk of abuse we aim to ensure people are:
— safe and able to protect themselves from abuse and neglect;
— treated fairly and with dignity and respect;
— protected when they need to be;
— able to easily get the support, protection and services that they need.

Our Safeguarding Adults Business Plan 2016-2018 sets out the priorities of partners across Blackpool, what we intend to achieve and the actions we will take to get there. This document was developed through consultation with Board Partners, with the views of service users taken into account. The Safeguarding Adults Board Partners have identified priorities within the wide range of issues and challenges that the Board aims to address. This information has been used to identify priorities for safeguarding adults and protecting adults at risk.

3.0.3   Key Priorities

The Blackpool Safeguarding Adults Board has identified the following key priorities for development during 2016-17:

Priority 1 - Thresholds - Pathways support
Priority 2 - Self neglect
Priority 3 – Transitions (from child to adult)
Priority 4 - Substance misuse / Mental ill health / Domestic abuse

BSAB Partners have developed and implemented an action plan to deliver on the priorities above. As well as the above priorities, the Board will be reviewing current structures to ensure effective governance to form better relationships and accountability that is clear and explicit. Effective risk assessment and management will be improved through intelligence and the development of an evidence base. This will improve our knowledge and understanding of our communities.

The purpose is to improve quality, performance and learning in enquiry processes and improve risk profiling to identify issues earlier.

Quality Assurance is sought by the BSAB from Partners. The Quality Assurance and Performance Monitoring Group is responsible for monitoring and measuring multi-agency performance in safeguarding vulnerable adults. The Board is in the process of appointing a Data Analyst to undertake this work. A decision making tool has been developed for Partners to identify safeguarding issues and raise an alert. An audit tool has been developed by BSAB and completed by BSAB Partners to help provide assurance of their organisational safeguarding arrangements

Training and Workforce Development is an area that the BSAB is committed to. The Training Sub-Group aims to improve multi agency work through capacity building and training. We aim to ensure consistency to influence culture, which is an approach taken through training. We want to ensure staff are up to date on safeguarding legislation and developments. New training courses that have recently been developed as a direct result of the Care Act include self neglect, hoarding and fire safety. We are currently developing information sharing training, as a direct result of the input from Partners who work at an operational level.

3.1   Statutory context

The Care Act highlights six principles that inform the ways in which professionals and other staff work with adults. The Board has used these basic principles upon which to base its strategic plan.

The principles are:

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

Care Act updates: March 2016

The statutory guidance supports implementation of part 1 of the Care Act 2014 by local authorities, the NHS, the police and other partners.

The edition of the statutory guidance published on 10 March 2016 supersedes the version issued in October 2014. It takes account of regulatory changes, feedback from stakeholders and the care sector, and developments following the postponement of social care funding reforms to 2020.

*The table in **Appendix 2** highlights the changes*

3.2 Key roles / Role of Board Partners

During 2015-16 BSAB worked hard to ensure there would be robust "Care Act compliant" governance arrangements in place. Throughout this period a review of the BSAB's membership and governance arrangements was undertaken. The Care Act set out clear requirements for safeguarding board membership in that they must include:

- The local authority - Blackpool Council
- The lead health commissioner - Blackpool Clinical Commissioning Group (BCCG)
- The local police Lancashire Constabulary– Western/ Blackpool Division

The Care Act sets out, that boards can also include other organisations that it considers appropriate. In Blackpool in addition to our statutory partners we also have membership from:

- Lancashire Fire and Rescue Service (LFRS)
- Blackpool Coastal Housing (BCH)
- Blackpool Teaching Hospitals (BTH)
- Lancashire Care Foundation Trust (LCFT)
- National Probation Service (NPS)
- Community Rehabilitation Company (CRC)
- North West Ambulance Service (NWAS)
- NHS England
- Blackpool and The Fylde College (Further Education and Higher Education)
- Empowerment (voluntary sector advocacy organisation)
- Blackpool Age UK (voluntary sector representing older people)
- Representation from care provider organisations
- Public Health (part of the Local Authority)

Statutory guidance suggests that given the multifaceted and critical role of the board the chair must:

- Lead collaboratively,
- Provide advice, support and encouragement to partners,
- Offer constructive challenge,
- Hold main partner agencies to account,
- Ensure that interfaces with other strategic functions are effective,
- Acting as a spokesperson for the Board.

The Care Act states that safeguarding boards give consideration to the appointment of an independent chair. Blackpool has adopted this approach and appointed David Sanders as its independent chair to fulfil this function. Although the Care Act and its statutory guidance do not set out too much detail about the

specific role of board members it is very clear about the role of the board. The guidance is however clear in setting out that members of a safeguarding adult board are expected to consider what assistance they can provide in supporting the Board in its work.

Specifically the Care Act statutory guidance1 states "Local SABs decide how they operate but they **must** ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act".

Schedule 2 states Safeguarding Adults Boards must comply with the following:

- Membership (Local Authority, Police and Clinical Commissioning Group)
- Funding and other resources
- Strategic Plan
- Annual Report

3.3   Key relationships

Blackpool Safeguarding Adults Board

Other Strategic Boards:

Blackpool Safeguarding Children's Board (BSCB)
There are a number of members shared between the Blackpool Safeguarding Adults Board and the Blackpool Safeguarding Children Board (BSCB), which provides an opportunity to share and link discussions. The Business Management Group is a joint meeting that is held to discuss BSCB and BSAB issues, to share at each BSAB (and BSCB) Strategic Board meeting for BSAB (and BSCB) members to identify any areas of potential overlap in both Boards' discussions. Joint areas of work for both boards include Mental ill health, Substance misuse and Domestic abuse. The BSAB identified 'Transitions' from child to adult as a priority, as many vulnerable people were identified as 'being missed' off the system, once they had reached a certain age. BSCB and BSAB are progressing this as a joint piece of work for 2016-17.

Pan-Lancashire Safeguarding Adults Group
Blackpool Safeguarding Adults Board attends and contributes to the Pan-Lancashire Safeguarding Adults Group, which meets on a quarterly basis to attempt to unify approaches across the four Board areas (Blackburn with Darwen, Lancashire, Blackpool and Cumbria).

Health and Wellbeing Board
In 2013-14 the Health and Wellbeing Board became a formal statutory committee of the Council, meeting on a monthly basis. The Board has produced a two year Joint Health and Wellbeing Strategy which sets out 21 priorities for improving health and wellbeing in Blackpool. The Strategy has been informed by robust evidence drawn from the Joint Strategic Needs Assessment and through extensive public consultation. The Health and Wellbeing Board has consulted with BSAB as part of the priority setting process including for developing new priorities recently

Blackpool Community Safety Partnership (B-Safe)
The Community Safety Partnership directs and provides leadership on crime prevention and anti-social behaviour. There are various Partners that attend and contribute towards to the work of B-Safe. The key common areas of interest include Domestic Abuse and Prevent (work to prevent vulnerable people being radicalised into terrorist or similar activities).

Domestic Abuse Partnership Board

Domestic Abuse has been identified as a joint priority for both the Blackpool Safeguarding Adults and Children's Boards. The Domestic Abuse Partnership Board will be established in 2016-17 and the work will be supported by both Safeguarding Boards.

3.4   How we work

Sub-groups were created to help the Board to achieve its aims and influence the Board's decision making process. Each group implements and works towards completing their own action plan.

3.4.1   Policies, Protocols and Procedures

There is a full range of policy, procedures and guidance in place that provides a framework within which organisations can work together effectively to respond to abuse, harm and neglect. This reflects developments in national guidance and legislation, as well as national, regional, local learning, and new approaches to safeguarding. This is detailed on our website *www.blackpoolsafeguarding.org.uk.*

3.4.2   Training and Workforce Development

The **Joint Training Sub Group** incorporates local, regional and national policy, procedures and learning and meets the needs of stakeholders involved in the safeguarding process. The Blackpool Multi Agency Policy and Procedure training is delivered by BSAB to ensure all Board Partners and providers working to safeguard adults are adequately equipped with the right skills and consistency in approach. Training modules on adult safeguarding also exist via Blackpool Council's Ipool online (e-learning) facility. A training coordinator was recruited on a part time basis to ensure a focus on multi-agency adults safeguarding workforce development.

3.4.2.1 **Priorities of the Training Sub-Group for the year 2015-16**

• To provide a multi-agency safeguarding adults training programme which was in line with local and national priorities and reflected multi-agency safeguarding adults training needs and the BSAB priorities.
• Further develop our understanding of safeguarding adults multi-agency training needs across all partner agencies.
• To review and revise safeguarding governance arrangements - following the merger of the BSAB and BSCB Training Sub Groups.
• To develop, agree and implement a joint BSCB/BSAB Training and Development Strategy and review the joint operational framework
• To identify tools to demonstrate the impact of training on practice and that learning transfer was taking place. Implement, embed into practice and evaluate the effectiveness of these.
• To implement a mechanism for cascading 'lessons learnt' from multi-agency audits and safeguarding adult reviews.

3.4.2.2 **BSAB Training Priorities**

Information sharing, Implementation of the Mental Capacity Act, Toxic Trio (Mental ill health, domestic abuse and substance misuse), Prevent, Supervision, and the 'thresholds' guidance tool.
BSAB Responsibilities: Training strategy, operational framework, training programme.
National priorities include, Prevent, Care Act 2014- new areas in safeguarding adults definitions such as domestic abuse, modern day slavery, self-neglect.

3.4.2.3 **Training achievements**

- The BSCB and BSAB Training sub groups are now merged
- Joint Training strategy (BSAB/BSCB) is now in place
- Multi-agency safeguarding training programme is in place providing some bespoke adult safeguarding training for those working with vulnerable adults and a range of holistic safeguarding training courses which cover all ages (child and adults)
- Development and delivery of a safeguarding adults multi-agency 'working together' course
- Development of training focusing on self-neglect and hoarding and implementation of the self-neglect assessment tool
- Roll out of Workshop to Raise Awareness of Prevent (WRAP 3) training aimed at preventing those who are vulnerable being drawn into terrorist activity or supporting terrorism
- The first of two development sessions held on learning transfer informed the plans for 2016/2017
- Standardised approach to training application procedure agreed and implemented
- Supervision skills programme of training in place including a course aimed at those staff/managers working with adults
- Reviewed the BSAB E-Learning offer

Safeguarding Adult Board Training Courses (15-16)	No of Attendees
Mental Health Issues	81
Self-harm and safeguarding	120
Emotional Health and Well-being	31
Hidden Harm to Include Substance Misuse, Mental ill health and Domestic Abuse	55
Substance Misuse	28
WRAP 3	48
New Psychoactive Substances (Legal Highs)	38
Mental Capacity and Deprivation of Liberty Safeguards Awareness	40
Domestic Abuse Awareness	40
Hoarding	18
Safeguarding and Neglect	53
Dementia Friends Awareness	2
Multi Agency Safeguarding Adults training	63

3.4.2.4 **Training work in progress**

- The evaluation of the impact of learning/training on practice is in development.
- The completion of the review of the multi-agency safeguarding training operational framework – some work has taken place such as the development of trainee agreements and review and revision of the charging policy, review of how training courses are advertised.
- The measurement of the impact of training through evaluation of training events.

3.4.2.5 **Priorities for the forthcoming year (2016-17)**

- Embed the learning transfer process into multi-agency practice
- Provide bespoke training focusing on information sharing
- Cascade lessons learnt from national (and when available) local reviews
- Review and update the Training Operational Framework
- Further develop our understanding of multi-agency safeguarding adults training needs
- Raising awareness of the new safeguarding adults Decision Support Tool

Challenges include capacity to undertake all activity within existing resources. Risks identified include being unable to fully implement the learning transfer evaluation without sufficient capacity. The impact of the work of the Training Sub-Group will be measured and evaluated through the Training transfer process and Evaluation – at the time of a course, identification of key learning and through follow-up.

3.5   Safeguarding Adults Reviews

Safeguarding Adults Reviews were previously known as serious case reviews, prior to April 2015. Learning the Lesson Review procedures reflect best practice established through local/regional and national learning as well as any relevant legislation.   Effective systems have been developed and maintained to share and embed the learning within Blackpool from Reviews occurring both locally and nationally.

The **Case Review Sub-Group** holds the responsibility for both developmental and operational practice in relation to the SAR process and its outcomes. This Sub-Group is chaired by a senior representation of the National Probation Service (NPS). This is a beneficial arrangement as the NPS are generally an impartial party to events that lead to referrals considered for Review. This Sub-group oversees Safeguarding Adults Reviews, identifies themes and trends, ensures learning is shared and ensures actions are delivered. This Sub-Group has recently reviewed its membership including the terms of reference to ensure the Sub-Group is clear on its purpose, functions and responsibilities. The SAR Sub-Group has undertaken a review of its SAR protocol to ensure it is Care Act Compliant.

3.5.1   **Safeguarding Adult Reviews and Multi-Agency Learning Reviews (MALR)**

3.5.1.1 **Adult E (SAR)**

What happened?

An elderly person had a number of long standing health problems and limited mobility and had been known to a number of different agencies. Adult E had received a range of assessments and interventions from health and social care organisations including a package of care provided by a domiciliary care provider.

Throughout the last months of life, there was no evidence to suggest that Adult E lacked the mental capacity to make specific decisions in relation to daily life and care.

At the time of Adult E's death, Adult E had a stage 4 pressure ulcer and the family had raised a safeguarding alert with the Local Authority due to concerns they had about the care Adult E had received. Adult E died in hospital during the safeguarding investigation. A serious case review was conducted using a systems based approach which moved beyond the chronological events in Adult E's life to explore the context in which they took place. The review highlighted a number of learning points.

What did it tell us?
Learning Points:

Communication is vitally important both between professionals and professionals and family members. For communication to be effective, professionals must ensure that the message and information they are giving is understood and that in turn they understand the perspective of the individual, family member or other professional.

Recording information clearly as a means of ensuring overall understanding of an individual's circumstances is essential in identifying and managing risks and achieving the desired outcome for the individual.

Mental capacity and the individual's ability to make specific decisions, underpin effective care and treatment. This is particularly important where the decision taken by the individual appears to others involved in their care to be unwise.

Complex care packages in community settings need effective co-ordination as often people with complex needs have a number of different professionals visiting them from different agencies. Do providers know when to alert commissioners that the care package may no longer be meeting the assessed needs?

Pressure ulcers, the likelihood of them occurring and knowledge about their care should be considered when commissioning or delivering packages of care.

Messages from the Family. The family of Adult E asked that the following messages be given to staff:-

- Always read the care plan. If you have been absent, on annual leave or sickness, re-read the plan to familiarise yourself with any changes.
- If you are unable to carry out the care plan for any reason, report it. It may seem trivial or un-important to you, but you are only one piece in a multi-agency jigsaw.
- Insist on regular team meetings regarding the people you care for. Share your knowledge to give others a clearer picture of the overall efficacy of the care being delivered.

- If you think that the person in your care is not receiving the requisite standard of care then report it, regardless of which agency you think is not delivering.
- Never forget the life and well-being of the person in your care is in your hands.

What have we done? *(Including recommendations made by the family)*

Dignity and Respect training - to Care homes and domiciliary care providers

The Care provider in this case decided to no longer contract with Blackpool Council.
Despite no further contractual relationship with the Council, the Care Provider was approached and offered Dignity and Respect training to front line care staff.

Mental Capacity Act training
- Highlight the importance of involving family members in 'best interests' assessments
- To include family members in the decision making process

Holistic Approach
- Provide different options for supporting the individual
- Use of 'assisted technology' training to be included for newly qualified social workers.

Single point of contact (SPOC)
- Ensure the consistency of professional(s) dealing with the individual. This will dispel any confusion for both the individual and professional, in relation to care and support needs.

Safeguarding Adult Review (SAR) Process
- Guidance should be provided to the family in relation to Safeguarding Adult Review process, and clarity on the difference in raising safeguarding concern and a complaint.

Pressure Ulcer Guidance
- A Pressure Ulcer Factsheet should be provided to the family to ensure a timely response to prevent rapid deterioration.
- The Pressure Ulcer Guidance should be provided care organisations to circulate to their care staff.

3.5.1.2 Adult P – (MALR)

What happened?

A Safeguarding incident was reported by 'A nursing home' staff. Adult P had been transferred there, as the 'B care home' was no longer able to meet her needs. Adult P arrived with swelling on hands and bruising to the body. Adult P was admitted to hospital as a result of the deterioration in health and had not yet been discharged. A safeguarding enquiry was undertaken and found that agencies had failed to respond to deteriorations in Adult P's physical and mental health.

The Case Review Sub-Group agreed that this case did not meet the criteria for a Safeguarding Adults Review within the SAR Protocol. It was agreed and recommended that a case discussion / lessons review may be required around the systematic processes and work practices of organisations.

Summary of Learning Points:

- Capacity Assessments and Mental Health Assessments, recurring themes need to be noted.
- A single point of contact (SPOC), key contacts and clear pathways are needed, and clarity on responsibilities and expectations of all agencies involved to avoid repetition, duplication and frustration for the patient
- Care Providers and Homes admission policy and procedures – a full admission process should be the norm, seek assurances from commissioners that they monitor this.
- Communication – clear lines of communication are sought to dispel assumptions
- Feedback once an alert is made – what are the expectations and understanding of the process?
- How assessment and need is logged and communicated in Care Homes
- Clarity of Care Experience of staff working with vulnerable adults (training)
- How patterns of safeguarding can be identified / monitored where the individual may be the victim or the perpetrator of the alert – compiling information on both aspects to build a picture of the individual.
- Accurate Record-Keeping and rationale for decisions - consistent and common agreed approach
- Engage and involve the family to create a 'joint' care plan, the individual's needs are paramount. Family responsibilities need to be identified and communicated.
- Timely, proportionate and appropriate response.

3.6   Quality Assurance

The desired outcomes of safeguarding adults include work such as improved levels of safety, improved sense of wellbeing, reduced levels of risk and successful achievement of the outcomes desired by adults at risk. Consistent recording and reporting of safeguarding information across partner organisations, enables sharing of intelligence at both a strategic and operational level. The Quality Assurance and Performance Monitoring Sub-Group has assisted in identifying the priorities for the BSAB Business Plan 2016– 2018.

3.6.1   **Activity:**

Schedule 2 of the Care Act proposed that the Board must publish a strategic plan and an annual report that includes information about what each member agency will do and has contributed to Safeguarding Adults work in the District. This audit aims to provide base line information about each member organisation's role in Safeguarding adults work, how it organises and assures that work, as well as any particular improvement initiatives planned for 2016-17. The purpose is to provide a good understanding of our starting point as the BSAB has become statutory and has enabled the Board to be assured that the foundations for safeguarding adults work are in place. Each organisation has given a report to BSAB about its safeguarding adults work on a regular (annual) cycle. An overview report about this audit will be given to BSAB. The individual "returns" will be available to the Board Manager and to the Independent Chair and to the Quality Assurance and Performance Monitoring Sub-Group (QAPM).

3.6.2   Audit tool

An audit tool was created by the Business Manager of BSAB, to capture the work each Partner organisation has undertaken to ensure safeguarding adults is fully implemented into their organisational

Policies, Procedures, Plans, Practice and Training. The document has been viewed as comprehensive but easy to follow, the Business Manager spent time with each BSAB Partner to assist with completion of the document. The evidence gathered for the audit tool would be useful for organisational internal audits, as well as for BSAB assurance.

3.6.3   Dataset

The QAPM Sub-Group has begun to develop a new dataset. Currently information is collated but not translated, and utilised to its full potential. During 2015-16 the recruitment of a Board Data Analyst was approved. The Analyst will be working for both the Adults and Children's Boards, and will develop relationships with Partner organisations' analysts.

The Analyst will collate relevant quantitative and qualitative data and information routinely. The data will be translated to seek out key themes, common patterns and trends to translate into BSAB priorities. Once the priorities have been identified this will direct the work of the BSAB sub-groups to ensure work has been implemented into intelligence led service delivery.

QAPM will focus on the key themes, as main priorities of the BSAB Business Plan. Performance will be monitored against targets set and ensure initiatives have led to improvements by measuring targets and outcomes.

Key Themes identified:

• Thresholds

• Substance Misuse, Mental ill health and Domestic Abuse

• Neglect / Self neglect

• Transitions

3.7   Communication and Community Engagement

Systems and resources have been developed that raise public awareness and understanding of safeguarding adults work, e.g. the website has been re-launched to act a mechanism to advise professionals as well as members of the public. 'Healthwatch' was set up to engage with those who access services to encourage some impartial qualitative feedback. Adults who have experienced, or are at risk of harm, shape and influence the development of safeguarding practice. All stakeholders who experience the safeguarding process have opportunities to inform and influence the development and improvement of that process. The Safeguarding Boards will be promoting awareness on the key priorities identified. BSAB are working on a campaign to raise awareness on Domestic Abuse relating to older adults.

3.8   Budget

All Partners contribute resources to enable the Board to carry out its statutory duties. Resources include staff time and additional support, such as attending Board meetings, co-chairing the sub-groups which support the work of the Board, and contributing to Safeguarding Adult Reviews.

In 2015-16 the Board had a budget which a small number of partners contributed towards. The total budget for the year was £143,983. The funding was managed by Blackpool Council on behalf of the Board to an agreed plan, with updates given to each Board finance meeting about how the funds were being spent and any planned spending on new staff or Board related work.

The BSAB in 2015-16 is financially supported by the three key statutory funding Partners, and one non-statutory funding Partner. Financial planning has been established for the next three years. Going forward the Safeguarding Adults Board and Safeguarding Children's Board will manage a combined single budget.

3.8.1 Income Summary

Organisation	Income 2015-16
Blackpool Council	£72,592
Lancashire Constabulary	£25,406
Blackpool Clinical Commissioning Group (CCG)	£40,985
Blackpool Coastal Housing (BCH)	£5,000
TOTAL	£143,983

3.9 Business Plan 2016-18

3.9.1 Organisational Priorities: Effective Governance: (Outcomes)

- Clarity of Relationships and Responsibilities with other Boards
- Accountability – clear and explicit
- Quality Assurance
- Progress of Board Development (including Robust Framework of 'Core Standards')
- Training and Workforce Development

3.9.2 Development Day/ Key (Themed) Priorities:

3.9.3 Priority 1: Thresholds - Pathways and Support:
- Understood and standardised thresholds and pathways
- In conjunction with the Blackpool Children's Board– look at the 'family unit'
- Consistency across all levels of need
- Consider the needs of adults 'at risk' of potential harm
- Establish a more systematic triage and action planning, where risk is identified: Differentiate between thresholds and quality concerns
- Driven by the work of committee chairs

3.9.4 Priority 2 - Self Neglect:
- Coherent approach to self-neglect.

- Effective strategies for responding to self-neglect and people with complex needs who do not engage effectively with services.
- Promote the importance of understanding self-neglect across all agencies.
- Develop resources and processes for piloting a coordinated response to people with complex needs who do not engage effectively with services.

3.9.5   Priority 3 – Transitions:
- Transition to adult services.
- Care leavers and disabled young people are appropriately supported by children's services to work towards independence.
- Disabled young people successfully transit to be supported in adult services.

3.9.6   Priority 4 -Substances misuse / Mental ill health/ Domestic abuse
- A 'holistic approach', to look at the whole household in a family context.
- Adults who live in households where at least one individual or carer misuses substances or suffers from mental ill health or domestic abuse feel helped and protected.

Mental Ill Health

- Mental health awareness and reducing stigma.
- Better understanding of Mental Capacity Act (MCA) and Deprivation of Liberties (DOLS) - front line staff and managers from all agencies receive information, understand it and implement it in their working practices (training).
- Develop a robust approach to Transitions in relation to the Care Act to implement the MCA 16+.
- Develop a joint approach with Children's Safeguarding to ensure that the MCA is fully implemented within Children's Social Care and its relevant partners.

Domestic Abuse

- Identifying issues the Community Safety Partnership / Domestic Abuse partnership will focus on including Human Trafficking and Crime that targets on vulnerable adults within the community.
- Learning from Safeguarding Adult Reviews/Domestic Homicide Reviews (DHRs).
- Incorporate learning from DHRs, and other reviews into training, ensure there is learning across children's and adults services.
- Measure actual data to monitor progress and outcomes.

Substance Misuse

- Raise awareness of services and referral pathways.
- Develop a multi-agency communications plan for adults and young people with a focus on:
    o Harm reduction and safe drinking levels, targeting communities with high levels of alcohol related harm.
    o Drug related harm and treatment services available.
    o Supporting parents to address drug and alcohol misuse with their children.
    o Research local trends in alcohol/ drug consumption to inform targeted work.
    o Substance misuse is incorporated into other relevant strategies.

4.0   What our Adults have been telling us

4.1   Healthwatch Blackpool

Healthwatch Blackpool listens to people's concerns of health and social care in Blackpool, and provides the public feedback to service providers and commissioners in order to make positive change. We are an independent, statutory organisation and we are commissioned directly by the local authority. Through local engagement we collect vital data on how and why people use services in the area; this means we can represent the voices of people in decision making. Healthwatch Blackpool directly supports people in their community by giving them information or signposting them to the local services they need.

