

# Public Document Pack

## People Overview & Scrutiny Committee

Monday, 2nd December, 2019

6.00 pm

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### AGENDA

- 1. Welcome and Apologies**  
To welcome those present to the meeting and to receive any apologies for absence.
- 2. Declaration of Interest**  
To receive any declarations of interest on items on the agenda

**Declarations of Interest** **3**
- 3. Minutes of the Previous Meeting**  
To receive the minutes of the meeting held on 9<sup>th</sup> September 2019.

**People Overview and Scrutiny Committee Minute 9th September 2019.** **4 - 7**
- 4. Children's Services- Delivering the Corporate Priorities Service Development Practice Plan**  
To receive a report of the Director of Children's Services setting out how the Department seeks to ensure that the Corporate Priorities are embedded in their work.

**People Scrutiny\_SDPI Board Appendix B SDPI Plan** **8 - 16**
- 5. Age well Strategy**  
To receive a presentation on how the Age Well Strategy is delivered to meet the Councils Corporate Priorities.
- 6. Joint Health Scrutiny Committee**  
To receive a report of the Director of HR Legal and Corporate Services on the draft terms of reference for the

establishment of a Joint Health OSC with Lancashire CC,  
Blackpool and South Cumbria.

**joint committee report**

**17 - 23**

**Appendix 1 Terms of Reference for the proposed Joint  
Health Scrutiny Committee for the Lancashire an**

Date Published 25th November 2019  
Denise Park, Chief Executive

## DECLARATIONS OF INTEREST IN ITEMS ON THIS AGENDA

**Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.**

**Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.**

MEETING: **PEOPLE OVERVIEW AND SCRUTINY COMMITTEE**

DATE:

AGENDA ITEM NO.:

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)

## People Overview and Scrutiny Committee

Monday, 9<sup>th</sup> September 2019

**Present:** Councillor Liddle (in the Chair) Councillors Saima Afzal, Parwaiz Akhtar, Jane Oates, Jacqueline Slater, Julie Slater, Dave Smith, Ron Whittle and Julie Gunn,

### 1. Welcome and Apologies.

The Chair welcomed those present to the meeting and apologies were received from Councillor Salton.

### 2. Declarations of Interest.

There were no declarations of interest.

### 3. Minutes of the Meeting held on 9<sup>th</sup> June 2019

The minutes of the meeting held on 9<sup>th</sup> June 2019 were submitted.

**Resolved-** That the minutes of the meeting held on 9<sup>th</sup> June 2019 be approved as a correct record and signed by the chair.

### 4. Dialysis Services in the Region

The Committee received a presentation on the review of the renal and haemodialysis service. The Committee were informed that the Lancashire Teaching Hospital Foundation Trust was reconfiguring and retendering the renal haemodialysis service which provided services to more than 600 patients throughout Lancashire and South Cumbria at seven locations (and at homes for approximately 100 patients). The change was necessary to provide the availability and quality of care closer to patient's homes. Many patients travel longer than the national standard of 30 minutes to their nearest renal unit; some facilities were not fit for purpose or are situated in an inconvenient location; there were recruitment challenges at more than one unit which restrict opening hours; and the service was not financially sustainable.

The Committee noted that feedback from patients and patient representatives groups had informed service specification and would be fully involved in the retender process and their feedback would be a significant factor in the decision making process. Health Overview and Scrutiny Committees in the Lancashire and South Cumbria area were being consulted on this in accordance with the legal requirement for consultation on substantial reconfigurations. In East Lancashire dialysis services are currently provided in Accrington, Burnley and Blackburn. The unit in Accrington was structurally inadequate, unfit for purpose and did not provide a good patient experience. The rent for the Burnley facility was prohibitively high and is a significant cost pressure to the sustainability of the service. The service in this borough

was provided in a temporary portakabin which was an unsatisfactory environment in which to deliver care. The proposals would

- Improve access to treatment closer to home for in-centre dialysis patients in East Lancashire.
- Expand dialysis capacity in East Lancashire whilst reducing numbers of units to 2 from 3 and ensuring that travel times are no more than 30 minutes.
- Ensure that patients wanting home dialysis have a suitable local support to develop their skills and confidence.
- Improve Patient experience during dialysis treatments in East Lancashire.

The Committee welcome the positive outcomes proposed for patients in East Lancashire and this borough in particular with the replacement of temporary accommodation with purpose built facilities and improved services especially for those patients who required treatment in isolation.