Healthwatch is delivered by Empowerment, a health and social care charity based in Blackpool. Empowerment first took over the contract in April 2015 and surveyed over 450 people asking which services they think we should be looking into. We formed a plan of work based on the results. Healthwatch has a specific role, set down by the Care Act in relation to Safeguarding Adults Boards – Healthwatch must be consulted in the preparation of the Safeguarding Adults Board's strategic plan.

As the successful independent consumer champion for health and social care it is vital that services adapt as a result of hearing the voices of service users.

4.2   Initiatives and Impact by Healthwatch

4.2.1   Adult Mental Health Services

A formal joint response was submitted to Healthwatch from Blackpool Council and Blackpool Clinical Commissioning Group (CCG). The CCG have a waiting list initiative in place to reduce waiting times; Blackpool Teaching Hospitals (BTH) aims to meet the targets by April 2016. A Blackpool mental health alliance board was established, at which BTH, Lancashire Care Foundation Trust (LCFT) and the Council are represented at a senior level monthly meeting chaired by the Blackpool CCG Chief Operating Officer.

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

4.2.2   Maternity Services

In response to only 44% seeing their named midwife consistently, New Models of Care commenced in September 2015 to ensure consistency. Midwifery teams are now cohesive with 4-6 midwives, and time is allocated for clinics. In response to 73% of respondents not knowing their choices of venue for antenatal appointments, Community Midwives will ensure all options for antenatal and intrapartum care are discussed to ensure appropriate information is given, and the postnatal options are being extended to include clinics. In response to 23% of new mothers believing they were in hospital for too long, the discharge process has been reviewed, and a discharge coordinator has been employed on a substantive basis. This allows more time for care and streamlines the discharge process.

4.2.3   Outpatients Services

In response to 36% of appointments running late and patients not being kept informed, new information screens are to be fitted throughout Outpatients Departments (OPD) as part of a redesign. The details of this report have also been discussed at the OPD Staff meeting. The department will contact N-Vision to arrange with assistance in reviewing the information that is displayed in response to a lack of information in clinic waiting rooms and no large print information in the eye clinic.

4.2.4 *Urgent Care*

In response to a vulnerable service user concern of being sat for around 5 hours in a wheelchair, the department apologised for not providing adequate information. This has been discussed with the team and they are aware of the need to administer regular pressure area relief. In response to a service user waiting for 6 hours without food or drink being offered, the department iterated that all patients that attend the Emergency Department (ED) should be offered regular drinks and food, and would like to apologise. Offering food and drink has been discussed with the ED team.

"We will be looking into the findings in more detail to look at the possibility of introducing changes in line with these findings.

4.2.5 *Care Homes*

Care Home 1: Further menu choice has been offered to the service users. Smokers have been moved so they will not disturb non-smokers. A new activities organiser has been employed.
Care Home 2: The home is in the process of employing another co-ordinator for morning activities.
Care Home 3: The full 4-weekly menu will now be displayed for residents. The home will also display activities in several places around the home.
Care Home 4: New chefs have been recruited at the home. New menus are now on view on dining tables and in the reception area, with alternative choices of meals available. The home is recruiting an activities coordinator. Staff training now ensures they allow time for residents to respond after knocking before entering the room.

5.0 Inspection and review of partner agencies

The work of our partners:

5.1.   Blackpool Council – Adult Social Care

5.1.2 Activities and initiatives undertaken by Blackpool Council:

The Care Act 2014 laid the statutory responsibility for safeguarding Adults with Local Authorities. From April 2015 this required the local authority to take the lead in adult safeguarding. Although partner agencies did already work together, the establishment of the statutory Blackpool Adult Safeguarding Board placed it on a legal footing, identified specific funding partners and led to the appointment of an Independent Chair and a Board Manager.

The Council has taken the lead role in ensuring that the Board functions effectively and through the efforts of all agencies involved has established good working relationships so that the Board can be assured that their work is beginning to make a difference to the lives of adults in Blackpool. The Council's vision and business plan underpins its approach to safeguarding the most vulnerable in the town. The

Service sees that prevention strategies to build community resilience are integral to prevention; particularly where an asset-based approach to services and to wellbeing is required by the Care Act 2014.

The Service has committed itself to the Local Government Association (LGA) 'Making Safeguarding Personal' programme and learning circles for staff are provided as peer learning opportunities to embed that thinking into policies, processes and delivery. Mandatory safeguarding training has been undertaken by its own staff group and funded via a successful bid to NHS England. Professional leads staff have taken the lead in training multiple provider agencies on dignity, respect, safeguarding and mental capacity.

5.1.3   Links with Local SAB priorities

The Care Act 2014 requires that the 'wellbeing' principle is at the forefront of its work with those who may have care and support needs. The safety of the individuals and/or their choices about the risks they may wish to take are clearly linked with the Board's priorities.

5.1.4   Initiatives from challenge

The Board is independent from the Council, though naturally the Council is a key Partner as required by the Care Act 2014. The Council is therefore open to challenge by the Board partners.

Currently, the majority of safeguarding concerns that the Council deals with are generated by its commissioned providers, the Board will seek assurance from the Council on the ways it deals with those concerns, the timeliness of responses and the outcome for individuals. This area of work has therefore been a focus of the Council's departments.

There have been significant moves towards a more robust but person centered approach this year. Recording systems have been amended to enable data to be more easily interrogated, more regular reviews of the needs of individuals have been carried out and alternative care settings found for some individuals and the Council has on a small number of occasions terminated its contract with provider services. To ensure that the communication channels between the Council and its stakeholders are also easily accessed, it now holds regular meetings about safeguarding issues related to provider services with partner agencies; the police, Care Quality Commission, the Clinical Commissioning Group, Fire and Rescue Service and others. There are links to Healthwatch and care provider forums.

5.1.5   Impact of the safeguarding initiatives

Where data is more readily available it is easier to see the progress of a safeguarding investigation or enquiry. Quantitative information though cannot provide the whole picture as it is the outcome for an individual that is ultimately important. The Board Analyst will make this possible, as qualitative data will be measured to look at outcomes and overall impact, linked to wellbeing.

The Council commissioned an independent advocacy agency to carry out Listening Reviews with a small number of individuals and their families to find out their experiences. Based on those reviews, discussions were held with those taking the safeguarding lead to ask how it might be possible to include individuals more in a safeguarding process.

Prevention by driving-up the quality of service delivery are also key to ensuring that individuals are protected from harm or from a level of risk that they may be unwilling to take. Blackpool Council's

Professional Leads Team has delivered 46 bespoke full day training events focusing on Dignity, Respect, Safeguarding, MCA and DoLS to provider services in Adult Social Care.

The overall aim of the training was to support staff in Blackpool. Following the training, individual feedback from a wide range of providers and partners revealed a significant increase in the confidence of staff and managers to challenge poor professional practice; together with improvements in their own practice resulting in better quality services and more fulfilling outcomes for individuals.

5.1.6   Blackpool Council understands the views of adults

Prior to April 2015 the Council participated in a North West ADASS (Association of Directors of Social Services) peer review process. This process required a number of individuals and their carers to be interviewed by experienced peer reviewers. The Council then created an action plan taking their views into account. Based on the feedback from the interviewees and the Council's commitment to the Making Safeguarding Personal agenda, the information shapes the approach taken by the Council. Safeguarding leads hold regular forums to discuss learning from the cases they have been involved in and the opinions of those individuals are brought to those meetings.

In support of hearing the voice of the individual, it meets its statutory obligations by commissioning independent advocacy services for those who might have substantial difficulty in engaging with safeguarding processes. Providing this independent oversight allows the choices and views of individuals to be considered and Social Workers will seek regular feedback from those advocates. This is made more important where significant numbers of those who may be subject to harm may lack mental capacity.

5.1.7   Key challenges

Currently the challenges facing the Council are generated by the volume of work created by the Supreme Court judgement related to the Deprivation of Liberty Safeguards underpinned by the Mental Capacity Act 2005. High numbers of applications for authorisations for Deprivations of Liberty (DoLS) will require at least one full reassessment in any 12 month period.

In 2015-16 the Council's DoLs team received in the region of 820 applications; some for reassessment, some were new applications and some were referred on to the appropriate supervisory body (other councils) where they were the funding body for that person's placement. The purpose of an authorisation is to ensure that those who lack capacity to agree to their care and treatment and are not free to leave the placement (in that they would be brought back in their best interests should they leave) receive the care that is proportionate to their needs. The benefits of such a specific focus on the needs of such individuals are that they can be provided with care that is dignified and respectful and delivered in the least restrictive way according to each circumstance. The number of applications since the judgment has generated a 20 fold increase in the work required to be undertaken.

Blackpool Council commissions Healthwatch to ensure the voice of service users is heard and included in decision making processes.

5.1.8   Priorities for the forthcoming year (2016-17)

The Council continues to work within its own business plan and the LSAB priorities. Safeguarding the most vulnerable in the town in partnership with partner agencies is a focus of its business. The Council

will continue to ensure that in conjunction with its partners, the Board is resourced appropriately and its governance mechanisms are supported.

The Council will focus its efforts in the areas of creating stronger communities and building the resilience of its population. Ensuring that the needs of the most vulnerable are catered for is a primary concern of the Council and its staff group. Training its staff and creating effective communication with individuals and families will underpin that approach.

5.2   Blackpool Council Adults Services Commissioning and Contracts Team

5.2.1   Activities undertaken within Commissioning

- Monitoring of the quality of contracted regulated care services.
- Multi agency identification of issues.
- Multi agency decision making.
- Multi agency solutions to issues and support to improve quality.

5.2.2   Activities from challenge

This has been driven by statutory duty, guided by contractual terms and informed in part by statistics on safeguarding activity within the regulated care sector.

5.2.3   Impact of the safeguarding activities

The CQC inspection grading for contracted services are 20% better than the average for the rest of the country. Where providers engage fully, a service judged to be 'Inadequate' can be supported to improve to 'Good' in under six months.

Residential

	Blackpool	Blackpool	National Total	National Total
	Residential	Residential	Residential	Residential
	Number	%	Number	%
Outstanding	1	1.72%	70	0.60%
Good	47	81.03%	7779	67.02%
Requires Improvement	9	15.52%	3428	29.53%
Inadequate	1	1.72%	330	2.84%
	58	100.00%	11,607	100.00%

Non Residential

	Blackpool	Blackpool	National Total	National Total
	Care at Home	Care at Home	Care at Home	Care at Home
	Number	%	Number	%
Outstanding	0	0.00%	30	0.91%
Good	8	88.89%	2501	75.60%
Requires Improvement	1	11.11%	720	21.77%
Inadequate	0	0.00%	57	1.72%
	9	100.00%	3308	100.00%

5.2.4 Blackpool Council Commissioning understands the views of adults

Views of service users are actively sought at annual contract review, during validation visits, investigations, via complaints and statutory notification to the CQC, and as part of Commissioning Reviews and the commissioning of new services.

5.2.5 Key challenges

The ability to quality assure contracted services is directly proportionate to resources deployed and there is pressure on public sector funding. The move to an area based approach by the CCG's Care Homes Team means that overall approach is weakened as improvement activity is targeted at geographical areas and not at the riskiest contracted provision.

5.2.6 Priorities for the forthcoming year (2016-17)

• Monitoring of the quality of contracted regulated care services.
• Multi agency identification of issues.
• Multi agency decision making.
• Multi agency solutions to issues and support to improve quality.

Low standards of care home provision leading to increased safeguarding activity. Multi agency support means a home is no longer creating safeguarding issues. Low standards at another care home had led to increased safeguarding activity. A multi-agency decision was made based on the provider not being capable of making the required improvement within an appropriate timescale. The contract was terminated and service users moved to other services.

5.3   Blackpool Clinical Commissioning Group (BCCG)

5.3.1   Activities undertaken by BCCG

Blackpool CCG has a role as a commissioning organisation and seeks assurances that commissioned health services are safe and effective. The Blackpool CCG Safeguarding policy and associated standards is incorporated within all NHS contracts. Contract compliance is monitored through Quality and Performance Meetings with each provider where evidence against compliance with each standard is reviewed and where there is non-compliance, advice is provided and action plans developed and monitored. Safeguarding is a standing item on all Quality and Performance agendas.

Quality and performance monitoring also includes other safety elements such as prevention of infection and health, health and safety and human resources which contributes to ensuring that services are safe, well managed and adequately resourced. The CCG also has a Continuing Health Care (CHC) Team which undertakes the health assessments for funded nursing care and continuing health care. This team has social workers embedded within it to ensure a seamless service and is actively engaged in the identification of adults at risk and promote safeguarding arrangements including ensuring MCA and DOLS arrangements for CHC funded people are reviewed and appropriate. All CHC staff are trained and supervised as appropriate for their role and responsibilities.

The CCG works in close partnership with other agencies (statutory and non-statutory) through a number of different fora including the Health and Wellbeing Board, the Community Safety Partnership, and the Safeguarding Boards and is represented at senior level. The CCG is pro-active in working with others to further develop and enhance current safeguarding arrangements. For example:-

• 	The CCG provided an interim chair for the SAR Sub-Group
• 	Mortality review with BTH – high mortality rates
• 	Developed a Fylde Coast Mortality Committee with BTH and NHS England
• 	Commissioned an audit into mortality coding at BTH

Internally:
• 	Completion of a NHS England self-assessment audit against safeguarding children and safeguarding adults standards which was then externally scrutinised by NHS England representatives provided assurance that internal safeguarding systems are robust.
• 	As a commissioning organisation, the CCG has worked with the Council to review a number of key documents including a joint policy for managing poor performance and a quality framework against which providers are monitored
• 	Reviewed, and revising, safeguarding adults supervision arrangements for staff working directly with vulnerable adults
• 	Updated the CCG Safeguarding policy and whistleblowing policy and introduced a policy for managing unacceptable behaviour.
• 	Proactive work with Council colleagues to address any safeguarding concerns arising with providers of services and to support provider organisations in carrying out their safeguarding role and responsibilities
• 	Benchmarked the CCG against Special Educational Needs and Disability (SEND), Prevent requirements and the Goddard Review to identify any areas for further development

- Ensured that safeguarding adults awareness training is mandatory for all staff and that those with direct involvement with adults also have training on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Work with Primary Care – promoting multi-agency safeguarding adults training, provision of safeguarding adult booklets provided from NHS England covering a range of issues including prevent, their role as alerter, information sharing, MCA, DOLS and assessing capacity.
- Supported practices to meet essential CQC standards and assist with improvement plans
- Complaints oversight of provider services and CCG decision making.
- STEIS management and oversight and review.
- Collaboration with Local Authority on local safeguarding alerts relating to care at home and in residential settings. Concerns jointly reviewed. Contract monitoring of care homes jointly with council. Joint procedures for poor performance agreed.

5.3.3   Links to BSAB priorities

Prevent is on all agendas and is a BSAB priority as well as for BCCG. The need of raising awareness of processes to follow when a member of staff is concerned about an adult and embedding of the principles of the Mental Capacity Act.

5.3.4   Impact of the safeguarding activities
- Assurance that safeguarding adults systems within the CCG are robust.
- Individual case management of complex cases reviewed and documented so patients are safe and appropriately placed (Winterbourne View recommendations).

5.3.4   CCG understands the views of adults

The various methods include:
- Listening events / drop in sessions across the town.
- Patient and Public Involvement Forum.
- Direct engagement with patients where commissioning bespoke packages of care.
- Close working with Healthwatch.
- Personal health budgets.

5.3.5   Key challenges

- Identification of safeguarding issues within provider settings.
- Monitoring of Domiciliary care.

5.3.6   Priorities for the forthcoming year (2016-17)

- Ongoing work to ensure the CCG does everything possible to ensure that those from whom it commissions services meet safeguarding requirements.
- Domiciliary care contracting.

5.4   Lancashire Constabulary

Lancashire Constabulary's primary function is the prevention and detection of crime. However, a large proportion of time is spent dealing with concern for welfare and the responses to vulnerable people within the community.

Whilst they have a team of specialist officers within the Public Protection Unit (PPU) whose role it is to deal effectively with adult abuse and ensure justice through the courts where necessary, all of our officers are faced with vulnerabilities and issues requiring additional support on a daily basis. They make use of PVP (Protecting Vulnerable Persons) referrals to make other agencies aware of our concerns and ensure that there is no additional information that would escalate these concerns.

5.4.1   Initiatives undertaken by Lancashire Constabulary

The most recent development in this area is the implementation of an Early Action Team whose purpose it is to identify potential vulnerabilities and additional need at the earliest possible stage so as to eliminate the risk of further harm and reduce vulnerability. These officers identify people through many different methods and work closely in a co-located environment with other agencies to reduce the vulnerabilities of adults within the community on a daily basis. This includes regular missing from home, high intensive users of service and high risk individuals identified through incident attendance.

In addition to this, Lancashire Constabulary deploy first response officers in company with Mental Health Nurses to ensure that those in need receive the appropriate support and care at the first possible opportunity, with access to the appropriate professionals and specialist help.

Lancashire Constabulary have started a programme of rolling out mobile devices to ensure that those officers deployed to deal with incidents have access to the appropriate information to ensure that the response delivered is appropriate and bespoke to the individual they are dealing with.

Information Technology plans have also seen the deployment of body worn video cameras for officers ensuring that the best and most crucial evidence is captured at the first opportunity. Maximising the opportunities for an appropriate outcome to be achieved.

Lancashire Constabulary have made best possible use of new legislation available to us, e.g. the Care Act and Serious Crime Act to ensure that those within abusive relationships are offered support and the opportunity to benefit from it by utilising Domestic Violence Protection Notices when appropriate.

Lancashire Constabulary have introduced a Pilot Domestic Violence Perpetrator Programme with a view to changing the behaviour of those currently involved in low risk abusive relationships to prevent escalation and improve the outcomes for the whole family.

Staff are recognised as having a good understanding of vulnerability and the risk assessments processes undertaken is identified as good practice within policing, however there is no complacency and there is continuous striving for improvement.

Lancashire Constabulary are committed to providing access to specialist policing for all communities, whilst developing all staff in the Constabulary's approach to protecting vulnerable people. Lancashire Constabulary aims to ensure public confidence in the police service through high quality investigations into serious crime, and its leadership is committed at all levels to addressing vulnerability through professional, accredited and motivated staff to ensure public confidence and safety.

5.4.2   Forthcoming planned activity for 2016-17

The Constabulary will maintain this focus and aim to develop its approach in the following areas:

- People – right skills, right attitudes and behaviours, with the right support to protect the public and provide a high quality of service.
- Quality and Scrutiny - providing high quality of service at all times to the public and developing our approach by taking cognisance of HM Inspectorate of Constabulary (HMIC) and College of Policing (COP) inspections and review progress against our service delivery. We will review best practice and developing themes from other forces, partners, through attending and leading on regional and national governance forums.
- Performance and analysis – in order that we understand the changing nature of demand and ensure we put resource to risk to protect the public we will ensure we continually assesses demand and incorporate this into our resourcing decisions.

5.5   Blackpool Coastal Housing (BCH)

5.5.1   Activities by Blackpool Coastal Housing

- BCH is an active member of the Safeguarding Adults Board and associated strategic and operational groups, from these BCH share information across the organisation. BCH has reviewed processes to identify consistent practices across the Neighbourhood and Emergency Housing Services. This enables consistent information and support provided to those adults/familieswho move to and from BCH's emergency housing service in to or from BCH homes.
- Team Leaders reflect on safeguarding as part of case reviews and supervisions.
- The officers assess cases and make appropriate referrals, team leaders check that they are being sent correctly, that information/reasons are adequate and clear so that it can be clearly identified why the referral is being made. They will also challenge officers if they think that the referral is not appropriate and should be kept at a universal level.
- Care leavers accommodation pilot - BCH are currently working with the Council on a pilot to support care leavers to successfully move in to their first home and support them to sustain this.
- They have a joint protocol with Blackpool Council - Adult Social Care (ASC), meeting on a quarterly basis and discuss cases, situations where both services feel that things have not gone as well as expected. BCH have attended several ASC team meetings to talk through housing processes, BCH also has key points of contact for advice as and when required. Relationships between services have greatly improved.

5.5.2   Links to BASB priorities

BCH takes its responsibilities seriously and are committed to safeguarding. It is important that BCH works in partnership with others in being able to respond to adults/families in need and influence service provision. Getting involved with the above activities enables BCH to develop skills, knowledge and processes to allow officers to recognise, support and deal with safeguarding issues. The above initiatives resulted from BSAB priorities.

5.5.3   Impact of safeguarding activities

BCH has a <u>joint protocol</u> which has raised the profile and understanding of the importance of housing being involved and <u>working collaboratively</u> with other agencies. Officers have been able to develop key networks with services, developing their knowledge of what others provide and then be able to make referrals through to these agencies to support adults/families.

Care leavers project – BCH currently has two individuals that have been supported in to a new home and will continue to be supported to sustain this. A BCH support worker has worked with Children's Services in the setting up of their home, they have built a positive relationship with the two young people and will remain a key individual in their lives to offer support and mentoring.

<u>Positive outcomes</u>: '*The outcome for BCH is that BCH has a tenancy that is sustainable, that BCHhas good responsible tenants, that they maintain their home in a good condition. The outcome for the Council is a budget saving, confidence that these young people will succeed. The outcomes for the young people (young adults) are that they have a home that they take pride in, they look after, they feel supported both practically and emotionally, they have clear boundaries for maintaining their tenancy and they have the opportunity to use the resources'.*

Whilst this is not a direct safeguarding initiative (adults or children) it is about a corporate responsibility for Blackpool Care Leavers, and aims to reduce the vulnerability of these young people as part of their transition from Children to Adult social care thereby reducing potential future safeguarding issues.

5.5.4   Key challenges

Staff resources/ capacity: additional work for BCH officers whose role is to focus on tenancy conditions. BCH does not have specific staff to focus on safeguarding, the role is added onto existing staff roles, staff need to make time to attend case conference meetings and any other associated tasks/meetings.

There can also be *<u>conflict between enforcement and support</u>*, pressure can be put on staff not to take enforcement against families due to social work involvement. This can put pressure on the officers whether to take enforcement action or delay action. As BCH deals with families sometimes there can be difficulties in managing both adult and children service providers as these individual services do focus on their specific remits where BCH is focused on the whole of the family.

5.5.5   Priorities for the forthcoming year (2016-17)

BCH priorities over the next year are not focused specifically on safeguarding, they are housing and community focused. Within any developments or actions safeguarding will be identified as and when required, an example of this is Neighbourhood Planning e.g. Haweside - BCH will be looking at all of this neighbourhood and what all of this area requires to make improvements, there are vulnerable adults, families within this area so BCH will be working with services that support interventions, diversionary activities etc. BCH is working with Better Start via Leftcoast and will be supporting activities that can be used to engage families within this area, from this BCH will consult, problem solve and develop improvements for this neighbourhood. This work will identify safeguarding concerns as BCH works closely with families, carries out tenancy audits and undertakes enforcement action.

Care leavers pilot - this will be a focus for BCH if the Councils wish to explore this as an alternative option for long term accommodation for this group of young people.

Moving people closer to the job market - working with adults/ families and supporting them to develop their skills, access learning, access volunteering and other opportunities will impact positively.

Boys and Girls Club - continue to work with these in our voids clearing contract to create opportunities for our school leavers or young persons to access apprenticeships through this contract. This will allow these young people training, skills, knowledge, job opportunities, increased aspirations and ability to contribute to family income, maintain their home and be positive role models for other family members, whilst at the same time challenge risky behaviour. This builds up young people's long term resilience and reduces their vulnerability and need for social care or safeguarding services.

Number of staff who have Disclosure and Barring Service (DBS) checks as part of recruitment - All front line staff who have regular contact with customers have a DBS check as part of their recruitment, this equates to 72% of all BCH staff.

5.6 **Blackpool and The Fylde College**

5.6.1   Activities undertaken by the College

There are approximately 20,000 students in education with Blackpool and The Fylde College. The College is involved internally and with external agencies in the reactive and proactive safeguarding of these students and their families or associates. Issues may be totally external to the College but discovered as they are found to be affecting progress or behaviour in college and the College will act in all cases.

The College's focus is on preventative safeguarding as well as reacting to current issues and disclosures or those which are historic - occurring on or off site and in the home. The College attends various meetings with social services, police, youth offending, and probation for the safeguarding of and from staff, students, potential students and visitors. The College has strict staff vetting, barring and induction, as well as providing in-house induction training, backed up by on-line materials and annual refresher mandatory for all staff in line with new legislation coming into force in September 2016.

A) *High needs students* - up to 25 funded via Blackpool Council with liaison around safeguarding issues from start. Adults with learning difficulties and disabilities are closely supported and monitored.
B) *Care leavers* - special monitoring is in place and the College has had excellent results for this vulnerable group - encouraging them into further study with special financial and person centred support.
From September 2016 to be extended to carers in association with Blackpool Carers' Trust. Bursaries are available for HE financial help for FE plus person centred support for vulnerable cohort needing flexibility of approach to succeed. This is for adult carers, young carers or parent carers - all vulnerable groups, plus caring for vulnerable cohorts themselves.
C) *Students and staff with Autism* - and other hidden disabilities and differences. This group is a very vulnerable cohort - to radicalisation, and particularly on-line bullying harassment and exploitation. The College has been awarded regional north west hub status for the delivery of all Autism Awareness Training across the whole North.
E) Emphasis on *mental health and wellbeing* - including self abuse and suicidal intent.

The College has agreements in place with the Samaritans, Mind and Minds Matter - also CALM for men – the College has encouraged more male involvement with counselling and other support to address local and national vulnerability of adult males and suicide attempts.

5.6.2 Impact of the safeguarding activities

Over 300 cases have been monitored this year. Many are reported at the start of the year as a result of improved partner agencies sharing information and working together.

5.6.3 The College understands the views of adults

The College uses various methods such as; surveys on line, forums, regular reviews, open door availability of staff, suggestions, complaints, awards nominations. Progress tutors, student support and wellbeing staff, safeguarding reporters, equality, diversity and wellbeing team.

5.6.4 Key challenges

- Working together commitment
- Willing and proactive communication with person centred intent
- Sharing information
- Long waiting lists for mental health provision
- Talking in acronyms

Despite 20.000 students to support, the College has regular long term contact and knowledge of students and their families and associates, and their concerns.

5.6.5 Priorities for the forthcoming year (2016-17)

1. Development of on-line safeguarding refresher training – delivered to over 1200 staff, including Prevent Duty, sexual exploitation and Female Genital Mutilation as required plus British Values - and what to do in case of a terrorist attack as required by the Home Office.
2. Avatar from the on line training thematically links to laminated printed procedures and contacts list for safeguarding reporters - available in all staff areas on all sites and areas of provision
3. Work more closely and with protocols and contacts in place to safeguard vulnerable groups by liaison with local authorities, police and other agencies. The College funds its own Police Community Support Officer (PCSO).

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Case 1 – Young Adult

Student studying on Foundation programme living in supported accommodation. Due to ongoing issues including behaviour, the Senior and Personal tutor to the student liaised on a regular basis with the student's Social Worker and his advocate (verbally, writing and meetings) to put a support plan in place for the student which was signed by all parties. With the regular communication set up the student's behaviour and attitude towards his course and peers changed. When issues began to arise again a

meeting was set up between all parties including the student and his father to discuss any issues, the student confirmed he wanted to learn something else at College as his course was "boring". This request was put in place and the student again settled down and enjoyed his time which led to a positive result in being awarded a certificate for the "Green Project" linked to recycling, he also took part in the School's Student of the Year Awards.

Case 2 – Mature student

Mature student, revealed to her learning support she had suicidal thoughts and was finding it difficult to cope with external influences. Student is in contact with external Crisis Team and her own GP. The Learning Mentor sat with the student to talk things through regarding her College work which was one of the issues – a plan was put in place by the College enabling the student to reach her goals at her own pace without feeling swamped. Discreet information was shared with core staff to ensure the student's wellbeing on campus. With encouragement the student reconnected with her external support systems. The student is back on track with the additional internal assistance of the College's HELMS (Higher Education Learning Mentors) service and is on target to pass.

Case 3 – Mature female

A female Further Education student revealed domestic violence and other related issues to her Senior Tutor. The student was referred to Fylde Coast Women's Aid after being referred by Employability Coach via Empowerment Team and Multi-Agency Risk Assessment Conference (MARAC) assessments. The Independent Domestic Violence Advice (IDVA) representative continually met the student on site in a place where she felt safe to talk. Due to the DV, the Police were also involved and the College kept informed of any issues that may have affected the student via the Police and Community Support Officer (PCSO). Due to the internal and external support being provided the student completed her first year on course.

5.7 Lancashire Care Foundation Trust (LCFT)

5.7.1 <u>Initiatives undertaken by LCFT:</u>

The Trust publishes an annual declaration to describe its commitment and implementation of the Safeguarding agenda. Key safeguarding messages and lessons learned are distributed to all staff via the Trust weekly bulletin and Safeguarding Newsflash, this makes a contribution to the prevention of abuse. Messages and communications are backed up by information and advice for staff about where to get help, training for staff and services to respond. Staff have access to LCFT Safeguarding intranet pages for advice, signposting and procedural guidance, this supports awareness raising to enable staff to recognise and prevent abuse.

The LCFT Safeguarding Team and LCFT clinical staff contribute to safeguarding enquiries where they are providing care and treatment. Currently appropriate expert clinical knowledge and advice is provided to inform strategy discussions and decision making relating to safeguarding enquiries and investigations and also asked to support failing nursing homes.

During 2015-16 LCFT received increased numbers of requests to contribute to enquiries into complex care when safeguarding concerns were identified.

LCFT Annual Members Stakeholders' Conference took place on 20th October 2015, with the focus being safeguarding. Workshops were held and facilitated by members of the Safeguarding Team on The Care Act, Prevent, Domestic Abuse, Children Looked After and Child Sexual Exploitation. This informed LCFT's Strategic Safeguarding Vision and priorities for 2016 -2019.

Safeguarding Adults / MCA Champions model

The Safeguarding Leads have worked with CCG colleagues to review Service Specifications for 2015-16. Safeguarding Performance data and outcome indicators were agreed and reported via contracts on a quarterly basis, this was also reported via LCFT's Safeguarding Group on a quarterly basis. Performance data also supported information regarding implementation of safeguarding responsibilities into practice and continuous quality improvement initiatives.

5.7.2   Impact of Initiatives

The LCFT Safeguarding Team is a specialised Team with expert knowledge of the Safeguarding agenda for both Children and Adults. The Team provides an expert resource to the LCFT Board, Networks and staff. The Team supports a Safeguarding Accountability and Assurance Framework in order for the Trust to discharge its responsibilities for safeguarding. The Team provides an expert service to the Trust including, advice and consultancy in relation to Safeguarding and the Mental Capacity Act (MCA) to support the workforce to champion and promote the safety of vulnerable children, young people and adults in Lancashire. The Team encourages the highest standard of safeguarding practice through review, audit, lesson learnt and scrutiny, to ensure better outcomes for children, young people and adults.

LCFT have continued to strengthen partner agency engagement, practice and commitment to safeguarding vulnerable adults, in particular developing engagement and representation at the LSCB and in all LSAB sub groups and relevant work streams to strengthen partnership working in relation to vulnerable adults. The Trust is engaged in key strategic processes with the multi-agency partners e.g.

- MAPPA (Multi-Agency Public Protection Arrangements)
- Domestic Abuse and MARAC
- Forced Marriage / Honour Based Abuse and Female Genital Mutilation
- MASH
- ASBRAC
- MCA Pan Lancashire working group
- Serious Case Review and Domestic Homicide Review arrangements
- Multi- agency inspection frameworks

Prevent: The LCFT representation on Lancashire's Channel Panel is provided by the Safeguarding Adults Named Nurse, Central Locality, who also operationally leads the Prevent agenda, with strategic leadership from the Associate Director of Nursing Safeguarding. There has been a noticeable increase in children's referrals to the Channel Panel; the Safeguarding Adults Team therefore works collaboratively with their Safeguarding Children's Practitioners to promote a holistic approach. The provision of the Prevent agenda is underway. LCFT appointed a Practice Educator Facilitator to work in partnership with the WRAP 3 facilitators and the Safeguarding Team on the delivery of the Prevent mandatory training.

Mental Capacity Act Implementation: There is an overall vision in that MCA including DoLS responsibilities are integrated into the Trust's Safeguarding plans and priorities.

There is a shared approach to MCA outcomes and the promotion of the rights of people who may lack capacity. The Trust is engaged in the work of the Pan-Lancashire MCA Planning Group - now a formal Sub-Group of the Board. The MCA is integrated into the work of the Trust's Mental Health Law Sub-Committee and Mental Health Law Groups within each Network and provides a forum where complex MCA cases can be discussed. DoLS activity is closely monitored and themes and trends fed-back to Networks.

There is a rolling training programme in place and additional external training has been commissioned to increase awareness and develop competencies. Bespoke MCA training has been delivered across the organisation and to individual service lines/teams to meet need. We have commissioned AFTA thought, a Theatre Company to deliver MCA and Domestic Abuse training events during Q4, in response to a thematic review of DHRs and subsequent action plan.

Impact of training: The Safeguarding Team facilitates a full Mandatory Training Programme (adults and children) the content of which has been reviewed to include updated statistics, evidence and learning from reviews. The Team offers a flexible approach to training including eLearning and face to face training on various subjects from full day events to bite size workshops. Additional internal training has been available to support staff development in relation to Domestic Abuse, Honour Based Violence, Female Genital Mutilation, Multi-Agency Risk Assessment Conference (MARAC), and Child Sexual Exploitation.

Safeguarding training compliance is monitored and reported through to the LCFT Safeguarding Committee and Commissioners on a quarterly basis. Throughout the year compliance rates with Mandatory Training have remained in line with statutory recommendations and have been consistent.

Strong collaborative and extensive multi-agency working relationships continue to strengthen safeguarding direction at local and regional levels, with forum representation from the LCFT's Safeguarding Team. The Team works proactively with all staff and managers of LCFT in the support, identification and appropriate management of vulnerable adults at risk.

5.7.3   Key Challenges:

Following some residential home closures across the county, there has been an increased demand on LCFT Community Health Services. Closure and safeguarding processes have required nursing health needs assessments to be completed on an unprecedented number of residents which has generated referrals to other service lines.

In 2015, LCFT had a full CQC Compliance Inspection across the Trust, Safeguarding and application of the MCA was integral and overlaid across lines of enquiry. This provided a platform to share some of the good safeguarding practice within LCFT.

5.8 National Probation Service (NPS)

5.8.1 Activities undertaken by NPS

2015-16 has been a period of embedding the new organisational structures for the National Probation Service (NPS) and the Community Rehabilitation Companies (CRC) following the implementation of the Government's Transforming Rehabilitation programme. The specific duties of the NPS are:

• To provide advice to Courts and deliver pre-sentence assessments

• Management of all high risk of serious harm offenders

• Management of all offenders sentenced to 12 months or more for a serious sexual or violent offence

• Management of all offenders who are subject to statutory supervision and are registered sex offenders

Public protection is a key priority and thorough and robust safeguarding arrangements are in place. NPS works closely with other agencies and make necessary checks and referrals at pre-sentence stage and throughout our period of contact. In Blackpool, NPS currently supervises around 900 cases, predominantly violent and sexual offenders with a high number of domestic violent offenders.

Safeguarding activity is supported by Multi Agency Public Protection Arrangements (MAPPA) which are in place to manage the risk posed by the most serious sexual and violent offenders. MAPPAs bring together the National Probation Service, Police and Prison Services into the MAPPA Responsible Authority which works with other Duty to Cooperate agencies including Social Services and Youth Offending Teams, to share information and agree a multi-agency plan to manage any identified risks. It is a requirement that agencies meeting under MAPPA consider whether disclosure needs to be made to any individuals or organisations (e.g. schools, health providers)) to enable them to make decisions to protect themselves and / or their children from the risks posed by a MAPPA offender.

In Blackpool, the NPS prioritises safeguarding through risk management of offenders in the community. There is scope to expand the focus to support better outcomes for the families of prisoners and NPS welcomes the priorities of the Safeguarding Adult Board to focus on young people transitioning from Children's to Adult Services including those in the Criminal Justice System.

The Offender Rehabilitation Act 2014 introduced a period of supervision in the community for offenders sentenced to less than 12 months in custody who previously would have been released unconditionally at the end of their prison sentence. All adult offenders sentenced to more than one day's imprisonment for any offence committed after the Act came into force, are now released on licence to Probation. Many of these will be managed by the CRC but those presenting a high risk of harm are the responsibility of the NPS and will receive our support on release.

A National Probation Service (NPS) Safeguarding Adults policy statement and supporting practice guidance have been developed.

They reflect the provisions of Part 1 of the Care Act 2014 which sets out a statutory framework for the provision of adult social care and for adult safeguarding in England and came into force in April 2015. The

policy statement and practice guidance have been developed in consultation with the NPS National Adult Safeguarding Group.

The policy statement focuses on NPS involvement with offenders in the community, either as part of a community sentence or following release from custody. It acknowledges the NPS's responsibility for safeguarding and promoting the welfare of adults at risk as well as the contribution NPS staff can make to the early identification of an offender's care and support needs.

The practice guidance is in two sections. The first gives background information on adult safeguarding and care and support needs to provide context; the second focuses on the identification, assessment and management of offenders within that context. It has been produced to support NPS staff working with offenders in the community who:

• Pose a risk of harm to adults at risk

• Pose a risk of harm to adults at risk in general

• Are adults at risk

• Have care and support needs

• Are carers in need of support

5.8.2 Links to BSAB priorities

The NPS in Blackpool is committed to supporting the BSAB as a statutory partner and contributes to relevant sub groups. The NPS also attends MARAC, Domestic Abuse and Community Safety meetings within the area which contribute to safeguarding. The NPS has a safeguarding adults policy which reiterates there is mandatory adult safeguarding training in place for all practice staff and attendance is monitored. The NPS welcomes closer collaboration with Adult Social Care and other partner agencies in the future.

5.8.3 NPS understands the views of adults

The NPS completes a twice yearly survey to gain offender feedback on the organisation and the services provided to individuals.

5.8.4 Key challenges

• Finding appropriate accommodation for people being released from custody. Accommodation is essential in order to manage and monitor individuals who present a risk to others.
• Transition of children in the CJS with complex needs from children to adult services.
• Accessing services for adults with complex mental and physical health needs on their release from custody.

5.8.5 Priorities for the forthcoming year (2016-17)

Enhancing their practice in Adult Safeguarding is a North West NPS divisional objective for 2016-17. The NPS intends to include examples of effective multi-agency working to safeguard adults and a small number of anonymised case studies showcasing successful work with adults. **5.9 NHS England**

NHS England – Lancashire and Greater Manchester since its inception on 1st April 2013 has been responsible for ensuring that health services are safe and that commissioners of services have robust mechanisms for the governance of safeguarding practice within its commissioned services. Similarly, NHS England has a system assurance function where it monitors safeguarding governance in Clinical Commissioning Groups. To gain the system assurance required there is quarterly Clinical Commissioning Group assurance meetings where safeguarding governance is monitored along with other statutory requirements within Clinical Commissioning Groups. There have been a number of safeguarding forums set up in line with NHS England safeguarding priorities and these have provided useful arenas to discuss best practice and national guidance. Over the past 12 months there has been agreement from a pan Lancashire perspective on Safeguarding Standards that are monitored in all contracts with providers. This has ensured that service provision can be benchmarked and service improvement can be supported where required.

Lancashire and Greater Manchester host the regional Prevent coordinator function and there has been considerable work ensuring that health care professionals understand their roles in respect of Prevent and its alignment to safeguarding adults. The NHS England Prevent Coordinator contributes to local groups dedicated to early identification of people vulnerable to radicalisation.

As direct commissioners of services NHS England has worked with Clinical Commissioning Groups (CCGs) and designated professionals to understand the current gaps in capability for adult safeguarding. This has resulted in training monies being dedicated to Mental Capacity Act and DoLs training.

NHS England Lancashire and Greater Manchester host a bi-monthly Quality Surveillance Group where the focus is looking at the intelligence that is available around quality and safety of services across the area. This allows commissioners of services to share information and maintain a strategic overview of issues within the health economy.

The priority for the coming year is to work with partners to improve the resilience of the care home sector. NHS England Lancashire and Greater Manchester will be supporting the development of robust mechanisms for quality assurance on a pan Lancashire footprint to ensure that there is early identification and resolution of care quality issues.

5.9.1   Initiatives undertaken by NHS England

All NHS England (Lancashire) staff completed mandatory Safeguarding Training. All services that have been directly commissioned by NHS England are monitored via normal contract monitoring processes that included their safeguarding responsibilities on both a professional e.g. GPs and a service delivery level.

NHS England regional teams have led on a number of safeguarding awareness events and conferences focusing on development of professional understanding and capability. These have included Mental Capacity Act and DoLS, Court Skills Training, FGM and modern slavery. The events were co-presented with colleagues from the police and third sector agencies and all were attended by NHS staff from CCGs, NHS provider organisations and primary care. Most recently the funding that has been available via NHS England North (Lancashire) has been used to develop an e-book that has been recognised as good practice and was in the final group for the national Patient Safety Awards.

Other resources have been produced for example a handy safeguarding adults guide that has been circulated. NHS England North (Lancashire) runs a Quarterly Safeguarding Forum (QSG) where all local

safeguarding issues are discussed and the outcomes of the Forum feeds into the local sub groups of the Board.

5.9.2   Links to BSAB priorities

All the work that NHS England undertakes at national, regional and local level fits with BSAB priorities and links with the Care Act 2014. NHS England does not directly participate in responses to safeguarding alerts. However, NHS England commissions primary care services, health care provision in prisons and other public health services (i.e. screening) which all comply with safeguarding procedures. NHS England Lancashire holds regular network meetings with designate nurses / safeguarding leads from within its 8 CCGs across Lancashire. NHS England monitor and performance manage all reported serious incidents and this includes triangulation into the safeguarding contractual process.   NHS England holds professional networks that include, HCAI, Serious Incidents. This assists in the triangulation of all patient safety and potential safeguarding incidents.

5.9.3   Impact of the safeguarding initiatives

The Lancashire QSG that is facilitated by NHS England on a quarterly basis is the mechanism by which NHS England gains assurance of system resilience and improvement.

Over the past 12 months there has been an improvement in the quality of the regulated care home sector in particularly where they are commissioned by health and there is improvements following CQC inspections in acute and mental health provision. There is evidence of an increase in the number of DoLS applications made to local authorities. Positive feedback has been received from staff who attended both MCA and Court Skills Training.

5.9.4   NHS England understands the views of adults

NHS England has a range of activities that are taken forward on a national and regional level to understand the views of adults who use health services. Most notable of these is the roll out of the Friends and Family Test. There has been increasing uptake and improvement in performance over the past 12 months in adults' perceptions of services they have received. Similarly there is an improvement in perception of GP services. NHS England also uses complaints to understand where improvements in services need to be made. Quarterly themes and trends data is shared with CCGs and commissioners of directly commissioned services to support broader improvement in the health sector.

The Public Patient Participation team in NHS England have the mandate to use many innovative ways to engage communities and these can be found on the NHS England website.

5.9.5   Key challenges

The complex nature of the health sector including responsibilities around the regulated care sector is challenging when there is a need to safeguard adults and get consistent improvement. Safeguarding adults when there is a disaggregation of health services and much smaller services in the independent sector being commissioned present challenges for a system set up largely to focus on NHS providers.

The contracting and procurement process does not facilitate the safeguarding of adults nor does the complex system that prevails in local authority. Local authority funding challenges are reducing the ability for them to respond to concerns that have been raised and the threshold for action by practitioners is an unintended consequence.

5.9.6   Priorities for the forthcoming year (2016-17)

This year has been be a continued focus on Prevent – the government counter-terrorism strategy; working with partner agencies to ensure that Blackpool has a cohesive approach. There will also be work continuing on improvement in the regulated care sector and ensuring that safeguarding remains at the forefront of colleagues mind during the transformation programmes that are being undertaken.

NHS England North (Lancashire) has funded some project work with Blackpool Teaching Hospitals to look at the impact of modern slavery on health sector and this will report in the coming months. There will be more focused work on embedding MCA/DOLs in the health sector with the funding that NHS England has provided in Blackpool via a dedicated post.

5.10   Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

5.10.1   Activities undertaken by BTH

- Establishment of a safeguarding adult practitioner to advise acute and community health staff.
- A successful pilot of an IDVA role in the hospital.
- Think family focus relaunched across all relevant safeguarding training.
- 868 Staff trained in Prevent
- 4529 Staff trained in MCA and DOLS
- Patient stories explored in KPI (Key Performance Indicator)/ Contract meetings
- Successful pilot in MASH re vulnerable adults PVP's
- Launch of a CASHER pilot. A service of multi-disciplinary health staff ranging from school nurses, CLA nurses, CAMHs and mental health nurses. Who provide assessments for under 25's who are either in ED, Children's or Adult's Ward. Good links forged between Safeguarding and CASHER team.
- Involvement in a MCA media resource initiative from NHSE
- BTH have been involved in 2 DHR's and 1 SAR, outside the Blackpool area.

5.10.2   Links to BSAB priorities
All of the above initiatives are directly linked to BSAB priorities.

5.10.3 Impact of the safeguarding activities

The audit below reflects an idea of the referrals being dealt with daily:

Patient Story (Blackpool)

Young female attended A&E after being assaulted by her partner. She had refused police input. The patient was pregnant and was admitted with abdominal pain. A&E staff completed a MARAC referral

Safeguarding involvement:
IDVA working with the Safeguarding team met with patient whilst in hospital to offer further advice and support. This was presented to MARAC by (Health) Safeguarding Practitioner. Complex needs were identified and midwife was informed.

Patient story (Blackpool)

An elderly female was admitted due to frailty and being generally unwell. She was not known to have any immediate family. The patient expressed concerns that her money is going missing at her care home. She did not want to involve the police and was keen to return home to get to the bottom of the issue. The patient was initially thought to have capacity although was later found to be experiencing intermittent confusion.

Safeguarding involvement:

Staff were guided through the 'vulnerable adult' procedures and asked to make a referral.

5.10.4 BTH understands the views of adults by:

- Monitoring of compliments
- Complaints and pals
- Direct feedback
- Monitoring of any trends.
- Shortlisted for national award – Nursing Times Award for Safeguarding work around 'You Don't Seem Yourself'.

5.10.5 Key challenges

Increasing workload and demand with reducing resources across all agencies.

5.10.6 Priorities for the forthcoming year (2016-17)
- Additional MCA audits
- DOLS work shadowing
- Increased IDVA pilot
- The introduction of a modern slavery and human trafficking analyst role
- Anticipated adult intercollegiate guidance

5.11   North West Ambulance Service (NWAS)

North West Ambulance Service NHS Trust is a regional service providing pre-hospital emergency care, Urgent Care and 111 services and Patient Transport Services.

The Trust has a legal duty to protect patients, staff and the public from harm. This includes harm from others as well as avoidable harm to patients. The Clinical Safety and Safeguarding Team have worked hard during the year to identify patients at risk and have focussed the following work streams to ensure patients and the public receive appropriate care and protection when required.

The implementation of the new Care Act 2014 provides a legal framework for the assessment and protection of adults including those at risk with an emphasis on the 'wellbeing' of the patient. This may account in part for the notable rise in safeguarding adult activity over the year which includes concern for the welfare of vulnerable adults requiring assessment. Likewise safeguarding children activity steadily increases across the Trust particularly within the Paramedic Emergency Service but at a slower rate than for adults. A number of high profile national investigations have resulted in an update to safeguarding procedures and training to ensure that adults and children who are at risk or victims of exploitation and radicalisation are also safeguarded.

5.11.2 Initiatives undertaken by NWAS

CQC pilot standards
The Trust took part in the CQC's pilot assessments of Ambulance Service NHS Trusts. The result is that a number of standards have been developed for Ambulance Services and good assurance was received in relation to safeguarding arrangements.

Frequent caller Project and vulnerable people
The safeguarding and frequent caller teams are regularly identifying and sharing information to enable a joined up approach to ensure vulnerable people are afforded the assessment and care they require in accordance with their wishes. When appropriate they are protected from harm or abuse and a significant amount of valuable patient data is now shared to ensure the best outcomes for these patients. This also includes sharing concerns in relation to nursing and Care Homes.

Update of the safeguarding Vulnerable Persons Policy and Procedures
A significant amount of work has been done to update the Policy and associated procedures. These now include the principles of adult safeguarding and pathways are included for victims of Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and the radicalisation of vulnerable people (PREVENT).