The Committee were informed that this consultation was the first in a series of service reconfigurations that would be consulted on in the near future. As these covered services delivered on a regional footprint across Lancashire, South Cumbria, Blackpool and Blackburn with Darwen, a Joint Health Overview and Scrutiny Committee with powers to consider and make recommendations on these is being considered with representation from the four upper tier Local Authorities.

**Resolved-** That the Committee agree:

1. To support the review of dialysis services in Lancashire and South Cumbria to improve access to treatment closer to home for in-centre dialysis patients in East Lancashire
2. To support the expansion of dialysis capacity in East Lancashire whilst reducing the number of units to 2 from 3 and ensuring that travel times are no more than 30 minutes.
3. To support the desire to ensure that patients wanting home dialysis have suitable local support to develop their skills and confidence.
4. To support the aim of improving patient experience during dialysis treatments in East Lancashire and in particular through the enhanced service delivery proposals in Blackburn.
5. To welcome the opportunity to discuss further following the conclusion of the retender process.

#### **5. Special Educational Needs and/or Disabilities (SEND) Inspection.**

The Committee received information on the SEND inspection that had taken place in June of this year. The inspection was a joint inspection undertaken by OFSTED and the Care Quality Commission and included the Local Authority, Clinical Commissioning Group (CCG), Public Health, NHS England, Early Years settings, Schools and Further Education Providers.

The review highlighted Key areas of strength and areas for improvement and areas have been identified for further improvement. This will form the basis of the revised SEND Strategy Action Plan for the local area. This plan will be co-produced with stakeholders and co-owned between the Council and the CCG.

**Resolved** -That the congratulations of the Committee be forwarded to all those who contributed to the positive outcome of the review and the continued successful development of services to Children and Young People with special educational needs and/or disabilities.

## **6. Feedback from the Youth Forum**

The Committee received an update on the work of the youth forum and the projects that they were involved in. The forum had been looking at a number of issues including-

The Takeover Challenge which will focus on knife crime and prevention.

The forum was busy planning for the annual national Takeover Challenge event which would focus on Knife and gang crime. This would take place on November 28<sup>th</sup> at Blackburn Rovers from 6pm – 9pm. A guest speaker had been arranged to open the event who had real lived experience of being involved in gang/knife crime in Birmingham.

The Regional Youthforia event

The forum hosted the Regional Youthforia event on 8<sup>th</sup> September at the Town Hall, 120 young people participated from 21 local authority youth councils. It was the annual AGM and the Forum were pleased to report that Amine, our forum member, was elected as Lancashire Area Rep. Amine would ensure that BwD young people's voices along with the wider county are heard in the North West.

The Annual Youth MP Conference in August at Leeds University.

The Committee were informed that the forum had been represented at the Annual Youth MP conference in August at Leeds University. The Youth MP's voted on 44 motions. The top 9 will form this year's Make Your Mark Ballot. There will be a 10<sup>th</sup> option for young people this year which will be a community/local issue. The Forum was looking forward to hearing what young people in our borough would like to see action on.

The annual sitting in the House of Commons was due to take place on the 8<sup>th</sup> November, however with the political situation of the country at the moment the forum were unsure whether this will go ahead

Solutions to Integration in BwD

The Forum also attended the Youth Voices session which was a successful commissioned service from the Integration fund. They had met with young people from the ARC project who were young people from the asylum seeker and refugee community.

BwD Youth Integration Forum and "Eat, Rave, Repeat"

Over 200 families took part in the activities the young people provided and consultation was undertaken regarding Integration in BwD. This had been fed back to the Ministry of Housing, Communities and Local Government and the Our Community Our Future team. It was had been a fantastic day with a big turnout and the young people had great fun meeting new people and hearing views on integration in our town.

**Resolved-** That the Committee thank the forum for the work and continue to value the input of the Youth Forum into the work of the Committee.

Chair at the meeting .....

Date.....

People Scrutiny Committee, 3<sup>rd</sup> December 2019

## Children's Services - Delivering the Corporate Priorities

In April 2019, the Local Authority corporate priorities were reviewed, revised and relaunched. To ensure that the golden thread of focus and ideas were embedded throughout all areas of Children's Services, the senior leadership team consulted with 60 management staff at a business planning event to reflect on the corporate ambitions and set the departmental priorities for 2019/20 to deliver on the themes.