NWAS Adult Safeguarding

Figure 1 Adult Safeguarding Referrals by area (Blackpool Information is incorporated in Lancashire Data)
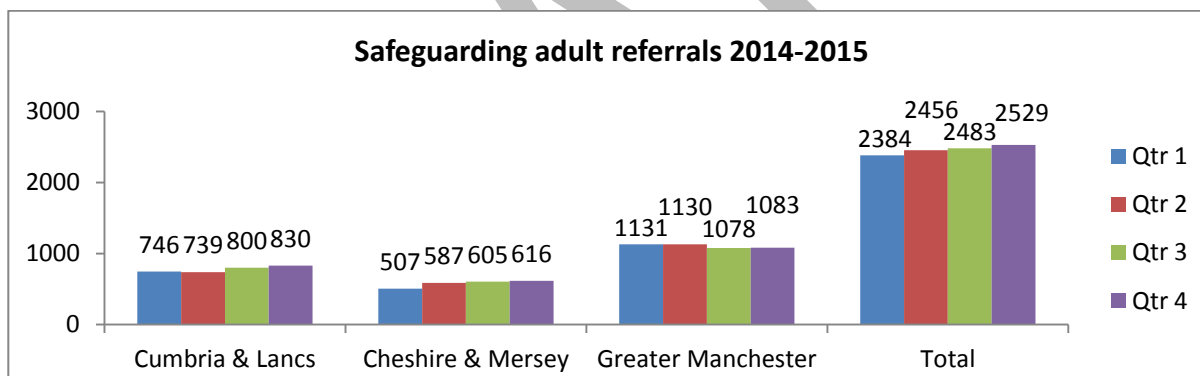

Figure 1 shows the number of safeguarding adult referrals across Q1 to Q4 2014-2015. Referral rates across all sectors continue to increase year on year by as much as approximately 50% in each area. The referrals include adults at risk and adults requiring an assessment. All referral information is shared using the Trust's web-based system (ERISS) to ensure security and ease of access to referral data.

5.11.3 Links to BSAB priorities

The Trust has a named contact for each of the 46 Safeguarding Boards across the North West. This strengthens working together and information sharing relationships and is reflected in the increased number of Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. Staff also access multi-agency training and share learning and expertise with their peers.

5.11.4 Key Challenges

Safeguarding activity has increased throughout the year which is reflected in the increase in the numbers of safeguarding concerns raised about adults at risk. The numbers are broken down into geographical area (GM=Greater Manchester, CM= Cheshire and Mersey and CL=Cumbria and Lancashire).

Safeguarding Adult Referrals 2015-2016
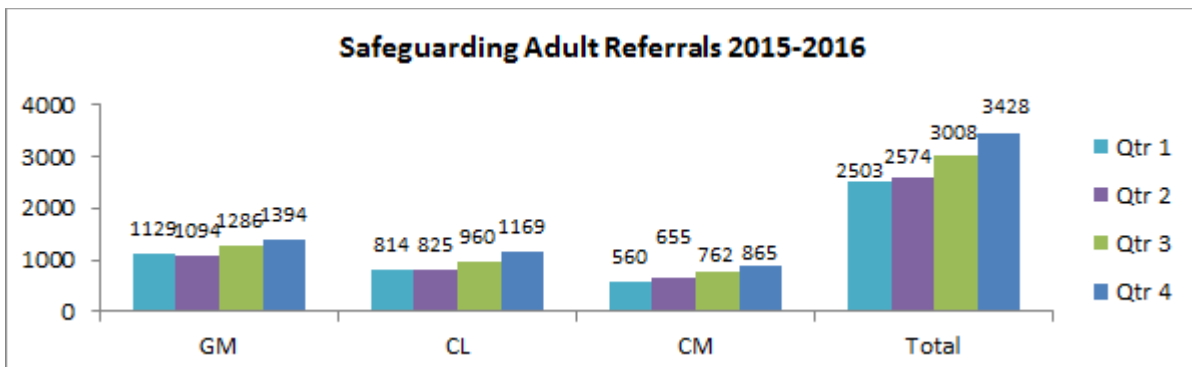
The implementation of the Care Act 2014 with its focus on personal choice and empowerment for patients has resulted in an increase in requests to be involved in Adult Reviews and Strategy Meetings. Senior Clinicians and Managers support staff with engagement in safeguarding processes and regularly represent the Trust at associated meetings.

Each month the NWAS safeguarding concerns rejected by Adult and Children's Social Care are scrutinised to understand the themes and either re allocated to the correct service or to the patient's GP. Less than 6% of adult concerns are rejected. The rejections relate predominately to mental ill health for adults and the Trust is working towards developing referral pathways with partners to address the risks.

5.11.5 Impact of the safeguarding activities

Quality Audits
Audits have been introduced to monitor the quality of safeguarding calls made by staff to the Trust Support Centre. This provides additional data relating to safeguarding knowledge and how the process has facilitated information sharing. Early indicators show that referral information is of a high quality and is captured and documented by the Support Centre Advisors accurately. Areas for improvement are highlighted and raised with the staff concerned for their learning.

PREVENT awareness and training
92% of all NWAS staff have now received WRAP 3 training which is the 'workshop to raise awareness of PREVENT' and part of the Government's anti-terrorism strategy. Prevent is any terror related activity that takes place in the pre-criminal space. WRAP is included within mandatory training for all staff and compliance with this national requirement has increased during 2015/16. The Trust will be updating its mandatory training relating to Human Trafficking, Modern Slavery and Domestic Abuse in the Next Year. Training in these subjects is currently available within the Trust Learning Zone and is accessible to all staff.

5.11.6 Priorities for the forthcoming year (2016-17)

Safeguarding alerts
The Electronic Information Sharing System (ERISS) is a bespoke web-based system used by the Trust for sharing safeguarding referral information with Children's and Adult Social Care. This system has the functionality to place warning flags to alert the attending crew about child or adult protection issues. The application will be piloted over the forthcoming year. The current position of staff raising alerts with the Trust Safeguarding Team remains in place.

Domestic Abuse

The Trust is continuing to develop processes in relation to Domestic Abuse. Following the success of the pilot last year a referral form for domestic abuse will be developed with provision for enhanced information sharing which links to the national guidance (NICE).

Slavery and Trafficking

The Trust is working with partners to help tackle issues relating to Slavery and Trafficking of children and adults. This work is in the initial scoping phase and any identified actions will be added to the Safeguarding Work Plan for the year and progress monitored.

5.12   Lancashire Fire and Rescue Service (LFRS)

5.12.1   Initiatives undertaken by LFRS

LFRS has moved from a Home Fire Safety Check to a Home Fire Safety Service, in which we aim to provide a service to all members of the community however, we aim to carry out a check only to those who are scored a high to very high. The primacy to this service is fire and the key elements to LFRS checks are related to age (65+), cognitive impairment, mobility and life style. All those scoring below high will receive postal or email information depending on their preface. LFRS within Blackpool delivered 610 HFSC of which 61% of these visits scored high or very high. LFRS continues to develop working partnerships to receive referrals through our call centre and the opportunity to signpost the vulnerable individuals onto the correct support services to help improve their lives. LFRS have joined forces Alzheimer Society to provide Dementia champions and specific roles aimed at supporting older persons.

LFRS work alongside the Police to support those vulnerable individuals who are threatened by the use of fire as a weapon this includes amongst others domestic violence. Arson threat home fire safety checks (ATHFSC) are carried out by Blackpool staff to ensure that individuals are safe within their own dwellings; LFRS have carried out 36 ATHFSCs in Blackpool in 2015/16.

Blackpool Fire Safety Enforcement team working with businesses to ensure the Regulatory Reform (Fire Safety) Order 2005 is complied with. This team have supported the work towards slavery and trafficking in participating in multi-agency inspection of properties that have shown signs of inappropriate activity.

5.12.2 Key challenges

LFRS see the key challenge to the continual success of our Home Fire Safety Checks (HFSC) process is the sharing of vulnerable individuals' data. We accept there are many people who are not engaging with the support services in the community for whichever reason applies, to identify them and engage with then to ensure their safety against fire and where appropriate signpost on to the support agencies.

5.12.3 Prioritising for the forthcoming year (2016-17)

Pan- Lancashire LFRS will continue to develop and improve our data sharing protocols through our 'springboard' project which allows Lancashire County Council (LCC) to share key data, this includes assisted bin collection, single person details and those who have had single contact with support services and then disappeared. The intention is to work on a risk based response to deliver a 'check' only to those who meet our high+ scoring process. This project is also supported by the 'Exeter' data sharing which is linked with a strategic view from the NHS. LFRS have a aspiration to engage with our unitary authorities to gather and apply similar information.

LFRS has a long and successful history of prevention and early intervention. By working in partnership with other organisations, our expertise and experience in prevention can contribute to the wider health and wellbeing agenda. LFRS intends to within the forthcoming year remove the HFSC and replace it with a Health & Wellbeing Check, focusing on 'start safe, live safe and age safe'; this embeds 'Make every contact count' ethos as the fire fighters will look at falls prevention, diabetes, dementia, security, social isolation and winter warmth to support vulnerable individuals in their homes.

LFRS education of staff continues with training on MCA, identifying radicalisation and all staff will become Dementia Friends. Further work has been identified to work to support the Police with missing persons, to increase the footfall on the ground and find the vulnerable individuals in to more timely way.

5.13 Public Health

Public Health leads the work on the Joint Strategic Needs Assessment which informs commissioning decisions of all partners. Public Health commissions evidence based services that reduce vulnerability. Services commissioned include drugs and alcohol prevention and treatment, sexual health prevention and treatment, mental health promotion services and falls prevention services.

Public Health Case study:

Case Study (Horizon)

An Initial referral to the LGB&T (Lesbian Gay Bisexual Transgender) Project) was received in May 2015. A referral was made via the Family Support Worker who was supporting Client X's Sister and family. Client X identifies as a Trans Female (M2F- Male to Female). Client X relocated from another city to Blackpool after the breakdown of relationship(s) due to her gender disclosure. Client X moved in with her Sister, Sister's Partner and their 2 young children.

Client X still receives 1-2-1 support from the LGB&T Support service. Client X is extremely vulnerable and it was disclosed that due to her agro phobia, hyper sensitivity and panic attack's she had not left her old flat in the other city for approximately 2 years. She presented to the LGB&T Development Lead as extremely withdrawn, nervous and unable to make eye contact.

Client X has been working continually with the LGB&T team at Horizon on a weekly basis and progress is positive. Care plans have been adhered to and have always been very much client led. During reviews outcomes have been positive but there is still room for improvement. Client X regularly attends the Trans* focussed support groups available in house. Peer supports from other group members have enabled Client X to build healthy positive relationships and gain knowledge from others in the same situation.

Worker involvement provided the below interventions.

- Changed GP and attended apt to act as advocate
- Provided access to positive peer support,
- Referred to Mental Health CBT (Cognitive Behaviour Therapy) Focussed Counselling through the SPA team
- Referred to GIC (Gender Identity Clinic),
- Referred to In House Counselling Services,
- Accessing additional Trans* focused support groups separate to Horizon Dickson Road
- Accessing Mental Health Services

- Accessing Health & Wellbeing Focused activities with in Blackpool
- Support from Adult Social Care / Safeguarding Adults
- Access to permanent own housing (secured)

A referral was made to Adult Social Care / Safe Guarding Adults as it was felt that a Social Worker would be a positive step forward. Client X, LGB&T Worker and a Social Worker all met at Client X's new flat and a variety of options were discussed. The Social Care team were successful with their bid to fit a Vita Line inside Client X's flat. This would give her immediate access to a support network should she feel it was necessary. The service is extremely beneficial as Client X still struggles to be 'out and about' on her own due to her existing conditions. Client X is due to start another course of higher intensity CBT counselling.

6.0   Assessment of Board effectiveness and challenges for the year ahead:

Areas for further development in 2016-17

- Continuing concerns about care standards have led BSAB to focus on the quality of health and social care being commissioned in Blackpool and particularly to include a priority in its business plan looking at this area for 2015-17.

- BSAB will look to increase safeguarding awareness through a re-launched website and targeted campaigns.

- BSAB are reviewing current service user involvement to ensure that service user views are taken into account during any decision making processes.

- BSAB will challenge agencies to ensure areas of hidden harm in Blackpool are being given sufficient priority and that there are adequate systems in place to measure risk around Honour Based Abuse, Forced Marriage, Female Genital Mutilation, Preventing Radicalisation of adults and Modern Slavery.

7.0 Appendices:

Appendix 1 – Categories of Abuse covered in the Care Act

The main forms of abuse are:

• **Physical abuse** including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions

• **Domestic Abuse** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence

• **Sexual abuse** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or acts to which the adult has not consented, or was pressured into consenting

• **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks

• **Financial or material abuse**, including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

• **Modern slavery** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

• **Discriminatory abuse**, including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion

• **Organisational abuse** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation

• **Neglect and acts of omission**, including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

• **Self-neglect** covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Appendix 2- Care Act updates: March 2016

Chapter	Subject	Details of the change
1	Promoting wellbeing	New description for the role of principal social worker
2	Preventing, reducing or delaying needs	Minor amendments
3	Information and advice	Amended to reflect changes to the care cap
4	Market shaping and commissioning of adult care and support	Clarification of local authorities' responsibilities to manage local care markets and commission
4	Market shaping and commissioning of adult care and support	Changed to reflect postponement of funding reform
5	Managing provider failure and other service interruptions	Minor amendments
6	Assessment and eligibility	Minor amendments
7	Independent advocacy	Clarification of potential conflict of interest within advocacy provider organisations
7	Independent advocacy	Amended to reflect changes to the appeals system
8	Charging and financial assessment	Changes to this chapter and Annexes A, B and C to correct minor errors and to clarify the content
8	Charging and financial assessment	Clarification of the rules governing charging for social care and local authority discretion about charging for home care
9	Deferred payment agreements	Minor amendments
10	Care and support planning	New case study
11	Personal budgets	Minor amendments
12	Direct payments	Changed to reflect roll-out of direct payments in residential care in 2020
13	Review of care and support plans	Minor amendments
14	Safeguarding	New research into best practice with those who self-neglect and clarification of enquiries under Section 42 of the Act – ordinarily it is not appropriate for people are failing to care for themselves – Section 42 is aimed at those suffering abuse or neglect from a third party
14	Safeguarding	New definition on domestic violence to reflect new legislation
14	Safeguarding	Additional information about financial abuse to reflect increases in internet, postal and doorstop scams
14	Safeguarding	Reporting and responding to abuse and neglect updated to highlight the need for practitioners to consider the need for criminal investigations and get advice if necessary
14	Safeguarding	Clarification to reporting and responding to abuse and neglect on the

Chapter	Subject	Details of the change
		powers that local authorities have – this may be significant in adult safeguarding
14	Safeguarding	Added cross references to chapter 1, Promoting wellbeing, to clarify the prevention agenda the importance of identifying and managing risk of abuse and neglect
14	Safeguarding	Clarified that allegations about people in positions of trust is local authorities and other partners responsibility, as well as the large and diverse independent provider sector and links made to children's safeguarding and considering risk
14	Safeguarding	New guidance that local authorities should use tried and tested surveys to understand the experience of carers and service users who have been involved in a safeguarding process
14	Safeguarding	Removed the need to have a Designated Adult Safeguarding Manager (DASM)
14	Safeguarding	Role of professional and practice leadership in adult safeguarding updated to reflect the need to have experts within an organisation – emphasising the potential role of the Principal Social Worker
14	Safeguarding	Clarified the need for a strategic and accountable lead for safeguarding at a senior level to make sure the Safeguarding Adults Board Strategic Plan is implemented
16	Transition to adult care and support	Updated to reflect changes to funding reform plans for people with care and support needs reaching 18 years of age
19	Ordinary residence	Clarification about local authorities arranging care and support in another area and mental health after care, particularly under section 117 of the Mental Health Act 1983, including Article 5 of the Care Act (Transitional Provisions) Order 2015 on the process for seeking ordinary residence determinations and cross-border arrangements for other care settings – some content about ordinary residence for those lacking capacity has been removed
20	Continuity of care	Minor amendments
21	Cross-border placements	Updated to cross-border arrangements for other care settings
23	Transition to the new legal framework	Changed to reflect the approach to transition set out for local authorities in March 2015

This list is non-exhaustive

Appendix 3- List of Blackpool Safeguarding Adult Board Partners

NAME	ROLE	ORGANISATION (ALPHABETICAL ORDER)
Christine Mottley	Chief Executive	Age UK, Blackpool & District
David Sanders	Independent Chair	BSAB
Sarah Rahmat	Business Development Manager	BSAB
Judith Poole	Head of Student Support and Wellbeing	Blackpool and the Fylde College
Michelle Smith	Chief Executive	Blackpool Carers' Trust /Empowerment and Healthwatch Representative
Helen Williams	Chief Nurse	Blackpool Clinical Commissioning Group (CCG)
Cathie Turner	Head of Safeguarding	Blackpool CCG
Marie Williams	GP	Blackpool CCG
John Donnellon	Chief Executive	Blackpool Coastal Housing
Cllr Amy Cross	Cabinet Member	Blackpool Council
Cllr Graham Cain	Cabinet Secretary	Blackpool Council
Kate Aldridge	Manager, Urgent Care and Rapid Response	Blackpool Council
Lynn Gornall	Principal Social Worker / Head of Safeguarding	Blackpool Council
Les Marshall	Head of Adult Social Care	Blackpool Council
Judith Mills	Public Health Specialist	Blackpool Council
Val Raynor	Head of Commissioning	Blackpool Council
Karen Smith	Director of Adult Social Services	Blackpool Council
Marie Thompson	Director of Nursing and Quality	Blackpool Teaching Hospitals NHS Foundation Trust
Louise Fisher	Assistant Chief Executive	Cumbria and Lancashire Community Rehabilitation Company
Sonia Turner	Assistant Director	Cumbria and North West Lancashire National Probation Service
Bridgett Welch	Assistant Director of Nursing Safeguarding Adults	Lancashire Care Foundation Trust
Nicola Evans	Operations Superintendent	Lancashire Constabulary
Phil Jones	Community Protection Manager – Western Division	Lancashire Fire and Rescue Service
Susan Warburton	Director of Nursing and Quality	NHS England
David Rigby / Vivienne Forster	Sector Manager / Safeguarding Practice Manager	North West Ambulance Service

8.0 Glossary

ASBRAC	Anti Social Behaviour
ASC	Adult Social Care
BMG	Business Management Group
BSAB	Blackpool Safeguarding Adults Board
BSCB	Blackpool Safeguarding Children Board
BTH	Blackpool Teaching Hospitals NHS Foundation Trust
CAMHs	Children Adolescent Mental Health service
CASHER	Child and Adolescent Self Harm Enhanced Response
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CLA	Child Looked After
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CSP	Community Safety Partnership
DA	Domestic Abuse
DBS	Disclosure Barring Service
DOLs	Deprivation Of Liberty Safeguards
ED	Emergency Department
ERISS	Electronic Information Sharing System
FGM	Female Genital Mutilation
HFSC	Home Fire Safety Checks
IDVA	Independent Domestic Violence Advocate
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LADO	Local Authority Designated Officer
LGA	Local Government Association
LGBT	Lesbian Gay Bisexual Transgender
MALR	Multi-Agency Learning Review
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MFH	Missing From Home
NHSE	NHS England
NICE	National Institute for Clinical Excellence
OPD	Outpatients Departments
PCC	Police and Crime Commissioner
PVP	Police Vulnerable Person (referral)
QAPM	Quality Assurance and Performance Monitoring Group
QSG	Quarterly Safeguarding Forum
SAR	Safeguarding Adult Review
SEND	Special Educational Needs and Disability
WRAP	Workshop to Raise Awareness of Prevent
YOT	Youth Offending Team

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Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Delyth Curtis, Director of People
Date of Meeting	8 December 2016

CHILDREN'S SERVICES REPORT

1.0   Purpose of the report:

1.1   To inform Scrutiny Committee of the work undertaken by Children's Services on a day to day basis and to update on the progress and implementation of developments within the areas.

2.0   Recommendation(s):

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

3.0   Reasons for recommendation(s):

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 Local Authority remains and 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 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   Adult Learning Service

5.1.1   The Self-Assessment Report and Quality Improvement Plan for 2015/2016 have been completed (whilst the year finished July 2016 the final data is not available until October 2016). Strengths include high Achievement Rates (93% of 3448 learners successfully completed courses), the most vulnerable are targeted (75% of all learners live in the top 30% Lower Super Output Areas) and in comparison with 29 other Local Authorities who are part of a benchmarking club, Blackpool is ranked first in having the highest reach per 1000 population and was ranked second in cost per learner. Areas for improvement include improving further Achievement Rates in Maths and English courses, improving the number of Grade 1 observations and increasing the response rate for learners being followed up after finishing courses to assess impact.

5.2   Connexions

5.2.1   The Not in Education, Employment or Training (NEET) Scorecard has been published for 2016. The Not in Education, Employment or Training and Not Knowns have been combined which raises Blackpool into the 4th quintile. Blackpool is in the top quintile for re-engaging Not in Education, Employment or Training young people back into learning. However, the key issue is the young people don't always remain in learning once placed. As Blackpool and the Fylde College has the largest number of 16 – 18 learners, a workshop is planned for December involving the Council and the College to review case studies of learners who drop out to identify potential improvements in systems support.

5.2.2   The Journey To Work Partnership tackling youth unemployment focussed recently on new European Social Funded programmes to be delivered by voluntary sector, colleges and training providers. Updates were given by UR Potential, Groundworks and Blackpool and The Fylde Colleges on support for unemployed young people in Blackpool which will be linked into Council support.

5.3   Special Educational Needs and Disability (SEND)

5.3.1   The numbers of students with Social, Emotional and Mental Health (SEMH) needs educated in out of borough specialist provision has been rising to around 70 (dependant on the stage of the academic year, with less in September as Y11 leave and new students commence during the year). For a time we have been discussing, with providers, the possibility of opening up a special free school to cater for some of these students within the town. Central government has just

launched a bidding process to open a number of free special schools. Blackpool has submitted a bid for a 48 place special school for Key Stage 2 to 4 students with Social, Emotional and Health needs.

5.3.2   There is increasing pressure on early years' services for Special Educational Needs and disability as numbers increase. This is due to Blackpool being a net importer of need, more babies surviving, who have additional needs and an increasing diagnosis of autism.

5.3.3   Preparations for a possible inspection of Special Educational Needs and Disability (0 - -25 year olds, and their families) within the Blackpool area continue across all Partners. The self-evaluation framework is currently being updated and the structure of the strategic groups revised in terms of lessons learnt.

5.4   **Blackpool School Improvement Board**

5.4.1   The second meeting of the Blackpool School Improvement Board takes place on 9 December 2016. This Board represents all aspects of education in Blackpool and has identified five priorities which will form the basis of the School-Led System and will be monitored by the Board. The priorities include: Teaching and Learning, Developing Leadership, Collaboration, Inclusion and Effective Transition

5.4.2   Headteachers will have the opportunity to engage in the progress of the priorities through their representative lead. Schools will be encouraged to share practice and activities in these priority areas.

5.4.3   The Local Authority is in the process of commissioning school improvement advice and has now secured the services of an individual who used to work as one of Her Majesty's Inspectors (HMI). The individual will support the process of school collaboration in this new model and has vast experience of working with other Authorities and Multi Academy Trusts (MAT).

5.5   **Opportunity Fund**

5.5.1   Blackpool has been confirmed as one of ten Local Authorities to become part of the New Opportunities Programme which will look at funded commissions to target across the life span of a young person/child. The work shall be overseen by a partnership board and the Chair of the Blackpool School Improvement Board will be invited to be a standing member. The Department for Education is scoping the way forward.

5.6   **Blackpool Challenge Summits**

5.6.1   The Challenge Summits shall now replace the Board and the following themes have been agreed:

Date of meeting and venue	Agenda circulated	Deadline for reports	Theme for Summit
12 October 2016 Derham Lounge, Winter Gardens	5 October	3 October	Inclusion
24 January 2017 Main Lecture Theatre, CLC	17 January	13 January	Employability and skills
5 April 2017 Main Lecture Theatre, CLC	29 March	27 March	Aspiration and Parental Engagement
5 July 2017 Renaissance Room, Winter Gardens	28 June	26 June	Recruitment and Retention

5.7 **Virtual School**

5.7.1 Following the success of the Head Start bid a project to address the needs of "Our Children" on the edge of exclusion is being planned. The project will focus on those children who have already experienced a school exclusion combined with a high Strength and Difficulties Questionnaire (SDQ) score. The Strength and Difficulties Questionnaire is completed by carers and this information forms part of the statutory return. Resilience coaches will work alongside the Educational Psychologist for Our Children with the identified cohort, their carers and schools.

5.8 **Childrens Social Care**

5.8.1 The Challenge; currently there are very high levels of contact and referrals to social care. In September there were 1127 contacts of which 350 became referrals to social care and 31 to Families in Need (FIN). The service has the highest number of social work open cases which stands at 2050. Additionally, the Local Authority has the highest number of children subject to a child protection plan and looked after (currently 506 Looked After Children); one in 14 children in Blackpool has a social worker. Nationally local authorities have seen a 65% increase in initial contacts to children's social care (since 2007 – ADCS, Safeguarding Pressures), numbers of child protection enquiries per 10,000 have risen by 124% and the rate of children starting to be looked after 94%.

5.8.2 In order to strengthen partnerships, consistency of approach at level 2 and collate reliable/valid data, the Local Safeguarding Children's Board has held an extraordinary meeting to focus on demand management with some clear actions and themes being agreed. Additionally there will be a 'Think Tank Session' on 1 December 2016 to work through next steps with Regional/Local Government Association colleagues, staff and partners.

5.8.3   Other actions that have been agreed to reduce and manage demand include the following:

- Families In Need has stepped down all level 2 work to free up capacity for their qualified social workers to become the allocated worker for Children in Need cases.
- A revised Early Help plan is in place which includes a reinvigorated offer from children's centres, the development of the vulnerable adolescent hub, the development of a revised Early Help assessment process and threshold document and the use of resilient therapy as the underlying approach and shared language across all agencies.
- The Safeguarding Board held a summit on demand management on the 18 November 2016 with all partners and a partnership plan has been developed.
- The review of in house residential provision has now been completed and the development of a crash pad/edge of care model is in train.
- PAUSE model scoping has begun to support parents where one child has previously been removed and to prevent further vulnerable pregnancies.
- Threshold audit and audit of cases into the care system and those not meeting threshold of children's social care have taken place.
- A pan-Lancashire review of the Multi Agency Safeguarding Hub (MASH) is underway.

5.8.4   Future action planned: Strengthen support to professionals that are working with families that do not require social work in put. There are a number of actions required in this area:-

- The development of the role of Early Help Officer – this role would offer professional consultation to other professionals and also support them to act as the lead professional and develop early help assessments and team around the child work. This role could be resourced from existing services.
- The development of a rapid response intensive support team which can be immediately commissioned and deployed by social care. This would mirror the models in successful Local Authorities such as Leeds and prevent the need for multiple assessments before early and intensive support is accessed. This service could be created from existing resources and would complement the crash pad and vulnerable adolescents hub which are being developed.

5.8.5   Outcome required:

- Reduction in overall contacts to the front door
- Improvement in referral conversion rates to above 45% (this would be rated good by Ofsted).

5.8.6   **Improved purposefulness of practice and timeliness of social work intervention**

The challenge: currently high and complex caseloads make effective care planning and intervention challenging. Despite this in many areas the service is achieving better than average levels of timeliness for example initial conferences in timescale (97.7%) and statutory visits 86.6%. However, some of the other data suggests a level of anxiety in the system which is created by the high numbers and the

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complexity of cases, for example, there are high levels of section 47s (investigations where significant harm is suspected) - this has gone up from 479.7 per 10,000 in March to 614.4 in August 2016 and there are high numbers of children on plans and some that are on plans for too long.

5.8.7   Action already taken:
- Additional social work posts have been agreed to go into duty and assessment and the safeguarding teams
- The development of the placement tracking officer post to reduce system drift has happened
- The development of solution-focused meetings to reduce the number of cases that are "stuck" and are unable to come off a plan are now in place.
- The development of live data reporting for managers to be able to track work more effectively has been taking place.
- Supervision audit and participation in the Research in Practice (RIP) supervision pilot is underway.
- The introduction of new ways of working with agencies in some of the most complex and risky cases, for example, the Multi-Agency Risk Management (MARM) process being used for the children involved in anti-social behaviour.
- The introduction of a new performance process for the management team which triangulates data findings and themes.
- The Service has developed legal planning panel to ensure timely and appropriate action in cases that meet threshold for court intervention and discharge of existing orders.

5.8.8   Future action planned:
- The introduction of group and reflective supervision.
- The training and development of all managers in effective practice management and self- leadership (as presented at the social work conference) - this is a four-day course which can be commissioned from the University of Bournemouth.
- The development of a revised assessment and care planning approach across all agencies which is based on the resilient therapies approach this will support better and more consistent practice and improved multi agency risk management. This is also consistent with the approach which underpins Head Start.
- The reduction in the number of children on a child protection plan by working differently with certain groups of young people. The service has already begun to explore this in relation to the Multi-Agency Risk Management process outlined above. There is now a need to look at the process for Child Sexual Exploitation cases and investigate the model being developed pan Lancashire on a strength based approach to working with families where Child Sexual Exploitation is an issue.

6.0   **List of Appendices:**
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.

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Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting	8 December 2016

ADULT SERVICES REPORT

1.0   Purpose of the report:

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

2.0   Recommendation(s):

2.1   To consider the contents of the report and identify any further information/action required.

3.0   Reasons for recommendation(s):

3.1   To ensure services are effectively scrutinised.

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

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

3.3   Other alternative options to be considered:

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   **Care and Support – Adult Services**

5.1.1   Blackpool Council operates a five-bed residential respite service for adults with learning disabilities; meeting a range of needs.

5.1.2   The service currently supports 50 carer families and during Quarter 2 2016/2017 (July-September) delivered 425 nights of respite (92.4% occupancy) to service users, enabling their carers to have a break from their caring responsibilities.

5.1.3   The Coopers Way Respite Service is purpose built to meet the needs of disabled adults with modern equipment and adaptations including ceiling track hoists, 'H' frame and specialist bathing equipment.

5.1.4   The service is registered with the Care Quality Commission (CQC) and was inspected in 2016 and achieved a ***GOOD*** in all five domains:

5.1.5   **C**aring - GOOD
        Safe – GOOD
        Effective – GOOD
        Responsive – GOOD
        Well Led – GOOD

5.1.6   The case study below clearly illustrates how the care and support is delivered through outcome focused approaches ensuring that the 'person' is at the centre of all decisions made with, for and on behalf of the person:

5.2   **Case Study – Background**

5.2.1   X is a 31 year old woman who lives at home with her parents. She accesses day care services Monday to Friday. Up until 2015, X had never accessed any form of Residential Respite Service, although she had been accessing Brian House for day care, but did not have confidence in the service to have overnight Respite care.

5.2.2   X has Rets disorder, Valsalva breathing , is fitted with a PEG for all medication and fluids to be administered through, has Epilepsy and requires Oxygen , and has profound physical disabilities and associated needs.

5.2.3   X underwent transition to Coopers Way Respite Service during 2015/2016, and following this lengthy transition and 'getting to know you' period; the team has built up a trusting relationship with her parents and X and she is now an active User at Coopers Way.

5.3 **Service Provided**

5.3.1 X accesses Coopers Way two days a month, typically on a Friday and Saturday, her parents will drop her off on Friday evening and will pick her back up on a Sunday afternoon. Whilst X is accessing Coopers Way, all her personal care needs are tended to by the staffing team and due to X's physical disability, she requires 2:1 staffing to meet these particular needs.

5.3.2 X needs full support to bathe, dress, feed and to take her medication. All X's medication is administered through her PEG, and should X not be drinking very well, fluids will also be administered through the PEG. All meal choices are made with X and her body language, eye contact and knowledge of her likes and dislikes assist staff in understanding her choices.

5.3.3 X accesses the community in her wheel chair with a 1:1 support. X is a very sociable young woman and likes to be in the 'hub' of activity, she likes to be stimulated and entertained by all the up to date music and television programmes either in her personal bedroom or in the communal lounge at Coopers Way.

5.4 **Outcomes**

5.4.1 X's parents receive a needed break from their caring role, enabling them to maintain this caring role.

5.4.2 X undertakes activities that are valued and stimulate her, and are empowering her to make choices where possible for herself.

5.4.3 X health and well- being is monitored, maintained and all personal care and support is provided with dignity and respect, following her person centred care plan. Ensuring her needs and preferences are met.

5.5 **Assessment and Rehabilitation Centre (ARC) Service Update**

5.5.1 The ARC Service changed significantly in April 2016 to become a truly integrated Health and Social Care delivery service. In the first six months of operation the **123** people have been admitted to the ARC following a stay in Hospital, with a total of 168 admissions. The aim of the ARC service is to support people who have had a significant change in their health and wellbeing which has impacted on their level of independence. It is a therapy led service, with the focus on assessing and supporting people to regain as much independence as possible and, wherever possible, to help them return to live in their own home.

5.5.2 A new registered manager is in place and registered with the Care Quality Commission, who is a qualified registered nurse.

5.5.3   Taking the same period last year, the overall number of admissions to ARC have increased by 26%, with 101% increase on the number directly from hospital. A new referral pathway has been put in to support referrals from community health services, these are row routed through the Rapid Response team who will, on receipt of the referral, explore all options to support the person to stay in their own home. This has had a positive impact on the number of people requiring admission from their own home.

5.5.4   There are consistently two to three vacancies in residential rehabilitation at any one time, so we can be confident that there are not referrals routinely being declined due to service availability. There has for short periods been a higher demand for clinical beds than can always been met. On one occasion to date there was a delay in admission of intensive stroke patients due to therapy availability, though admissions were arranged for these patients as soon as possible and alternative care was not required.

5.5.5   Last year, the 74% of people discharged in the first two quarters were able to return home. Despite a significant increase in both volume and acuity with the introduction of clinically enhanced beds, 70% of the people discharged in the first six months of the service have been able to return home.

5.5.6   The service continues to evolve as new ways of working bed in, and we expect to see more positive outcomes achieved for individuals through the year.

5.6   **Case Study**

5.6.1   Mrs H was referred to the ARC by the hospital discharge team. She had been in hospital for four months after a fall at home where she had sustained serious injuries. The ARC was discussed with Mrs H to extend her rehabilitation and regain her baseline of mobilising independently before she returned home.

5.6.2   On admission Mrs H was assessed by Occupational Therapist and Physiotherapist as needing to use a stand hoist with assistance of two members of staff for all transfers and a wheel chair to mobilise. Mrs H needed full assistance with personal care, could not dress independently, became tired after only slight exertion and her medication was managed by the team.

5.6.3   Mrs H worked with the therapy staff and Rehabilitation Support Workers to gain her strength, confidence and stamina to progress from using the stand hoist and wheelchair. Over a period of days and weeks, she progressed to walking a short distance with two members of staff and Zimmer frame, then one member of staff with Zimmer frame, to being able to mobilising with Zimmer frame independently.

5.6.4   As her rehabilitation progressed, Mrs H participated in the self-medication assessment process and Mrs H was able to manage her medication without any problems.

5.6.5   Within a month of her admission Mrs H was taken home for a home visit with her therapy team. Mrs H had a full assessment at home and it was identified that she would benefit from some small items of equipment to help maintain her independence.

5.6.6   Mrs H was discharged home just over a month after she left hospital. The therapy team followed her home with the equipment and ensured it was all set up correctly and Mrs H was settled and confident.

5.7   **Fire Safety – Working with Partners**

5.7.1   Adult Services have received a letter of thanks from the Assistant Chief Fire Officer for Lancashire Fire and Rescue. The thanks reflects the excellent joint working which has been undertaken by key officers leading to new Information Sharing Agreements (ISAs) being set up to enable relevant Adult Social Care data to be shared with Lancashire Fire and Rescue Service (LFRS).

5.7.2   This joint work is crucial as it enables the Service to better target its prevention resources towards those who are most vulnerable and at risk from suffering a fire in the home linked to poor outcomes.

5.7.3   Lancashire Fire and Rescue are working with us to develop their new "safe and well" visits to ensure they are as effective as possible. We were pleased to be able to progress this piece of work at some pace and to be part of something intended to promote increased resilience in our communities.

5.7.4   The letter refers to the agreement as "a significant milestone for the Service in that it's the most significant ISA we have been able to secure to date in terms of scale and scope".

5.8   **Deprivation of Liberties Safeguards**

5.8.1   High numbers of applications for authorisations for Deprivations of Liberty (DoLS) continue to be received by the Council and each authorisation for a Deprivation will require at least one full reassessment in any 12-month period.

5.8.2   At the current rate the Council's Deprivations of Liberty team expects to receive in the region of 1100 applications in 2016/2017; some of those will be for reassessment, some will be new applications and some are referred on to the appropriate supervisory body (other Councils) where they are the funding body for that person's placement.

5.8.3   The purpose of an authorisation is to ensure that those who lack capacity to agree to their care and treatment and are not free to leave the placement (in that they would be brought back in their best interests should they leave) receive the care that is

proportionate to their needs. The benefits of such a specific focus on the needs of such individuals are that they can be provided with care that is dignified and respectful and delivered in the least restrictive way according to each circumstance.

5.9   **Safeguarding Adults**

5.9.1   During the period 1 April 2016 to 30 September 2016, 424 concerns were referred to Adult Social Care for safeguarding consideration; 182 were referred into the formal enquiry process after further consideration and preliminary enquiries. Concerns that do not warrant a formal safeguarding enquiry process are dealt with in a number of other ways by (for example) Social Work intervention with the individual or their family or carer, by Social Workers and health colleagues working alongside the individual and the provider services to improve the quality of care required to an individual, or through contract monitoring processes.

5.9.2   In some cases, the numbers or level of concern regarding a particular care provider who appears not to be able to meet resident needs will generate a complex multi-agency approach.

5.9.3   To achieve this, Adult Social Care staff teams work in partnership with a number of other agencies with individuals - as far as practicable- families, advocates the provider and others. The composite case study below provides an insight into the types of approach that may be taken where a particular provider may require intensive support.

5.10   **Onset of issues**

5.10.1 A staff member at a residential care home raised concerns anonymously with the Contracts Team about staffing levels in the home. The staff member said that the staffing levels were having an impact on the cleanliness of the home. Shortly after this report was received, the Contracts Team was notified by Public Health that there had been an outbreak of diarrhoea and vomiting at the home. The outbreak was confirmed as the same strain of C Difficile that had flared up at the home a year previously. The home had not reported the outbreak to the Care Quality Commission (CQC).

5.10.2 Within the same week anonymous reports were also being made to the Care Quality Commission and a number of professionals raised additional concerns, for example:

- Food Standards inspection resulted in a rating of 1.
- Resident on resident assault.
- Environmental issues including heating not working.
- Insufficient staff to meet needs of residents.
- Increased admissions to emergency healthcare.

5.10.3   A joint visit was undertaken by a Quality Monitoring Officer from the Contracts Team and a Social Worker. The visit revealed that:

- Staff did not consistently provide safe and appropriate care to people.
- Procedures in place to protect people from the risk of abuse had not been followed.
- Staffing levels were not sufficient to provide safe care.
- People who had high care needs, were left with little stimulation or attention for long periods of time.
- Infection control practices did not ensure cleanliness or reduce the risk of cross contamination.
- Staff did not have a working knowledge of the Mental Capacity Act.
- Some people were not provided with appropriate level of care and attention.
- Poor care practices were observed from some staff when they supported people.
- Information within care plans was not always in place or did not adequately guide staff to assist them to respond to people's needs.
- Staff provided care in a task centred way rather than in response to people's individual needs and preferences.
- A number of systems to keep people safe had failed.
- A number of systems to monitor the quality of the service and keep people safe had failed.

5.11   **Taking Action**

5.11.1   The Contracts Team advised the Care Quality Commission of its own concerns received about the home, and informed the Fire Service of potential issues with fire risk assessment and evacuation processes. Social Workers began enquiries into safeguarding cases arising from the concerns and the Contracts Team began to address quality issues with the provider.

5.11.2   The Care Quality Commission carried out a full inspection during which a number of concerns were noted and shared with the Contracts Team including breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was deemed to be inadequate or require improvement in all areas of the Care Quality Commission standards: safe, effective, caring, responsive and well-led.

5.11.3   A multi-agency 'risk summit' was convened and a joint risk assessment was conducted by the Council and Blackpool Clinical Commissioning Group as the bodies responsible for the care and funding of individuals within the home. Professionals who attended the Risk Summit included the Head of Commissioning and representatives across all agencies with an interest in the issues raised.

5.11.4   Information considered and discussed at the meeting included:

- Analysis of the risks to residents resulting from the joint risk assessment.
- Review and update of Care Quality Commission activity.
- Review and update of safeguarding activity.
- Review and update of Contracts Team activity.
- Feedback from professionals.
- Impact of quality issues on individual residents.
- Impact of quality issues on all residents.

5.11.5   A decision was taken that the Council would suspend making new placements to the home and review the needs of existing residents against the home's ability to meet those needs. The Fire Service agreed to undertake a compliance visit and served an enforcement notice on the home.

5.11.6   The provider was invited to a meeting with the Director of Adult Social Services (DASS) and the Head Of Commissioning and informed of the suspension, the reasons for it, and how the situation was to be managed. Reviews of each individual resident's care needs were undertaken promptly with family and/or advocates and a small number of residents were moved because the issues that the home had meant that the home was not in a position to provide appropriate levels of care.

5.12   **The Action Plan**

5.12.1   A programme of weekly progress review visits to the home was put in place and all stakeholders were updated on progress regularly.

5.12.2   Resources and support were provided to the home including:

- Audit and advice from Medicines Management Pharmacist.
- Environmental advice from Dementia Care Homes Officer.
- Access to free staff training around the use of the Mental Capacity Act
- Advice and information from the Fire Service.
- Close support from dedicated Quality Monitoring Officer.

5.12.3   Where further issues were uncovered by people supporting the service further remedial action was added to the action plan and the provider's progress was tracked at the weekly performance management meeting held between Adults Social Care and Contracts Team.

5.13   **The Current Picture**

5.13.1   The Care Quality Commission has now deemed the service to have improved and it is likely that the home will be judged Good overall.

5.13.2   The owner has made significant investment in the management, staffing, and fabric of the home, a new manager and deputy are in place, staffing levels and all staff are appropriately recruited and trained.

5.13.3   Systems to ensure that residents are safe have been overhauled and care practice has improved significantly and staffing levels are such that safe care can be provided.

5.13.4   Safeguarding activity has fallen to almost zero and residents report that they feel safe and are well cared for and that they are happy at the home.

5.13.5   The suspension to new placements has been lifted with a programme of further support through an enhanced monitoring regime to ensure that improvements are sustainable.

5.14   **Adult Social Care (ASC)**

5.14.1   Adult social care continues to register a rise in the number of requests for assessments, as detailed in the chart below. We are continuing to manage these through the system with no waiting list. Although there are no statutory time limits to complete an assessment, we measure our performance against an internal target of 28 days. Where the assessment goes beyond this it is usually due to either a particularly complex set of circumstances, or a change in circumstances, for example an admission to hospital. Quality assurance in this area is undertaken via the regular supervision that staff have with their line manager.

Assessments Completed

Legend: Last Year Timely, Last Year Late, This Year Timely, This Year Late
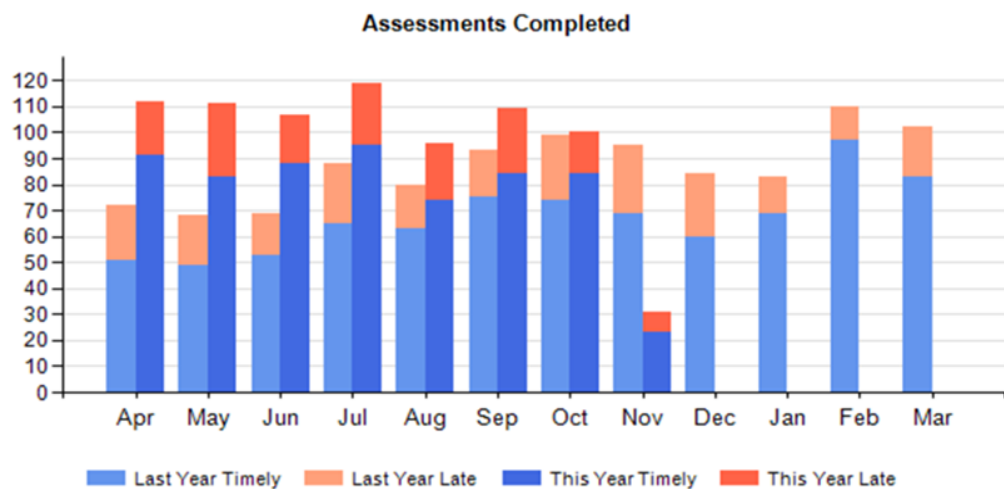
5.14.2　Work with our NHS partners in respect of the new models of care continues. The third year of the New Models of Care/Vanguard developments is approaching and we are working with the Clinical Commissioning Group and local NHS Trust in considering what can be developed over the coming year to support people to remain in the community. The aim is to avert hospital admission wherever this is indicated and possible, and where people have been in hospital provide the necessary support and rehabilitation to for them to return home as soon as they are able. Not only is this the preferred option for most people, it will help with the Accident and Emergency, Primary Care and in-patient bed pressures which are local and national issues.

5.14.3　A particular focus of our work at this time of the year is working with relevant partners, primarily the NHS, in what is referred to as the "winter pressures period". Seasonal factors tend to impact on people's health and well-being and the effects of this are felt throughout the care and health system. One of our key services in trying to ensure the smooth running and throughput in system terms is the Hospital Discharge Team (HDT).

5.14.4　The Hospital Discharge Team in its widest sense consist of a multi-disciplinary team of social workers, nurses, support workers, working across Blackpool Victoria Hospital (BVH), Clifton Hospital, The ARC and the Hospice. Sub-teams cover all these areas, apart from a lone worker at the latter. A brief description of how the service works at the main hospital is as follows.

5.14.5　The Blackpool Victoria Hospital team consists of a team manager, deputy manager, five social workers and seven nurse discharge coordinators. Between them they are allocated to all wards to ensure that every ward has cover from both health and social care when planning peoples' moves from an in-patient setting. Although the majority of patients go home to their own support networks, some may need extra work to maximise their independence before they can get home, and some simply do not have any support but will need this either at home in a cared for setting.

5.14.6　Ideally all discharge planning starts from admission. The work of the team is usually generated from a daily white board round on each ward, a multi-disciplinary meeting on the ward looking at all patients and thinking about their move on needs. There are a number of routes available, but the preferred option is re-ablement. This is a service which allows people the opportunity to regain those skills and abilities which they may have lost through either illness, or the debilitating effects of their illness. For example, muscle wastage for older people spending time in bed can occur rapidly and takes time to recover. Clearly the aim is to help people to recover their independence, or regain as much independence as possible.

5.14.7　When looking at discharge, the needs of the person are paramount and they are central to the process. Where there are family members or carers they too will be involved. Decision making when you are unwell is not easy, can take more time than usual, and can be very significant in terms or your future living arrangements and quality of life.

5.14.8   Re-ablement options available to people can be either in their own home, or in the integrated residential setting of the Assessment and Rehabilitation Centre (ARC). The service is available free of charge, usually up to a maximum of 6 weeks, although many people meet their aims before this period. The outcomes could range from a return home, a return home with a package of domiciliary care to help you remain at home, or in a fewer number of cases into either residential or nursing care. People with particularly complex rehabilitation needs will often go to Clifton Hospital, where the process tends to be longer due to the complexity. They will then be dealt with by the Clifton sub-team.

5.14.9   Those people who do not go down the re-ablement route but who require on-going services in the community have a range of other options which the Hospital Discharge Team will work with them to meet their needs. This could include either a new or re-started domiciliary care package, a move into residential or nursing care, or indeed end of life services. These packages will be reviewed by the hospital team within the first six weeks as obviously people's needs can change quickly once at home, and any appropriate changes made. On-going work then passes over to the community teams, as the Hospital Discharge Team have high turnover levels to manage.

5.15   **REGULATED SERVICES**

5.15.1   Care Quality Commission Residential Care Inspection Outcomes Update.

5.15.2   Sixty seven Residential and Nursing Providers have been inspected under the Care Quality Commission's new methodology. There are four Providers who have yet to be inspected or who have been inspected and we are awaiting the Care Quality Commission's report.

	Blackpool	Blackpool	National Total	National Total
	Number	%	Number	%
Outstanding	3	4.48%	122	0.88%
Good	54	80.60%	9926	71.65%
Requires Improvement	9	13.43%	3490	25.19%
Inadequate	1	1.49%	316	2.28%
	67	100.00%	13854	100.00%

National figures correct as at 1 November 2016
Blackpool figures correct as at 1 November 2016.

5.16   **Case Study - Residential and Nursing Provider A**

5.16.1   Early in 2014 thirty eight issues were raised in relation to the quality of the service. There had been issues with quality of service in 2010/2011 and the home had been put on an enhanced monitoring regime.

5.16.2   Recurrent themes included:

- Poor care standards.
- Poor recording practice.
- Poor staffing levels.
- Significant training issues.
- Reliance on agency staff for nursing.
- Inconsistent management arrangements.

5.16.3   As a result of continuing concerns about the quality of care the home was suspended in November 2015.

5.16.4   Joint working between Blackpool Council and Blackpool Clinical Commissioning Group to support the provider has resulted in the provider making significant improvements:

- Management was stabilised.
- Appropriate staffing levels were achieved.
- Training issues were addressed.
- There was a reduction of safeguarding activity.

5.16.5   The suspension to new placements was lifted in January 2016 and a regime of enhanced was put in place during which the provider has been supported to ensure that improvements are sustainable.

5.16.6   The home is currently performing well and safeguarding activity has fallen below average for the size of the home and the type of residents it cares for.

5.16.7   The home beginning to regain its reputation and the enhanced monitoring regime will shortly be ended.

5.17   **Care Quality Commission Care at Home Inspection Outcomes Update.**

5.17.1   Seventeen contracted Care at Home agencies have been inspected under the new methodology. There are no Providers who have yet to be inspected or who have been inspected and we are awaiting the Care Quality Commission's report.