The business planning event led to a revised **department vision** linked to the '*good quality of life for all our residents*' corporate theme:

*Children in Blackburn with Darwen will grow to have a happy, healthy life and experience success and overcome challenges. To achieve this we will work with our communities, with our partners and our children, young people and their families to ensure that children get the right help at the right time by building on their strengths and the strengths of their family.*

Additionally, 10 department priorities for 2019/20 were agreed to provide teams with a clear understanding of the direction of travel in relation to practice improvement across the department and improved outcomes for our children and young people. To aid the cascading of key priorities to staff and to influence team plans, annual appraisals and regular supervisions, a plan on a page was created (Appendix A).

A Service Development and Practice Improvement 'live' plan (Appendix B) was also developed to set actions against the priorities, and a Service Development Practice Improvement Board has been established to monitor the progress of the plan.

The plan signposts to the other plans and strategies across the borough which also contribute to the delivery of the priorities and outlines 'what success looks like' and how performance is measured.

The Board meets on a monthly basis, is chaired by the Director of Children's Services, and all Heads of Service and Service Leads across the department attend to share RAG rated progress updates. In addition to this, the department's Local Government Association improvement representative attends the Board to provide external support and challenge. This offers rigour to the tracking and monitoring of the plan, ensures that the plan is a live document and provides an additional level of accountability.

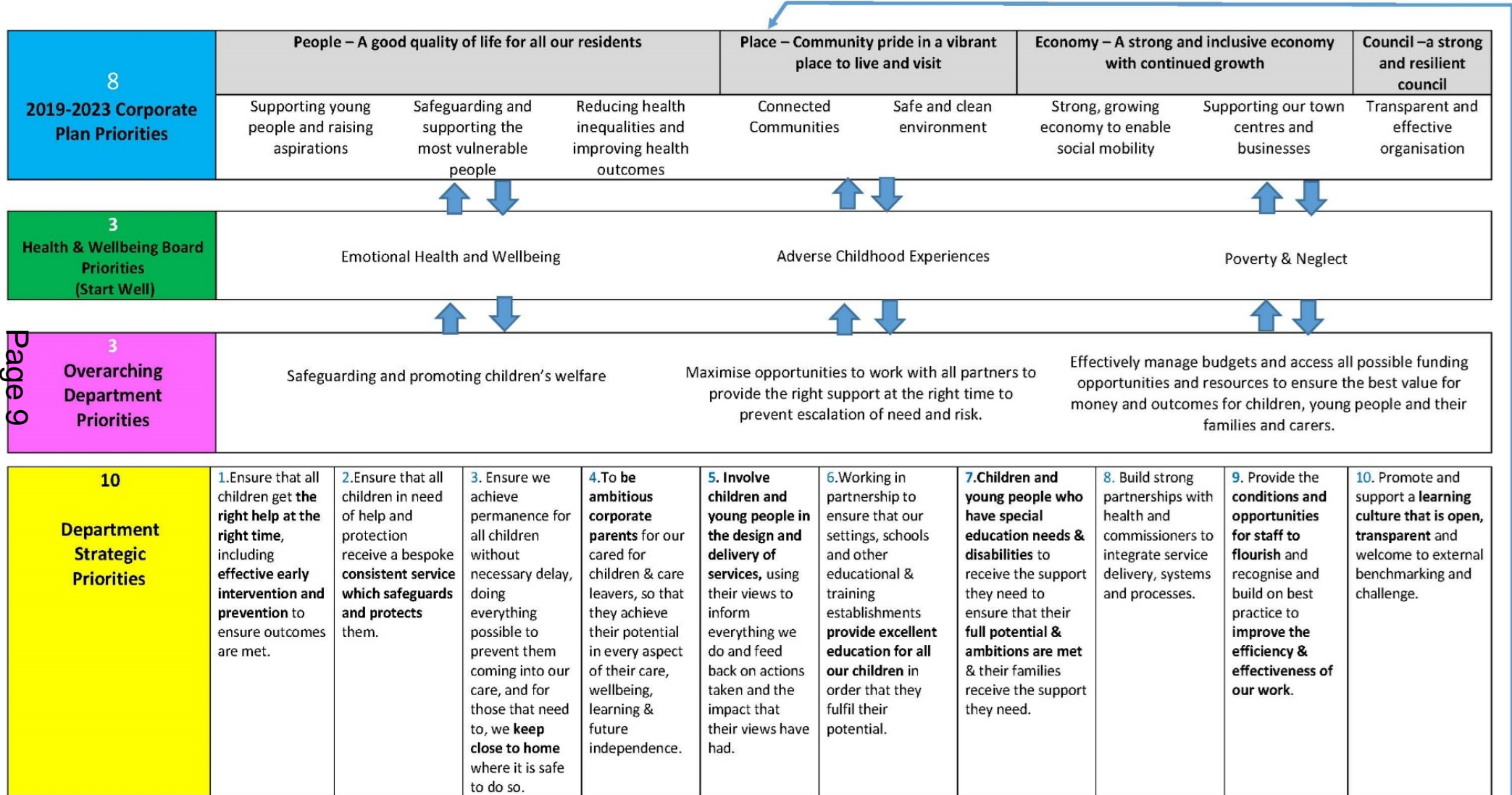
Imran Akuji  
*Head of Service – Adolescent Services*