	Blackpool Number	Blackpool %	National Total Number	National Total %
Outstanding	0	0.00%	63	1.32%
Good	14	82.35%	3728	78.39%
Requires Improvement	3	17.65%	894	18.80%
Inadequate	0	0.00%	71	1.49%
	17	100.00%	4756	100.00%

National figures correct as at 1 November 2016
Blackpool figures correct as at 1 November 2016.

5.18   **Case Study - Provider B**

5.18.1   Provider B is spot contracted to provide care for four Service Users with a Learning Disability in two locations.

5.18.2   A number of quality concerns with the service in December 2015 prompted a Risk Summit to be held, the outcome of which was a decision to undertake a contract review of the service.

5.18.3   The contract review process identified a number of additional issues with the service. Key concerns included:

- Staffing levels due to difficulty recruiting and retaining staff.
- Management support to operational staff. Two service managers were relatively new to post and did not appear to have extensive knowledge or experience to manage teams of staff. Their manager was based out of area.
- Staff did not appear to have access to robust risk assessments and guidelines.
- Issues of consistency around Deprivation of Liberty Safeguarding.
- Staff were missing some skills to support people with a Learning Disability.

5.18.4   These issues were deemed by Social Workers to be having a detrimental impact on the people using the service. The Care Quality Commission was informed and an action plan was developed and agreed with the provider. Weekly contact was then maintained with the provider.

5.18.5   The CQC published an inspection report in January 2016 which deemed the service to be Requires Improvement. The Council then suspended the provider to new packages of care and refreshed the provider's action plan. The Contracts Team then supported the provider to make the improvements necessary to address the concerns.

5.18.6 The Care Quality Commission re-inspected the service in July 2016 and found the service to be Good in all areas.

5.18.7 The service is still being monitored from a staffing perspective as it is vulnerable to local labour market pressures.

5.19 **Case Study – Richmond Fellowship mental health housing**

Background

5.19.1 AM is a 36 year old male diagnosed as having Paranoid Schizophrenia and had been an inpatient several times due to his mental health. He began hearing voices in 2013 but has had a history of paranoia and depression attributed to excessive cannabis use as a teen.

5.19.2 While in his own flat in 2013, AM was concerned that people were driving past his residence revving their engines and that they posed a threat to him. He later added that at this time he believed that he was subject to an experiment and believed that this was why he was sensing things that others could not. AM has often claimed that many of his persecuting voices threaten him to keep quiet about these experiments and he has believed that this is why 'they' want to find him. AM had also confronted a group of young men he believed were talking about him and he was assaulted as a result.

5.19.3 Just before his last hospitalisation in 2014, it was noted that AM had become suspicious of his medication and claimed the tablets were the wrong colour. At this point AM was finding difficulty in maintaining a rational conversation. He would burst into fits of laughter, but also bouts of tears. It is important to note that at this point AM showed no insight into mental illness but did agree to voluntary admission to a psychiatric unit.

5.19.4 While in hospital, AM became distrustful of his fellow patients and demanded that he be transferred to another ward or he would kill himself. AM claimed that he had tried to hang himself and that no one cared. There were no witnesses to the attempted suicide; however, red marks were clearly visible around his neck. He had 'evil' voices that were threatening towards him and was experiencing hallucinations both visual and olfactory, reporting that he had seen other patients moving objects with their minds and claimed to have perceived strange smells that were not detectable by others.

5.19.5 He was placed on Bowland Unit, a quieter ward with only six patients, where he was treated with the anti-psychotic Clozaril and was eventually discharged to the Blackpool supported living scheme in 2014.

Details of support

5.20   Staff at Richmond Fellowship worked from the notes provided by his care coordinator to provide basic support needs for AM. As time passed a more person centred support plan was created and tailored to AM's needs. His cooking and dietary choices were monitored and advice was offered for healthier choices when he was supported to shop.

5.20.1 Initially AM was unable to access the community due to sustained paranoia and his delusional convictions. This agoraphobia extends back to his late teens. He believed that people were either talking about him or intended him harm. Staff would support him to attend his GP appointments, Blood Tests, Chemist, Shops (local and Supermarket) and AM would use a Taxi for all of these outside activities rather than public transport.

5.20.2 AM has been supported to manage his finances and is open and honest about how things can get out of shape. AM is supported to make phone calls and deal with his mail. Over the months various measures have been put in place to make budgeting easier, these include:

- Paying his electric via a meter.
- Setting up a standing order to pay off his credit card bill weekly.
- Full budget plan discussions and suggested allowance for eBay purchasing.
- Assisted grocery shopping with planned budget.
- Weekly checks on mail correspondence and open discussion.

5.20.3 AM also has difficulty in controlling his alcohol consumption as he attempts to self medicate. Staff have maintained giving advice of safe drinking levels. It has been continually explained how the short term relief from his persecuting voices may result in him having a worse night next time as the alcohol can counter his prescribed medication as well as having health and financial detriments.

5.20.4 Big changes began in 2015 with a combination of increased trust and his willingness to engage in confidence building methods. This has mainly been through carefully executed verbal support and well managed monthly reviews and revised support plan goals.

5.20.5 AM has been provided with many examples of how to live with Schizophrenia and how others cope. Many months of conversations have been had discussing ways to deal with voices, getting to know his main five voices and understanding how they seem to know everything about him. AM has worked hard with staff to rationalise his mind and accept his illness.

5.20.6 Coping methods have been identified to re-enforce the notion that his voices are internally generated. One method was as simple as placing his fingers in his ears to see if the voices he believed were emanating from outside would continue or not.

5.20.7   Another idea was used, which involved making an audio recording when his voices are at their most insistent. The device was played back to staff the following day and only his breathing was detectable. This has been repeated several times and usually has been confirmation enough that the characters he hears are neither in the room nor just outside his window.

5.20.8   AM seems to respond well to logic and this has been used while discussing his delusions. Staff have complimented AM for his readiness to engage so openly. Often repeating his delusional thoughts back to him, as if he were the one listening to another person's difficulties, has him doubt their reality.

5.21   **Community integration:**

5.21.1   To build confidence it has been beneficial to encourage AM to push himself out of his comfort and expand his social world. This has needed challenging discussions with a good mix of humour and goal setting. In the last twelve months AM has been supported on many occasions to go cycling. This has been done as a stand-alone activity and also by way of saving money on to attend his blood tests.

5.21.2   Other social support has occurred by going to a local golf driving range (AM's suggestion) and a supported walks to the local shop or simply around the block to get him out of his flat. These walks have increased in length but his preference is to go cycling.

5.21.3   By closely monitoring AM's mood, reasons for drinking and intensities of persecuting voices, he has been guided to identify additional triggers for relapse. One major trigger has been the thought of moving out from the support and safety of supported living with Richmond Fellowship. This became a source of heightened anxiety a good nine months before his two year placement would have been up for review. Staff worked hard to reassure AM that he was under no pressure and his concerns were overly premature.

5.21.4   A change of tack was decided three months into this cycle to actively support his move on and refocus his perceptions more positively. Staff supported him to register with two housing associations and to plan as to what areas may be suitable for his individual needs so as to set him up with the best chance for more independent living.

5.22   **Results of intervention:**

5.22.1   The primary benefit AM has had by working with Richmond Fellowship staff is his increased independence. AM is now at the stage where he can:

- Perform a full unsupported bimonthly supermarket shop.
- Attend GP appointments without support.

- Walk to the local Shop independently.
- Mostly attend his own blood tests (occasionally wanting support)
- Cycle to his various appointments or to his Dad's house unaccompanied.
- Identify financial difficulties and seek help earlier.

5.22.2 AM continues a good relationship with his family. He visits his Dad usually on a weekly basis now and last summer he managed a day in The Lake District, which although not perfect, was a big step . AM was well enough to enjoy Christmas with his family this year. AM also has maintained a relationship with his girlfriend who also has mental health difficulties. Despite a break from each other towards the end of 2015, this relationship seems to be stable and provide positive mutual support.

5.22.3 AM has a far better understanding of Schizophrenia and how it affects him. More importantly he has reached a stage where the voices are more of an irritation that annoys him rather than a perceived reality that frightens him. This has been through a concerted effort of one to one support, listening, understanding and considered method and approach.

5.22.3 In September of 2015 AM began to show signs of anxiety at the thought of potentially moving on from Richmond Fellowship in May 2016. Initial support was based around taking the urgency and pressure away from this but by December 2015 a change was decided upon to make looking for a new flat a positive exercise.

5.22.4 AM bid on a several properties, was accepted on one and has now successfully moved into his own tenancy.

Outcomes/Values Achieved for Service User	
Coping with voices: AM has learned to identify voices as being internal and not outside threats. This has resulted in turning them from a source of fear to an annoyance. The next step is to ignore them and AM is now empowered to fight towards this goal.	Stay Safe: Support given to help understand written communication and maintaining contact with external agencies and companies has improved living skills. AM keeps on top of all his bills and other payments and abides by the rules of his tenancy. He is able to maintain his tenancy with no problems.
Enjoy and Achieve:	Mood and outlook:

AM has developed a closer relationship with his father. Although his Dad does not full understand what AM has to go through, their relationship has been strengthened as AM has learned to express himself.	AM has new found pride in his achievements. He is more confident and has a better sense of life direction. Leisure activities such as Golf, Cycling, Eating out and one day Go Karting are now achievable.
Be Healthy: His increase in independence is at the best level he has achieved since his late teens. This has been aided by confidence in cycling and walking which increases his general physical health. Access to supermarkets has also had a dramatic effect on his dietary choices and cooking options.	Understanding his Mental Health: AM now has a good grasp of what Schizophrenia is. This has empowered him to regain control and accept his situation. To understand his mental health has released him from living in fear so he can focus on getting enjoyment from life.

5.23   Respite

5.23.1   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. The pilot will run from February 2016 to February 2017. An interim evaluation on progress will be presented to Adult Executive on 18 November 2016. The homes are monitored on a monthly basis by the contracts and commissioning team.

5.24   Case Study

5.24.1   Provider A

5.24.2   Has received a total of 20 referrals for overnight respite care since the start of the pilot, 50% are carers who had previously accessed respite at Hoyle at Mansfield.

5.24.3   Of those referrals:
- Due to a change in need three service users are now permanent residents in the home.
- Due to personal reasons two service users are no longer accessing the home for respite and are being supported to identify alternative provision.
- One person has recently passed away.

5.24.4   An interim survey has been undertaken to better understand carers views of the respite provided by the home for the person they care for, overall carers were satisfied with the level and quality of the service however where issues have been raised appropriate steps have been put in place to resolve them. These are verified at monthly monitoring meetings

5.25   **Transforming Care**

5.25.1   Blackpool continues to work collaboratively with Lancashire Transforming Care Partnership to ensure successful delivery of the Pan-Lancashire Learning Disability Transformational Plan. A localised version of the plan has been developed to account for the difference in the composition of community learning disability teams, maturity of local Learning Disability services and our relative size.

5.26   **Case Study**

5.26.1   Transition is a key area for Transforming Care. Evidence has shown that transitions between child and adult services can be problematic for young people and families as there is a lack of innovation and collaboration to 'wrap services' around people who are complex. The Lancashire plan makes clear that young people with behaviour that is complex and challenges should be the subject of focused attention and support. Therefore commissioners must work to ensure that local capacity and confidence is built to improve support and increase resilience in the system.

5.26.2   As a local response, the community Learning Disability team in collaboration with Commissioning and a specialist provider has recently tested out a new approach which introduces behaviour focused assessments at an earlier stage in the transition process, in order to develop more effective and proactive plans to minimise placement breakdown. Evaluation has been undertaken to measure the effectiveness and intended benefits using the views and experiences of practitioners, provider, service users, families and carers involved in the pilot. It is intended that the framework will be used in future transitions as best practice.

5.26.3   Key outcomes:

- Individual Behaviour plans have been developed collaboratively and in consultation with young people and their families.
- Increased collaborative working between adults, children's and third sector colleagues to develop services which are Person Centred, outcomes focused and proportionate to presenting risks increase resilience in the system and agree future good practice.
- Plans belong to the young person rather than the 'provider'.
- Promoted co-production based on choice and control.
- Shared approach encouraged positive risk taking and open mindedness.
- Pro-active provider has made this a truly shared project.

- Use of flexible and intelligent commissioning arrangements has resulted in the right service being commissioned in the right way at the right time in order to meet needs.

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

5.28   **List of Appendices:**
None

6.0   Legal considerations:

6.1   None

7.0   Human Resources considerations:

7.1   None

8.0   Equalities considerations:

8.1   None

9.0   Financial considerations:

9.1   None

10.0   Risk management considerations:

10.1   None

11.0   Ethical considerations:

11.1   None

12.0   Internal/ External Consultation undertaken:

12.1   None

13.0   Background papers:

13.1   None

Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Wendy Casson, Head Teacher, Educational Diversity
Date of Decision/ Meeting	8 December 2016

PUPIL REFERRAL UNIT SCRUTINY ACTION PLAN

1.0   Purpose of the report:

1.1   To review progress made against recommendations made by the Pupil Referral Unit Scrutiny Review Panel

2.0   Recommendation(s):

2.1   To scrutinise the update of actions undertaken.

3.0   Reasons for recommendation(s):

3.1   To ensure the scrutiny of review panel recommendations.

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

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 June 2016, following a review of the Pupil Referral Unit, an action plan was developed and agreed by the Pupil Referral Unit Scrutiny Review Panel. The aim of the plan was to implement a number of strategies, designed to reduce the number of students requiring placement within Educational Diversity and develop a consistent approach to exclusion across all secondary settings.

5.1.1   The Pupil Referral Unit Scrutiny Review Panel had been concerned that the number of young people being excluded from mainstream provision had been increasing year on year. A target from the Blackpool Challenge Board was to reduce this number and raise academic achievement for all: "100% of pupils making progress 100% of the time".

5.2   **Recommendation 1:**
         The Resilient Communities Scrutiny Committee supports the Blackpool Challenge Board in its objective to provide a consistent approach across all schools and reduce the number of referrals to the Pupil Referral Unit through the introduction of the Behaviour and Attendance Partnership.

         Update:

5.2.1   The Behaviour and Attendance Partnership was re-established and the first meeting took place on 17 November 2016. There have been ten meetings and 52 young people have been referred to the panel.

5.2.2   The Partnership is welcomed by all colleagues as it is a forum established to meet the needs of the hard to reach young people, and also to enable the sharing of good practice and develop an awareness of the quality alternative provision that is available. All data regarding exclusions, managed moves, Elective Home Education and referrals to Educational Diversity is shared and understood by all, allowing the appropriate challenge to schools where applicable.

5.2.3   As a direct consequence the number of permanent exclusions has reduced considerably as is shown below:
         2014 / 2015 – 60 Total
         2015 / 2016 – 44 Total (21 of these attributed to one school)
         2016 / 2017 – 7 to date
         The number of fixed term exclusions:
         2014 / 2015 – 1,495 Total
         2015 / 2016 – 1,221 Total

5.3   **Recommendation 1b:**
         In order to measure performance against the objective, the Committee to receive regular updates on the number of exclusions and admissions to the Pupil Referral Unit with a view to making further recommendations if sufficient progress is not demonstrated:

5.3.1   The number of students accessing the Pupil Referral Unit during the last academic year rose to 336, prior to the Year 11 leavers, which accounted for an increase in 24 compared to the previous academic year. However, this increase can be attributed to one school in crisis, New To Area (NTA) and Elective Home Education (EHE).

5.3.2   There are currently 255 young people on the roll, compared to 237 during the previous academic year, the majority of which are once again new to area or elective home education.

5.4   **Recommendation 2:**
The Blackpool Challenge Board, be requested to adopt as an action "to assess the feasibility of introducing an appropriate educational diversity module within every school in order to provide consistent early intervention and help to address the causes of any behavioural problems before they escalate.

5.4.1   The Headteacher of Educational Diversity visited all secondary settings during the last academic year to review processes around inclusion. This also provided an opportunity to share good practice across the town and the findings were shared with Blackpool Challenge colleagues.

5.4.2   Each school has started to re-develop inclusion areas within school to support young people's behavioural, learning and emotional needs. Although each setting is different, there are some shared practices developed through new learning, some of which is emerging through the Chrysalis project.

5.5   **Recommendation 2b:**
That the Blackpool Challenge Board report to the Resilient Communities Scrutiny Committee regarding the implementation of the above recommendation:
An update was provided as requested.

5.6   **Recommendation 3a:**
The Inclusion Board be requested to consider the concerns of the panel regarding the reintegration of students back into mainstream education from the Pupil Referral Unit and consider introducing a mechanism to effectively review the needs of the children to be reintegrated and the wraparound of support to prevent future breakdown of reintegration:

5.6.1   All students who are ready for reintegration from the Pupil Referral Unit are referred to the Behaviour and Attendance Partnership (BAP). During the last academic year, nine students were referred to the Behaviour and Attendance Partnership from the Pupil Referral Unit and approximately six have remained in their mainstream setting.

5.6.2   Educational Diversity has been successful in securing £35,000 from the Laurel Trust to work in partnership with "Right to Succeed" to run a research project around developing an exclusion prevention programme. The programme looks to build on Educational Diversity's experience in running the Pupil Referral Unit's short term intervention programme named "Chrysalis". This programme has a fantastic track record of preventing young people at risk of being excluded. In partnership with Right to Succeed, the aim is to take this learning into primary schools in Blackpool, targeting 80 young people at risk of exclusion.

5.7 **Recommendation 4:**
   a) **That the Panel supports the proposed bid for external funding to the Department for Education Transformational Fund to provide wrap around social care and early help around clusters of schools to help address student behaviour and resilience. If the bid is successful it would result in a social worker being placed to work with a cluster of linked schools.**
   b) **If the bid is unsuccessful, the Panel supports the Director of People in her aim to provide a more joined up approach to service provision by introducing improved links between the Family in Need Service and Pupil Welfare Team.**
   c) **The Director of People to report to the Resilient Communities Scrutiny Committee regarding the progress made in relation to the bid in June 2016.**

5.7.1 At the 9 June 2016 Resilient Scrutiny Committee meeting, it was reported that the bid has been submitted to the Department for Education and that we were expecting to hear back regarding next steps. An update on this position is awaited.

5.8 **Glossary:**
   PRU = Pupil Referral Unit ;
   EHE = Elective Home Education;
   NTA = New to Area;
   BAP = Behaviour and Attendance Partnership.

   List of Appendices:
   None.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0   Ethical considerations:

11.1   None.

12.0   Internal/ External Consultation undertaken:

12.1   None.

13.0   Background papers:

13.1   None.

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Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Chris Kelly, Acting Scrutiny Manager
Date of Meeting	8 December 2016

EDUCATIONAL ATTAINMENT 2015 SCRUTINY PANEL FINAL REPORT

1.0   Purpose of the report:

1.1   To consider the Education Attainment 2015 Scrutiny Review final report.

2.0   Recommendation(s):

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

3.0   Reasons for recommendation(s):

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

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

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

3.3   Other alternative options to be considered:

Not applicable

4.0   Council Priority:

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

5.0   Background Information

5.1   At the Resilient Communities Scrutiny Committee on 17 September 2015, Members noted that the SAT and GCSE results for pupils had been released. Due to the depth of consideration that Members wished to give to the results and the reasons behind the results, the Committee agreed to establish a scrutiny review in order to undertake an in depth investigation.

5.2   The Review Panel determined to investigate the context of attainment further after agreeing that little could be done to improve results without first solving the underlying problems and agreed to consider the following specific issues as part of the review:

- Impact of additional funding on attainment
- Transience
- Transition between primary and secondary schools
- The impact of behaviour and attendance
- Education outcomes for Looked After Children
- Quality of teaching
- Aspiration

5.4   The final report attached as Appendix 11(a) details the Panel's findings and recommendations.

Does the information submitted include any exempt information?   No

List of Appendices:
Appendix 11(a) – Educational Attainment 2015 Review Panel.

6.0   Legal considerations:

6.1   None.

7.0   Human Resources considerations:

7.1   Not applicable

8.0   Equalities considerations:

8.1   Not applicable

9.0   Financial considerations:

9.1   None.

10.0   Risk management considerations:

10.1   Not applicable.

11.0   Ethical considerations:

11.1   Not applicable.

12.0   Internal/ External Consultation undertaken:

12.1   Not applicable.

13.0   Background papers:

13.1   None

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EDUCATIONAL ATTAINMENT 2015
SCRUTINY REVIEW FINAL REPORT

CONTENTS

1.0   Foreword by Chairman

2.0   Background Information

3.0   Methodology

4.0   Detailed Findings:

5.0   Financial and Legal Considerations

1.0   Foreword

1.1   The Resilient Communities Scrutiny Committee initiated a review at its meeting on 17 September 2016 into educational attainment following consideration of the progress and attainment of children in Blackpool at the SAT and GCSE examinations in 2015.

1.2   The aim of the review was not to make formal recommendations on how to improve educational attainment, as is often the case in a traditional scrutiny review, but to investigate the reasons behind the results and find out what work was being undertaken to address the underlying issues and barriers to achievement in education.

1.3   The scrutiny panel focussed on a number of key concerns including the transition between primary and secondary school, the emotional resilience of children in Blackpool and the quality of teaching and gathered a large amount of information, which is included in this report. I would like to urge all relevant officers and partners to take account of the key concerns raised and continue the hard work already ongoing to address these concerns.

1.4   I would like to thank the Members of the Panel and the officers who willingly attended and contributed to discussions.

Councillor Benson
Chairman, Educational Attainment 2015 Review Panel

2.0 Background Information

2.1 At the Resilient Communities Scrutiny Committee on 17 September 2015, Members noted that the SAT and GCSE results for pupils had been released. Due to the depth of consideration that Members wished to give to the results and the reasons behind the results, the Committee agreed to establish a scrutiny review in order to undertake an in depth investigation.

2.2 The Review Panel initially received a training session provided by Amanda Whitehead, Head of Schools, Standards and Effectiveness on the Primary and Secondary Education Profiles of Blackpool and how to understand the data provided in these complex documents. During the training session, Members asked a number of questions about the results achieved in 2015, which led to the development of the Scoping Document for the Scrutiny Review.

2.3 During the initial training session, the Review Panel noted the poor attainment at secondary schools in 2015 in comparison to North West averages and the satisfactory but not excellent performance at Key Stage 2 in primary schools. Whilst considering the data and results, Members also focussed on the importance of context around the data and the impact of high levels of deprivation, high levels of Special Educational Needs, high levels of transience (both school to school and from out of area) and the number of children eligible for pupil premium/free school meals on ability to attain.

2.4 The Review Panel determined to investigate the context of attainment further after agreeing that little could be done to improve results without first solving the underlying problems and agreed to consider the following specific issues as part of the review:

- Impact of additional funding on attainment
- Transience
- Transition between primary and secondary schools
- The impact of behaviour and attendance
- Education outcomes for Looked After Children
- Quality of teaching
- Aspiration

2.5 Members hope that the work they have done in raising awareness of these key issues will impact upon future progress and attainment positively.

2.6 The review relates to the Council priority 'Communities: Creating stronger communities and increasing resilience.'

2.7 **Please note that the 2016 results are due to be released and although they are expected to show an increase in attainment in Blackpool the underlying issues raised throughout this report, although based on 2015 data, are still applicable.**

3.0   Methodology

3.1   The Panel held six meetings to consider all evidence and speak to witnesses. These meetings followed an initial scoping meeting. Details of the meetings are as follows:

Date	Attendees	Purpose
5 January 2016	Councillors Benson (Chairman), Singleton, O'Hara and Hunter Mr Kershaw, Co-opted Member Ms Amanda Whitehead, Head of Schools, Standards and Effectiveness Mrs Sharon Davis, Scrutiny Manager	Training session on interpreting the data contained within the Education Profiles. Completion of scoping document for review.
9 February 2016	Councillors Benson (Chairman), Singleton, O'Hara and Hunter Mr Kershaw, Co-opted Member Ms Amanda Whitehead, Head of Schools, Standards and Effectiveness Mrs Sharon Davis, Scrutiny Manager	General overview of attainment at Primary and Secondary Schools in Blackpool in 2015 and specific school examples.
6 April 2016	Councillors Benson (Chairman), Singleton, O'Hara, Maycock and Hunter Mrs Hilary Wood, Head of Business Support and Resources (Children's and Adult's Services) Ms Amanda Whitehead, Head of Schools, Standards and Effectiveness Mrs Sharon Davis, Scrutiny Manager	The additional funding received by schools and the relationship of the funding to attainment.
26 May 2016	Councillors Benson (Chairman), Humphreys, Maycock and O'Hara Mrs Natasha Armstead, Team Leader, Student Support Mrs Wendy Casson, Headteacher, Educational Diversity Mr Simon Jenner, Principal Educational Psychologist (Special Educational Needs) Mrs Janette Weafer, Head of Virtual School for Children Looked After Mr Chris Kelly, Senior Democratic Services Adviser (Scrutiny)	The attainment of 'Our Children', the impact of behaviour and attendance on attainment and the identification of special educational needs.

1 July 2016	Councillors Benson (Chairman), Humphreys and Hunter, O'Hara, Singleton Dr Paul Barker, Education Performance Adviser Mrs Hilary Wood, Head of Business Support and Resources (Children's and Adult's Services) Mrs Sharon Davis, Scrutiny Manager	The impact of transience and transition and the relationship between funding and progress made.
29 July 2016	Councillors Benson (Chairman), Humphreys and Hunter Mrs Del Curtis, Director of People Dr Paul Barker, Education Performance Adviser Ms Amanda Whitehead, Head of Schools, Standards and Effectiveness Miss Lucy Gregson, Interim Marketing and Campaigns Manager Mrs Sharon Davis, Scrutiny Manager	The recruitment and retention of teachers, quality of teaching and the aspiration of pupils.

4.0   Detailed Findings and Recommendation

4.1   Primary School Results 2015

4.1.1   Members considered the Blackpool Education Profile for Blackpool Primary Schools and the significant amount of data contained within the document. The key stage 1 results for pupils in 2015 in Blackpool at Level 2 + and Level 2B + were very similar to national averages (in brackets in the table below). The gap in attainment became apparent when looking at the Level 3 + results. This is the number of pupils achieving a higher level of SAT result. This could potentially suggest that primary schools are not pushing pupils who might attain higher level results to do so. The pattern follows through to key stage 2 results. However, as this report sets out there are a number of reasons that impact upon attainment and the context of the results needs to be considered alongside the results.

Key Stage 1 (Year 2)	% L2+	% L2B+	% L3+
Reading	89.9 (90.5)	79.4 (82.1)	26.4 (31.9)
Writing	85.9 (87.5)	66.9 (72.1)	13.7 (17.5)
Mathematics	92.2 (92.9)	79.9 (81.6)	21.4 (26.0)
Speaking & Listening	89.4 (90.1)	-	21.9 (25.1)
Science	90.0 (91.1)	-	21.1 (23.3)
Average Point Score		15.7	

Please note the data considered by the Panel in the tables above and below has now been superseded by the published, validated data which was unavailable at the time of the Panel's meetings and considerations.

4.1.2   The table below provides a brief overview of the complex context of pupils attending schools in Blackpool. The context is further investigated throughout the report. The table below demonstrates the high levels of deprivation experienced by children in Blackpool and the higher special education needs (SEN) than national averages. It also shows that the number of pupils from Black and Ethnic Minorities is much lower in Blackpool than nationally as is the number of pupils with English as an additional language.

2014/15	Primary %	Secondary %
Pupil Premium (Deprivation)	40.7 (26.7)	44.0 (28.9)
SEN	16.5 (14.4)	18.8 (14.3)
Black & Ethnic Minority	10.5 (30.4)	7.3 (26.6)
English as additional language	5.9 (19.4)	3.9 (15.0)

4.2 Secondary School Results 2015

4.2.1 The secondary school results had not been validated at the time of consideration by the Panel and the detail in this section is based on the unvalidated results. This also meant that the Panel was unable to compare the results nationally, however, a North West comparison was available for 5 A* - C Including English and Maths (contained in brackets in the table below).

Key Stage 4 – GCSE (Year 11) – 2014/15	Attainment
Pupils achieving 5+ A* - C	50.3 %
Pupils achieving 5+ A* - G	92.0 %
5+ A* - C Inc. English & Maths	41.8 % (56.1)
1+ A* - G	96.0 %
GCSE Total Points	312.6
GCSE Capped Points	285.3

4.2.2 Despite not being able to compare with national averages, it was clear to Members that attainment at secondary schools in 2015 was not as high as expected or desired. Following consideration of the results the Panel resolved to investigate the reasons behind the results. It was considered that attainment could not be improved in Blackpool without first understanding the context surrounding the results and the work that was being undertaken to target and improve the factors contributing to the results. Members considered that ultimately if the issues surrounding context could be somewhat resolved the results would ultimately improve.

4.3 Outcomes for Looked After Children

4.3.1 The Panel received the Annual Report of the Virtual School's Headteacher after considering it important to understand the additional support provided to 'Our Children' and how their attainment compared to looked after children in other areas. This was considered of particularly high importance given the number of children looked after in Blackpool. Despite the high number of looked after children in Blackpool in comparison to other authorities, the cohort of young people is still very small. The Panel was presented with the following information:

4.3.2 There were 13 pupils in the key stage 2 cohort of children looked after continuously until 31 March 2015.
- 53.8% achieved the expected level in each area of reading, writing and maths.
- 46.2% achieved the expected level in reading, writing and maths combined, which was an increase on the previous year.
- 38.5% achieved the required level in spelling, punctuation and grammar.

- Six of the 13 pupils had identified special educational needs (SEN) without a statement or Education, Health and Care Plan (EHCP) and five of the 13 had a statement for special educational needs or an EHCP.

4.3.3   With regards to 'Our Children' undertaking examinations at key stage 4, 20 pupils formed the cohort of young people in continuous care for 12 months until 31 March 2015.
- 15% achieved 5 A*-C and 5% achieved 5 A*-C including English and maths.
- Nine of the 20 attended mainstream schools.
- Nine of the 20 had statements of SEN or an EHCP.
- Seven of the 20 attended Special Schools both in and outside of Blackpool.
- Four of the 20 were educated by Educational Diversity.
- Four of the 20 made expected progress in English and maths.
- 11 young people had five or more school placements with one young person experiencing eight school placements and two young people experiencing seven.

4.3.4   Members discussed the information received and considered the progress and attainment of the children in the two cohorts. The Panel considered that progress concerning key stage 4 had been a little disappointing as schools had predicted better results than achieved. Of the cohort, five pupils had been forecast to achieve five GSCEs (grades A*-C including English and Maths) but only one pupil secured the result. This child had been at an independent school. Some schools' predictions had fallen short by two grades. Concern was raised that predications had been inflated due to pressures to secure pupil funding from Government and it was noted that the Blackpool Challenge Board had requested that all schools use real time data when making grade predictions in order to prevent over-inflation.

4.3.5   A discussion was held regarding the additional challenges that 'Our Children' had often faced in particular regard to instability, with some placed at several schools within a short period in addition to a number of different carers. Janette Weafer advised the Panel that national research had highlighted the risks and challenges faced by looked after children with the need for schools to develop resilience to secure good grades. The biggest challenge arguably was the constant change in carers/schools for some children. The impact of transience is discussed later in the report.

4.3.6   The Panel was alerted to the emphasis the Council had placed on ensuring all children had Personal Education Plans (PEPs). The challenge to schools was whether PEPs were specific, measurable, achievable, realistic and timely (SMART) and supported other factors such as emotional health and well-being. It was considered that of particular importance for PEPs were the child's own aspirations.

4.3.7   Note: A Personal Education Plan is a school based meeting to plan for the education of a child in care. The government has made PEPs a statutory requirement for children in care to help track and promote their achievements.

4.3.8   In conclusion, the Panel considered that the attainment of 'Our Children' in 2015 had been lower than expected, however, noted the large number of contributing factors. The importance of the right support being put in place for 'Our Children' was discussed, as were the wider issues of ensuring children had stability through attending the same

school and having the same carer, although this was not always possible. Looked after children were also likely to be more vulnerable and less resilient and in need of additional support and the Council must ensure that the support provided to 'Our Children' was as good as any parent would provide to a child in education. It was considered that the Council had already put into place a number of measures to try and address these concerns including the introduction of The Core (a safe place for looked after children to seek advice), the development of the Virtual School and that the Corporate Parent Panel was actively supporting and addressing concerns raised by our children and young people.

4.4 Impact of funding on attainment

4.4.1   The Scrutiny Panel requested an analysis of the impact additional funding had had on attainment and Mrs Hilary Wood, Head of Business Support and Resources providing the following breakdown of primary school performance vs additional formula funding. The below figures do not include the basic funding all pupils are entitled to or Pupil Premium.

KS2 Performance vs Additional Formula Funding per pupil
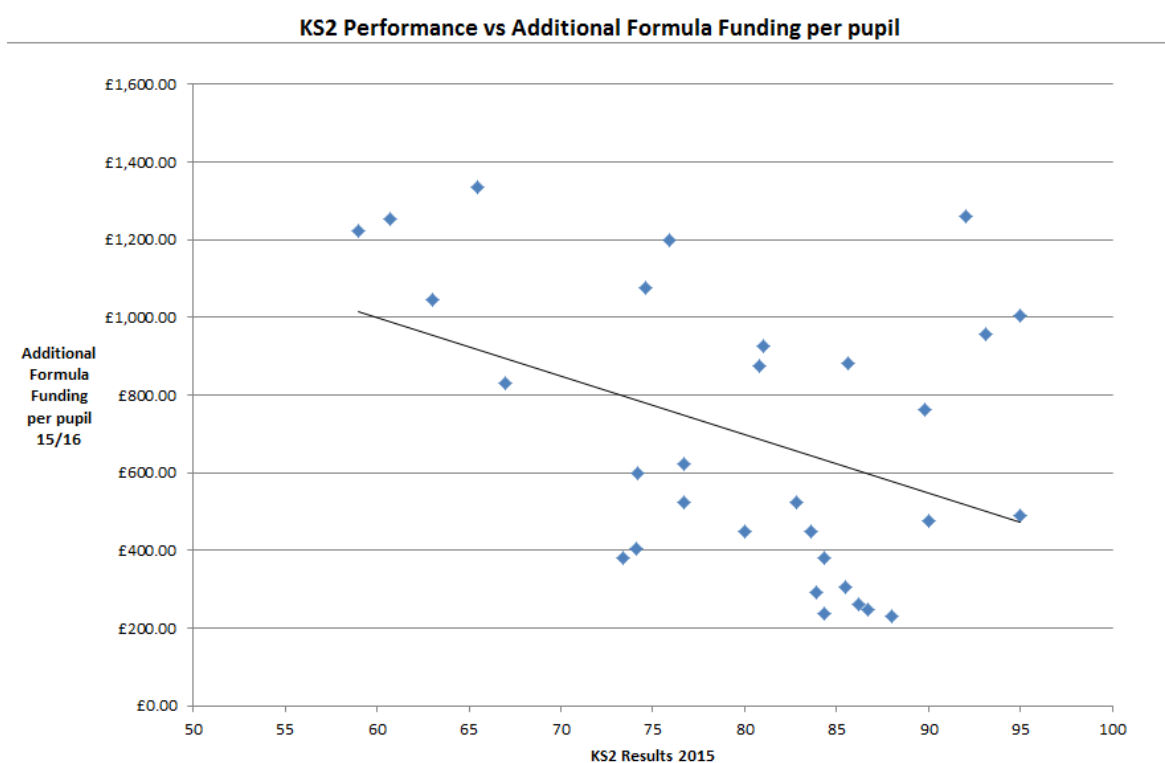
4.4.2   From the data, the Panel determined that there was no exact correlation between the receipt of additional funding by schools and the attainment of pupils. A number of schools in receipt of large amounts of additional funding performed poorly when compared with schools receiving similar amounts of additional funding but achieving significantly better results. The graph above shows a large spectrum of achievement based on funding received.

4.4.3   Schools could be in receipt of additional funding for a number of reasons including free school meals, Looked After Children attending the school, the Income Deprivation Affecting Children Index (IDACI) and low attainment grants. In total, this could add up to

as much as over £1,200 per pupil for a school or as little as £200 per annum demonstrating a wide range of funding. The additional funding did not have to be spent in any specific way and it is for the school to determine how it allocates funding. The Council has no control over the allocation of funding in schools.

4.4.4   Members had a discussion as to whether it was feasible that a school in receipt of large amounts of additional funding and achieving high levels of performance could share best practice and learning with schools receiving similar levels of additional funding, but achieving much poorer results. The discussion focussed on how the school was utilising the additional funding and whether practices that had been put in place enabling achievement could be replicated by other schools. Further questions were raised regarding whether schools allocated funding in the best possible way or if improvements could be made by some schools, however, in the current education structure, there was no real opportunity for Members to pose this challenge to individual schools. It was noted that it was part of the role of Governors to challenge the way in which funding was allocated. It was also reported that Ofsted did not measure value for money provided by a school, but that schools must comply with financial regulations and audits.

4.4.5   The Panel was informed that primary schools had formed into 'clusters' often based on the academy trust they were in or their geographical location and through the clusters shared best practice and knowledge. The Blackpool Challenge was also working to improve relationships between schools across the town and had been successful in promoting engagement.

4.4.6   The number of high schools in Blackpool is much lower than the number of primary schools and therefore the dataset is based on a much smaller pool. The following chart demonstrates that there is very little relationship between additional funding and attainment as at primary schools.

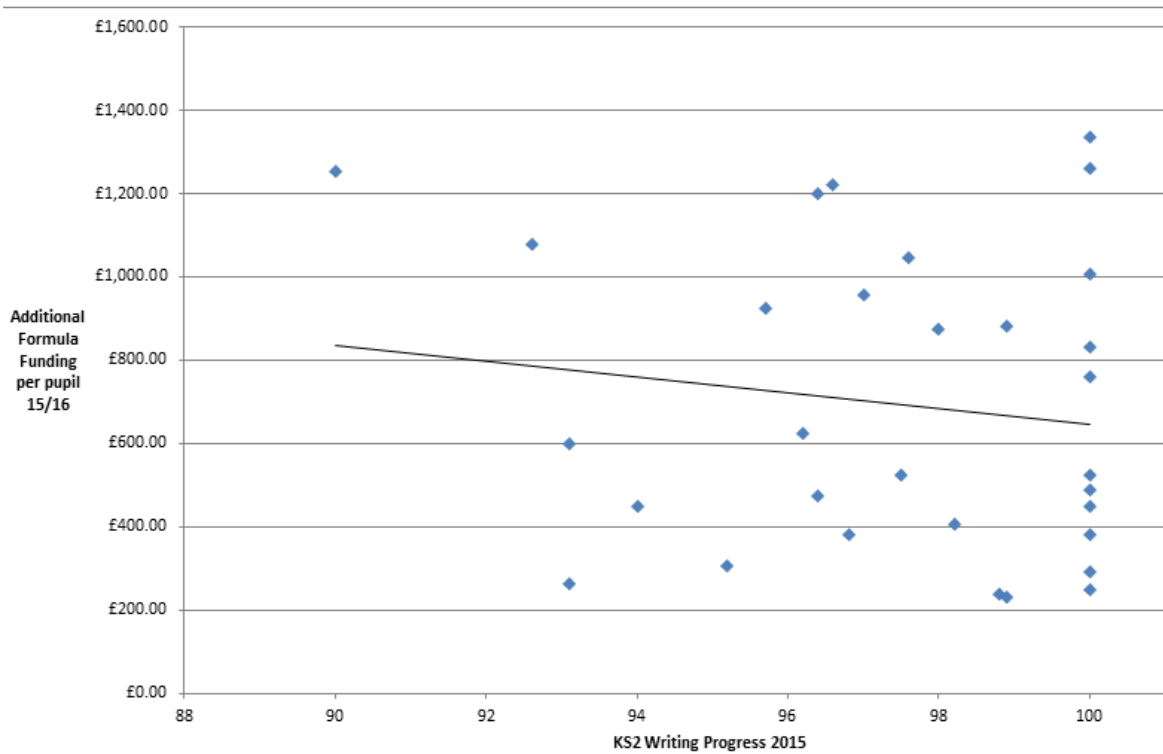KS4 Performance vs Additional Formula Funding per pupil
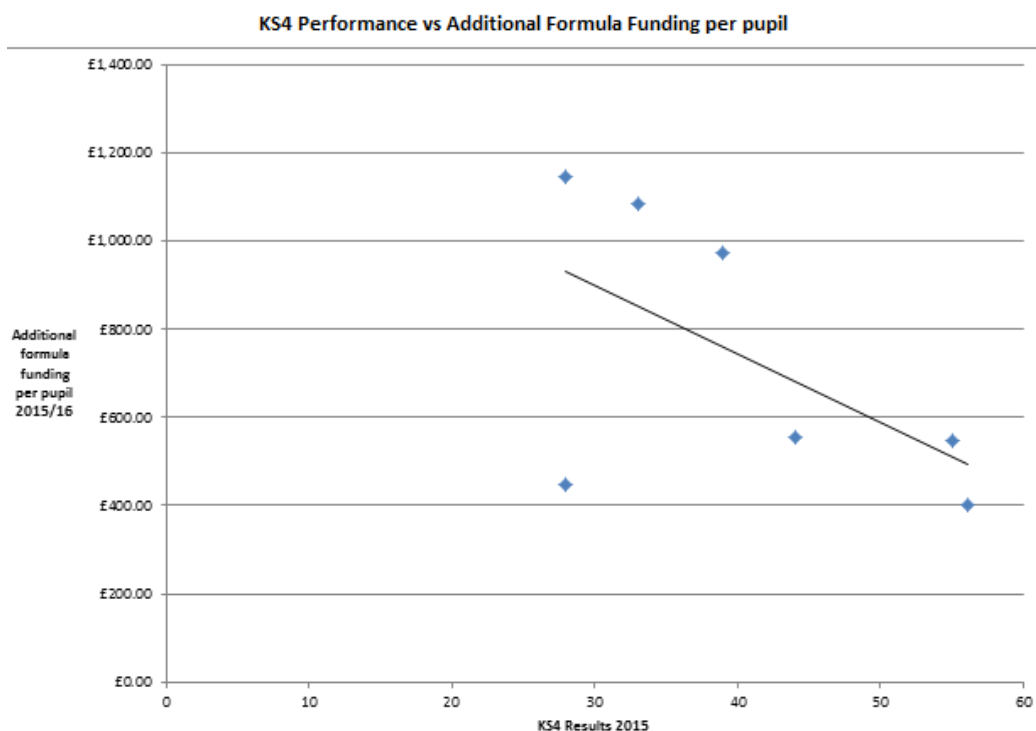
4.4.7   Members also discussed whether the information provided to the Panel was widely known and if schools were aware of the significant differences in attainment based on the additional funding they received. Amanda Whitehead reported that there was an awareness of the differences in funding, however, it was unlikely this had been directly compared with attainment. The report of the Scrutiny Panel would raise awareness of the issue and bring it to the attention of the schools, key officers including the School Improvement Team and Executive Members for appropriate action to be taken.

4.5 Impact of funding on progress

4.5.1   It was also considered important to consider the impact of funding on progress of pupils, therefore considering at what level a pupil started from and what they attained following input from the school. The following three charts show the breakdown of funding vs progress in key stage 2 reading, writing and maths.

KS2 Reading Progress vs Additional Formula Funding per pupil
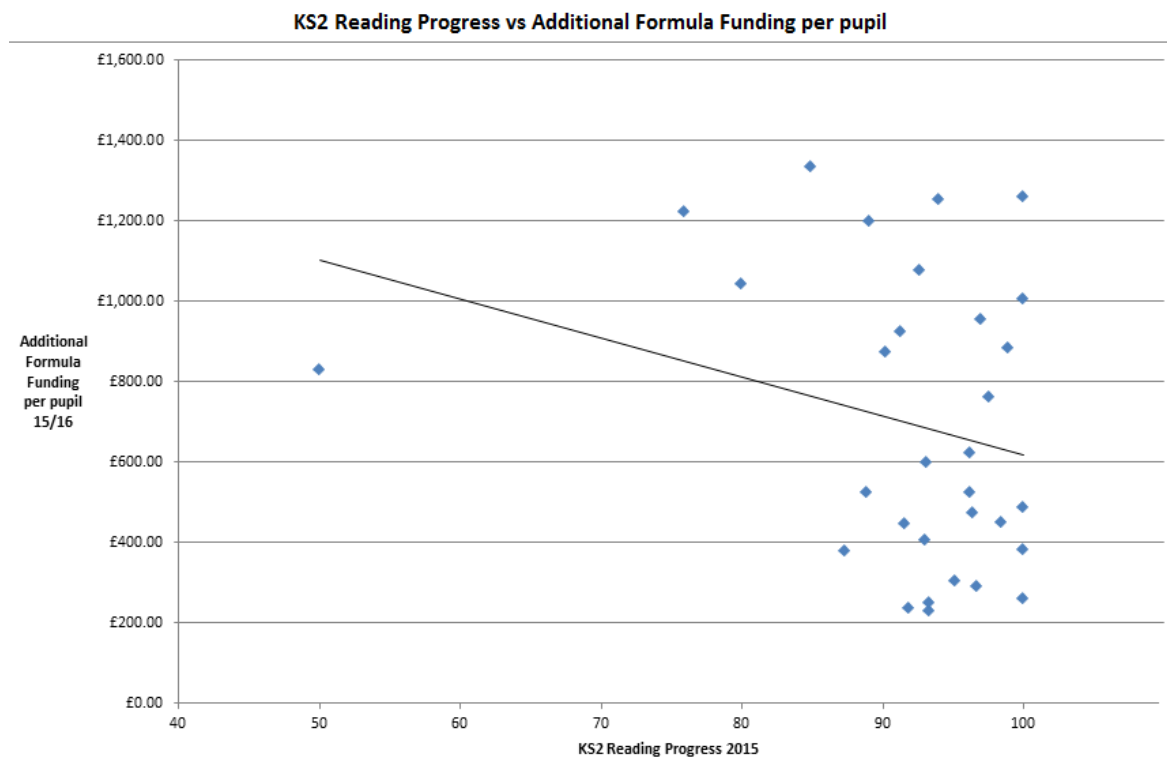
KS2 Writing Progress vs Additional Formula Funding per pupil

KS2 Maths Progress vs Additional Formula Funding per pupil
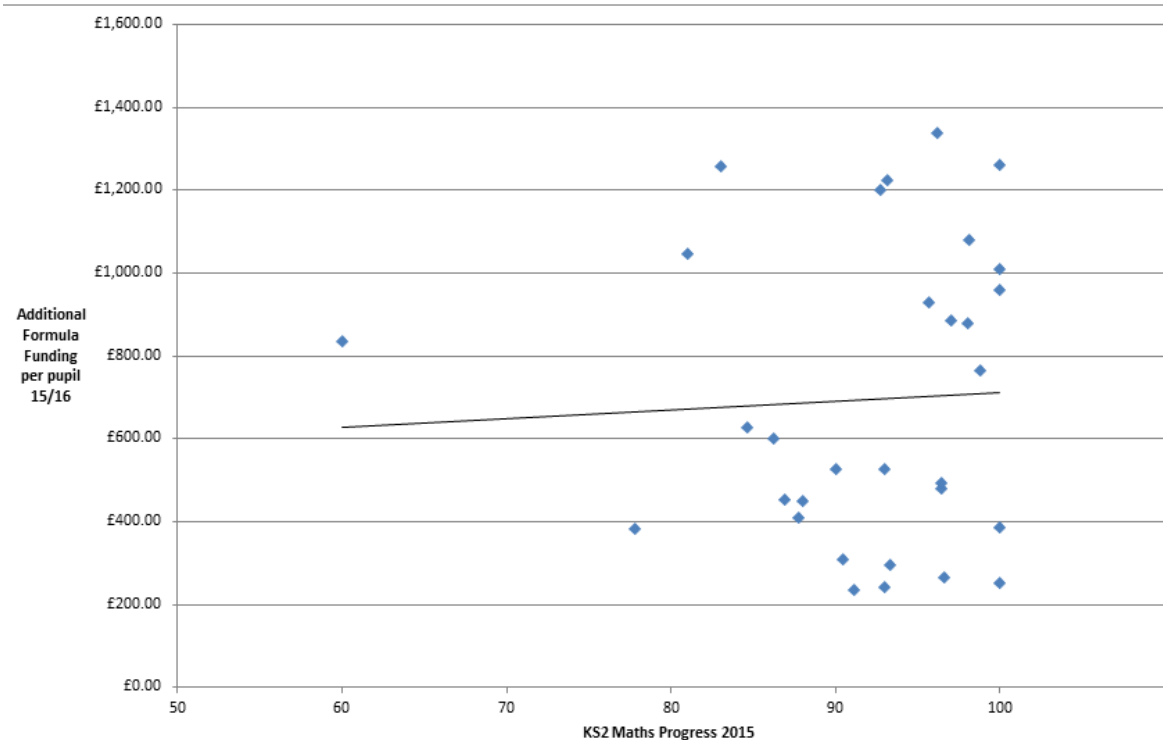
4.5.2   Analysis of the key stage 2 progress vs performance data suggests that no matter the level of additional funding a school is in receipt of there is no direct correlation with progress made by pupils. There are some 'outlier' schools that receive significant levels of

additional funding, but make poor progress and in contrast there are some schools that receive very little additional funding but make good progress. In order to identify the reasons why one school makes progress on the same level of funding and another doesn't further investigation is required into the quality of teaching, aspiration of pupils etc. However, it must be noted that schools attracting high levels of additional funding will have more pupils from deprived areas with potentially less emotional resilience than pupils not attracting additional funding.

4.5.3   Taking progress made with writing as an example, the graph above demonstrates that a large number of primary schools receiving anything from an additional £200 per pupil to over £1,200 achieve 100% progress in writing. However, a different school in receipt of an additional £1,200 funding per pupil achieved 90%. This demonstrates that funding cannot be the only factor in attainment. As previously mentioned, this report touches on a large number of contributing factors, but without an in depth investigation into individual schools it is impossible to accurately identify the individual reasons for poor or good attainment.

4.5.4   The English and Maths progress for pupils at secondary schools in comparison to the level of funding received is very similar making it very difficult to draw conclusions regarding any significant correlation between funding and progress of pupils.
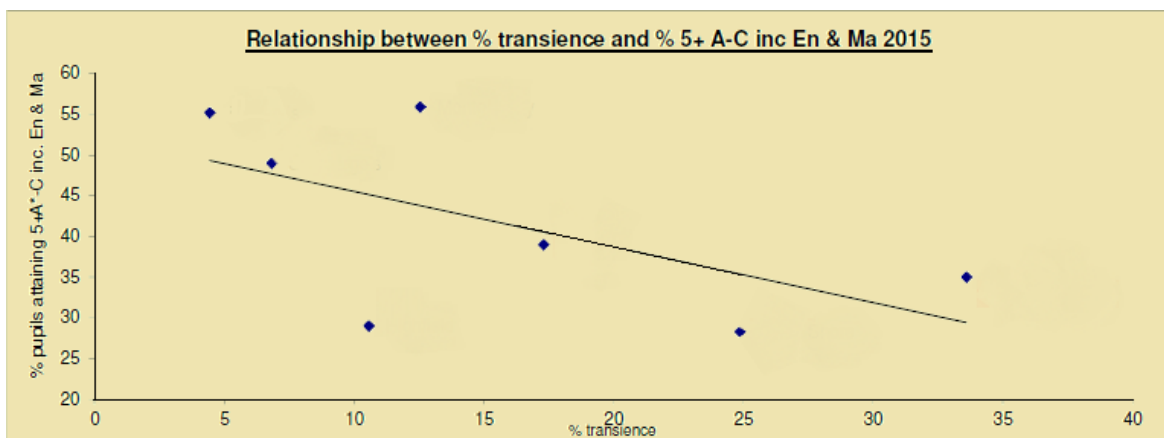
4.6 Transience

4.6.1   Research has recently been undertaken that demonstrates that a number of high achieving pupils at primary school attend secondary school outside of Blackpool. The overall effect of the migration was to lower the number of high achievers entering secondary schools within Blackpool. There could be a number of reasons for this, with the most likely parent choice to ensure their child attends what they consider to be a more successful secondary school. Due to the capacity in secondary schools within Lancashire this has been an option for many. However, the additional capacity in schools in Lancashire is expected to diminish over the next few years. The attendance of higher attaining pupils at secondary schools outside of Blackpool has a negative impact upon attainment, with the results of some of the best pupils in Blackpool achieving their results outside of the area.[1]

4.6.2   Blackpool also has historically high levels of transience of pupils from one school to another during the school year and transience into and out of Blackpool. Both of these factors contribute to progress and attainment. This appears to be a fairly unique problem with transience much higher in Blackpool than national and regional averages. However, it is not a new problem and is something that key partners are fully aware of. With regards to transience of families moving into and out of Blackpool, this is not something the Council can exert any direct control over, however, work is being undertaken to improve the housing stock and transform Blackpool into a more desirable place to work for professionals. Factors such as housing, unstable families and migration are all potential reasons for transience.

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[1] Year 6 Pupils not entering Year 7 in Blackpool, Dr Paul Barker, February 2016

4.6.3   Transience of pupils between schools in Blackpool is something that could potentially be impacted upon and schools are already working together to try and reduce exclusions and the unnecessary transfer of pupils from one school to another. However, if a family choose to move from the north of the town to the south or vice versa then it might follow they would also choose to move the child from one school to another in a more convenient location, if there was an available school place.

4.6.4   Despite the limited ability of the Council and partners to reduce transience, the impact that it has on attainment cannot be underestimated. If children regularly move schools the ability to track progress is diminished and although schools work to a curriculum, it is likely that a child will either repeat or miss some work through moving from one school to another. In addition, transience may also impact upon teaching, making it more difficult to plan lessons, and generally have an unsettling effect on classrooms.[2] Ofsted acknowledged in 2002 that 'all schools with mobility (transience) above 15% have GCSE scores below the national average.' (Transience at Blackpool secondary schools in 2014/2015 ranged from 4% to 33%).

4.6.5   The graph below demonstrates the relationship and impact of transience on attainment at secondary schools in Blackpool.

4.6.6   There have been many other studies undertaken that demonstrate the detrimental impact of transience on attainment. However, despite the problem being well known potential solutions are not. The issue of transience must also not be considered in isolation with transience often going hand in hand with free school meals, levels of deprivation and emotional resilience.

4.7 Transition

4.7.1   The transition of pupils from Year 6 to Year 7 was also identified by the Panel as a key issue for consideration. For many pupils in Blackpool the difference between attending a small primary school with good support and moving to a large secondary school with minimal pastoral care is a daunting experience and it has been acknowledged by schools that more must be done to support pupils through this process. The Blackpool Challenge Board has supported transition pilot projects to increase the support offered and

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[2] http://www.leeds.ac.uk/educol/documents/00002423.htm

secondary schools and primary schools are working together to improve the experience for children.

4.7.2   It is hoped that an improvement in the transition will help to establish children in Year 7 and provide a more conducive environment for them to learn in. This is even more important for some groups of children who are potentially more prone to future attendance and behaviour problems and pilot schemes have been established to specifically target identified groups of young people who, without additional support, might be expected to struggle at secondary school and therefore create a disruptive learning environment for themselves and others.

4.8 The impact of behaviour and attendance

4.8.1   The Department for Education (DfE) produced a report in March 2016 that highlighted the link between absence from school and attainment at key stage 2 and key stage 4. The report concluded that "Overall the analysis shows that as the level of overall absence across the relevant key stage increases, the likelihood of achieving key attainment outcomes at the end of KS2 and KS4 decreases. When controlling for other factors known to affect achievement, such as prior attainment and pupil characteristics, overall absence has been shown to have a statistically significant negative link to attainment. For both KS2 and KS4, extending the model to assess individual reasons for absence did not provide a greater understanding of the link between absence and attainment."[3]

4.8.2   The data for Blackpool demonstrates that absence rates at primary schools are in line with national averages, but the absence in Blackpool secondary schools is much higher, in particular relation to persistent absence. It was noted that persistent absence was when a pupil had over 10% absence for the full academic year.

2014/15	Primary	Secondary
Overall Absence	4.0 % (3.9%)	7.5 % (5.1%)
Persistent Absence	2.7 % (2.8%)	12.3 % (5.8%)
Exclusions – Fixed Term	135	1457
Exclusions – Days Lost	274	3951
Exclusions – Permanent	0	35

4.8.3   The Panel spoke to Natasha Armstead, Team Leader, Student Support to gather information regarding the recordable impact of absence on attendance and she explained that at key stage 2 good attendance would be expected to result in Level 4 or 5 attainment. If in school, there was a 70% chance of securing Level 4, ie pupils were 1.3 times more likely to attain than if absent. For secondary schools, with good attendance there was approximately 35% chance of securing five GSCE grades A*-C, ie pupils were

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[3] The Link Between Absence and Attainment at Key Stage 2 and Key Stage 4, Research Report, Department for Education, March 2016

2.2 times more likely to succeed than if absent. She added that, statistically, each half day's absence equated to 0.2% less chance of securing Level 4 or 5 for key stage 2, increasing to 1.8% at key stage 4, highlighting the importance of good attendance.[4]

4.8.4   As has been the case throughout the report, there are other factors that affect attendance and attainment including being eligible for free school meals, being in specific year groups, special educational needs (SEN), ethnic background and poverty and attendance cannot be considered in isolation.

4.8.5   It was reported that nationally, overall absence had increased by 0.2% in 2015/2016 and persistent absence by 0.1%. However, locally schools had invested significantly to improve attendance. In Blackpool, overall absence rates had been maintained and persistent absence rates had improved, which was a good achievement.

4.8.6   The Panel considered the stricter guidance introduced by the Government regarding holidays during school term time. Previously ten days had been allowed but now days off in term time were only allowed in exceptional circumstances. Therefore the number of days lost on this basis (term-time holidays) had decreased. However, there was an issue that sometimes schools might not use the most appropriate classification code for recording absence. Also schools might be using other methods for recording children not being in school whilst they were on holiday rather than recording as an authorised absence.

4.8.7   Members observed that some parents might try to make up lost ground for absences but this was potentially far less likely for families eligible for free school meals. There was a cultural issue in that some parents failed to recognise the importance of a good education and simply left this responsibility to the school. It was considered that parents might fail to see the cumulative effect of missing half days.

4.8.8   The impact of behaviour in the classroom was also considered by the Panel to be a contributing factor to attainment. It was considered that the young person who was behaving poorly would be significantly affected either by fixed term or permanent exclusion making good results much more unlikely, but that their poor behaviour may also prove disruptive to a whole class and thereby potentially affecting all pupils' attainment.

4.8.9   There were various reasons for exclusions including poor behaviour and increased exclusions meant more children missing school. Members expressed a concern that certain schools were permanently excluding more children rather than managing behaviour. It was thought that permanent exclusions had been previously high in response to pressure on schools to improve results, but that in the past year permanent exclusions had significantly decreased in Blackpool. However, the number of children in the Pupil Referral Unit (educational Diversity) remained the highest in the country.

4.8.10   The Panel noted that it was a key aim of the Blackpool Challenge to promote educational improvement by reducing permanent exclusions and a reduction in exclusions would create more stability for students and potentially better outcomes.

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[4] March 2016, Department for Education Release for 2014/2015 Attendance, National and Local School Data

4.8.11 Members considered the differences in absence between primary and secondary schools and noted the much higher levels in secondary schools. It was considered that primary schools offered more pastoral support and often provided a more caring environment for children potentially encouraging them to attend. It was also noted that due to the age of the students, parents would often take children to and from school or have organised alternative transport for them therefore ensuring attendance. Secondary school children were old enough to travel to school alone. The catchment area of primary schools was often much smaller, resulting in a shorter distance from home to school for many pupils. Members discussed the level of pastoral care provided by secondary schools and noted the work being undertaken by the Blackpool Challenge regarding the transition between primary and secondary school and the care provided to children.

4.9 Special Educational Needs (SEN)

4.9.1 The legal definition of SEN is a *"learning difficulty or disability which calls for special educational provision to be made for him or her"* and learning difficulty *"has a significantly greater difficulty in learning, than the majority of others of the same age or has a disability which prevents them making use of facilities of a kind generally available…".* Both of these indicate that SEN will have an impact on attainment. However, it is difficult to predict exactly how in general terms. For instance, the definition could cover a pupil who is visually impaired but achieving at a level where they could access university, with access to Braille, or one who has profound learning needs where good progress in making a choice between two pieces of food, following a dedicated teaching programme.

4.9.2 The identified levels of special educational needs in Blackpool were slightly higher than national averages in 2014/2015 with 16.5% of pupils at primary school (in comparison with 14.4% nationally) and 18.8% of pupils in Blackpool secondary schools (in comparison with 14.3% nationally). The percentages of children with SEN at each school in Blackpool do vary. What cannot be determined is how significant the SEN identified is and the exact impact this will have on attainment without much more detailed investigation. What is important, however, is that pupils with identified special educational needs receive the support they need in order to allow progress to be made. The Panel has noted that in Blackpool there has been a significant increase in the numbers in special schools due to increasing need, earlier identification and parental choice for good or outstanding schools and based on the information received it appears the Council is providing a good level of support for children with special educational needs.

4.10 Quality of Teaching

4.10.1 The quality of teaching is clearly an important aspect when considering attainment, it is also difficult to ascertain the quality provided. Quality of teaching is something considered by Ofsted inspections but it is important to note that the judgement is often a snapshot of the teaching on offer at the time of the inspection. Individual schools will offer performance appraisals and would be expected to manage performance in the same way as any other organisation. It was also noted that the Blackpool Challenge had recently undertaken a piece of work to identify the professional development on offer to teachers in Blackpool and transfer this into a concise list of development opportunities.

4.10.2 At the time the Panel considered the data, the following breakdown in Ofsted judgements was reported. Due to inspections that have been undertaken since the consideration of this data, the judgements of individual schools may have changed.

Ofsted Judgements of Primary Schools:
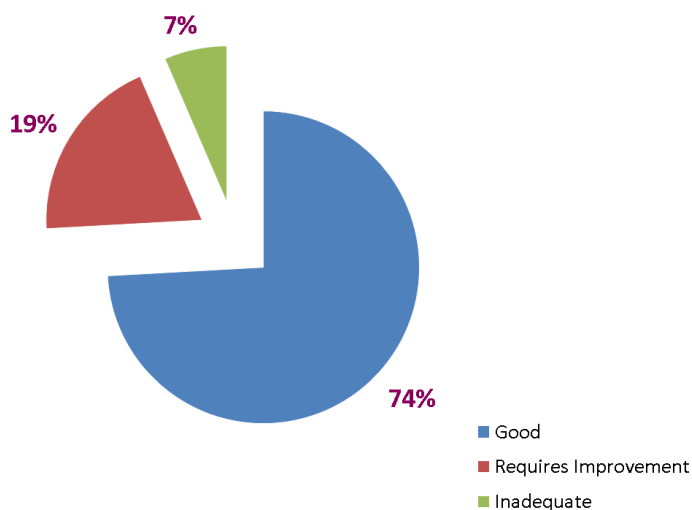
Ofsted Judgements of Secondary Schools:

- Good
- Requires Improvement
- Inadequate
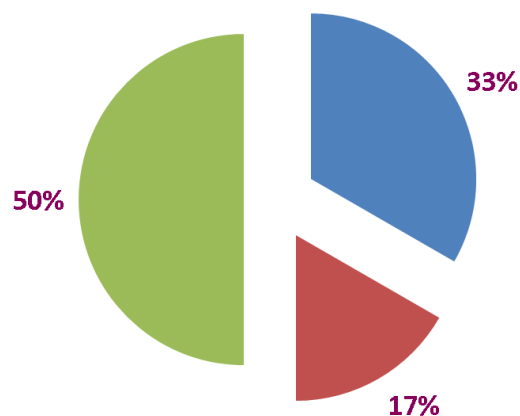
4.10.3 Although the overall judgements of schools do not give an indication of the individual judgement awarded to teaching in each inspection, it would be very unlikely for a school to receive a good judgement and been considered as having a poor quality of teaching.

4.10.4 The importance of good quality of teaching could not be underestimated when considering attainment. A good teacher will have the ability to inspire young people, to engage and to explain subjects in a manner that it easily understood. All these characteristics are likely to lead to a higher attainment by pupils. The Panel went on to consider how to raise the quality of teaching in Blackpool to thereby help attain improved results.

4.10.5 In order to provide a high quality of teaching it was important to attract the best teachers to Blackpool and the Council had introduced a microsite to try and promote Blackpool as a place and work to prospective teachers. The website highlighted the benefits of coming to teach in Blackpool and the professional development on offer through short videos of existing teachers. It was considered that there was little more the Council could do in order to attract good teachers and that the key was to change the reputation of Blackpool as a place to live and work. The Council was considering a wide range of ways to attract professionals to the town.

4.10.6 A further key concern was the quality of teaching in specific key subjects such as maths and science, it was noted that there was a national shortage of teachers specialising in these subjects and that they were subjects in which a specialism was of key importance.

4.10.7 The Panel considered the continued support of Teach First, an organisation that placed the best newly qualified teachers in deprived areas with a view to them developing professionally and obtaining permanent positions. The importance of retention was highlighted and it was noted that many schools in Blackpool did provide challenging environments in which to work and that all teachers required suitable support to enable them to succeed and develop in these environments and it was considered that HeadStart had an important role to play in increasing the resilience of teachers as well as young people. Resilience was of key concern to HeadStart and was a key aim on which funding had been granted.

4.10.8 Although mental toughness was not a factor the Panel had determined to focus on in detail, it became apparent during the review, that recent research had highlighted how low the mental toughness of young people in Blackpool was in comparison to other parts of the country. It was reported that mental toughness was essential to help develop good relationships and commit to learning and development.

4.10.9 It was reported that moving forward into 2016/2017 the Blackpool Challenge would have four main areas of focus: the recruitment and retention of teaching staff, the transition from primary to secondary school, exclusions and employability/engagement.

4.11 Aspiration

4.11.1 The Panel has considered many factors contributing to attainment, many of which are outside the control of the Council. Aspiration is another key factor when considering attainment, and again is something very difficult to impact. The culture in Blackpool to aspire is perceived to be poor and with many parents receiving poor wages or in receipt of benefits there is very little for young people in the town to aspire to. When a parent cannot impart aspiration, it is left to schools and teachers to take on that role and the public and voluntary sector organisations in the town to try and impact upon the culture. In making Blackpool a better place to live and work, the level of aspiration will be improved.

4.11.2 A key concern was the lack of careers education and work experience now provided by schools and the apparent 'one size fits all' approach to education with vocational qualifications much less utilised that previously. The Council was offering programmes targeting young people at risk of becoming NEET (not in education, employment or training) and was promoting apprenticeships but had limited resources to provide any additional programmes.

4.11.3 The Panel considered that it would be useful for decision makers to meet with a small panel of representative young people in order to identify what their aspirations were, what the barriers were and how the Council could help.

4.12 Conclusion

4.12.1 During the course of the review, it has become apparent that there is not one single factor that alone will improve attainment. There are a number of important and contributing factors to educational attainment as highlighted in the report including transience, quality of teaching and levels of attendance and in order to improve

attainment, all these factors need to be addressed together and by a range of organisations.

4.12.2   Recent Government proposals place the emphasis on schools to drive school improvement going forward and the funding that Local Authorities currently receive for school improvement will be eventually removed, leaving the Council with no resource and little power to directly influence education in the town. In Blackpool, a new School Improvement Board to be led by school leaders across the town has been established in order to drive school improvement. The focus of the Council on improving community resilience, quality of housing and employment opportunities will however significantly contribute to the aspiration of young people to achieve and can only be welcomed.

4.12.3   The Review Panel has gathered a large amount of useful data and would encourage that its report be shared as a resource with the Blackpool Challenge Board, School Improvement Board and with all organisations who could contribute to school improvement in Blackpool.

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Report to:	**RESILENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Chris Kelly, Acting Scrutiny Manager.
Date of Meeting	8 December 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 12(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 12(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 12(c) has been developed to assist the Committee to effectively ensure that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

5.3.2   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 12(a): Resilient Communities Scrutiny Committee Workplan
Appendix 12b): Scrutiny Review Checklist
Appendix 12(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 2016/2017	
9 June 2016	Children's and Adults Overview Report PRU Scrutiny update Introducing Infusion
14 July 2016	Council Plan – End of Year Performance Monitoring - Communities Children's Overview Report Adults Overview Report Thematic Discussion: Early Help
1 September 2016	Children's Overview Report Adults Overview Report Blackpool Challenge Board Report Children's and Adult's Customer Feedback Reports
13 October 2016	Council Plan – Q1 Performance Monitoring - Communities Thematic Discussion: Youth Justice System BSCB Annual Report
8 December 2016	BSAB Annual Report Children's Overview Report Adults Overview Report Council Plan – Q2 Performance Monitoring - Communities
26 January 2017	Children's Overview Report Adults Overview Report Thematic Discussion: Care at Home Thematic Discussion: Looked After Children
9 March 2017	Children's Overview Report Adults Overview Report Thematic Discussion: Intermediate Care Council Plan – Q3 Performance Monitoring - Communities
27 April 2017	Children's Overview Report Adults Overview Report Update on Volunteer Strategy/Action Thematic Discussion: Community Engagement and the Infusion

Joint item with Health Scrutiny Committee
Thematic Discussion: Transforming Care for Adults with Learning Disabilities (Winterbourne View)

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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	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
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.	April 2017	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	Update on attendance: 27 Nov 2015 – Cllrs Maycock, Cain, Mitchell, Humphreys, Critchley 13 Jan 2016 – Cllrs Cross, Ryan, O'Hara, G Coleman, Benson, L Taylor, Galley 28 Jan 2016 – Cllrs Adrian, D Coleman, Campbell 2 Feb 2016 – Cllrs Kirkland, Smith 12 April 2016 – Hunter 11 May 2016 - Jim Hobson, Derek Robertson, Lynn Williams, Tony Williams	Amber
10.12.15	That the overview of complaints and compliments as provided to the Corporate Parent Panel be circulated to Members of the Committee outside of meetings.	Ongoing	Sharon Davis	First paper circulated. At the previous Corporate Parent meeting, the annual customer feedback reports were presented. The reports are attached to the 1 September agenda.	Green

04.02.16	To receive any action plans developed from the Serious Case Reviews and the details of lessons learnt for detailed consideration.	December 2016	Del Curtis	To be received at a future meeting. Members to determine if the item should form the basis of a thematic discussion.	Not yet due
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 received for May 2016 and included in report.	Green
17.03.16	The Committee agreed to receive a CSE update report once the Ofsted inspection had been undertaken.	Following inspection	Philippa Holmes	Date for update to be received once inspection has been undertaken.	Not yet due
17.03.16	The Committee agreed to receive the Annual Blackpool Safeguarding Board Report at a future meeting.	October 2016	David Sanders	BSCB Annual report included on 13 October 2016 and BSAB included on 8 December 2016 for consideration.	Green
17.03.16	The Committee agreed to receive the analysis of contacts received from the Multi-Agency Safeguarding Hub.	31 October 2016	Amanda Hatton	Date to be confirmed once timescale for analysis is identified.	Not yet due
06.04.16	The draft domestic abuse strategy be considered at a future meeting of the Resilient Communities Scrutiny Committee, once it was available.	Tbc	Amanda Hatton	To be added to workplan when date for completion is known.	Not yet due
06.04.16	That the strategy and action plan for preventing and dealing with homelessness be presented to the Resilient Communities Scrutiny Committee, once it had been drafted.	Tbc	Andy Foot	To be added to workplan when date for completion is known.	Not yet due

06.04.16	To receive a report containing further information regarding heath issues for homeless people, with a particular focus on their access to healthcare.	Tbc	Andy Foot/Arif Rajpura	Further report to be requested.	Not yet due
12.05.16	The Committee agreed to receive a detailed update in approximately six months on Intermediate Care.	November 2016	Karen Smith	To be added to workplan.	Not yet due.
12.05.16	To receive further details of the consultation event to be held regarding the review of Speech, Language and Communication across Blackpool and the strategic group established to implement the transformational plan for Autism Spectrum Disorder following the meeting.	31 October 2016	Val Raynor	Information to be circulated.	Not yet due
12.05.16	To receive a comparison of the uptake of Pupil Premium by early years settings attached to Children's Centres and settings unattached.	30 September 2016	Del Curtis	Information to be circulated.	Not yet due
09.06.16	To receive a thematic discussion paper on Care at Home to a future meeting of the Committee.	January 2017	Karen Smith	Added to workplan.	Not yet due
09.06.16	To receive a report in approximately nine months on developments in community engagement, including an update on the work carried out by the Infusion Service.	9 March 2017	Andy Divall	Added to workplan.	Not yet due

09.06.16	To receive an update on Recommendation Four of the PRU Scrutiny Panel following the outcome of the funding bid.	8 December 2016	Del Curtis/Sonia Blandford	To be reported when the outcome of the funding bid is known.	Amber
14.07.16	To hold a thematic discussion on the number of looked after children and the response to the increasing number at a future meeting.	31 January 2016	Sharon Davis/Amanda Hatton	Added to the workplan for January 2017 meeting.	Not yet due
01.09.16	That Mrs Curtis would approach FCAT to ask for additional, regular communication to be provided to key stakeholders.	30 September 2016	Del Curtis	Response received 21 September 2016. Del Curtis has spoken to FCAT and requested monthly updates. The Trust has agreed to provide these and once received the updates will be circulated to Members of the Committee.	Green
01.09.16	To consider the safeguarding content required in future reports and send a detailed request to Mrs Curtis following the meeting.	31 October 2016	Sharon Davis/Chris Kelly	Meeting held with Amanda Hatton to discuss requirements. Additional information to be included in reports from December 2016.	Green
01.09.16	A final written response to be circulated by Mrs Curtis following the meeting, to the Pupil Referral Unit Scrutiny Panel recommendations that they be signed off as completed.	30 October 2016	Del Curtis		Not yet due
01.09.16	The Committee agreed to receive further detail on the upheld complaint regarding maladministration and injustice following the meeting.	31 October 2016	Hilary Wood	Detailed information requested from Hilary Wood to be circulated outside of Committee as soon as possible.	Not yet due
13.10.16	To consider the new Blackpool Safeguarding Children Board Business Plan following its approval by the Blackpool Safeguarding Children Board.	TBC	David Sanders / Paul Threlfall	To be added to workplan.	Not yet due