**VISION FOR THE BOROUGH'S CHILDREN & YOUNG PEOPLE  
(aged 0-19 & 0-25 for those with SEND/Looked After)**




**Appendix A**

*Children in Blackburn with Darwen will grow to have a happy, healthy life and experience success and overcome challenges. To achieve this we will work with our communities, with our partners and our children, young people and their families to ensure that children get the right help at the right time by building on their strengths and the strengths of their family.*



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## Children's Services Service Development & Practice Improvement Plan 2019/20

DEPARTMENT PRIORITY	ACTION	Lead service area	Links with other plans / strategies / depts	Indicators of success	How Performance is Measured / Tracked	RAG rating	
<b>1</b> Ensure that all children get the right help at the right time, including effective early intervention and prevention to ensure outcomes are met.	1.1	<b>SCHOOL READINESS: Ensure that children in Blackburn with Darwen have a good level of development at the end of the Foundation Stage</b>	Early Help & Support	Early Help and Support Plan  Primary Care Networks and place based working	<ul style="list-style-type: none"> <li>Improved Speech and Language skills in reception year, independence skills and confidence.</li> <li>Families and partners can access services within their community. Higher use of CAF, broader involvement of partners in CAF. Higher use of community resources including Children's Centres</li> <li>EYFS part of the school improvement board – with use of Local leaders in Education supporting the development.</li> <li>Increase in no of children ready for school</li> <li>Reduction in the number of children requiring a EHCP for SEMH.</li> </ul>	<ul style="list-style-type: none"> <li>increase in the uptake of the 2 year offer by those children eligible</li> <li>increase in the no. of children achieving a good level of development at the end of the Early Years Foundation Stage</li> <li>increase in the number of children deemed ready for school measured against the school readiness statement (pre school profile termly).</li> </ul>	
	<b>Quarterly Progress Commentary:</b>						
	1.2	<b>EARLY HELP: Improve the quality, timeliness and impact of the Early Help Offer</b>	Early Help & Support	Early Help and Support Plan	<ul style="list-style-type: none"> <li>Fewer cyp open to social care. More CAFs completed with outcomes achieved</li> <li>Number of families supported; step down on the CONR</li> <li>Shared intelligence; faster response.</li> </ul>	<ul style="list-style-type: none"> <li>Increased attendance at children's centre targeted groups (Parenting, HENRY &amp; Chatterchums).</li> <li>CAF QA Audits –% rated good or better CAF monthly scorecard</li> <li>Feedback from school settings (team around the school (TAS)</li> <li>Child Voice prevalence.</li> </ul>	
<b>Quarterly Progress Commentary:</b>							
1.3	<b>ADOLESCENT SERVICES: develop a co-ordinated offer of support to keep young people safe and prevent entry into care</b>	Adolescent Services	Adolescent Strategy	<ul style="list-style-type: none"> <li>Improved experience for young people &amp; their families</li> <li>Increased engagement with children and young people</li> <li>Reduced need for targeted support.</li> <li>Reduced social care intervention</li> <li>Appropriate step down to universal provision</li> <li>Bespoke resource &amp; signposting</li> <li>Faster response, direct path for support</li> <li>Joined up working across the partnership</li> <li>Increased referrals to the Adolescent Support Panel</li> <li>Rapid response to reported ASB via Detached Partnership offer</li> <li>Quality programme of Neighbourhood Delivery and Town Centre hub</li> </ul>	<ul style="list-style-type: none"> <li>Number of YP accessing outreach offer (SEEDS)</li> <li>Number of young people accessing short-breaks</li> <li>SEEDS quarterly report (progress, referral &amp; closures)</li> <li>SEEDS supervisions with YP, families &amp; carers</li> <li>Reg 44 Monthly reporting (SEEDs)</li> <li>Engage quarterly reporting (feedback from supervisions &amp; children and young people</li> <li>Engage QA activity to measure referrals, progress and effectiveness of intervention</li> <li>Adolescent Panel referral times</li> <li>Number of referrals to adolescent panel</li> <li>QA of Adolescent Panel membership and contributions from partners</li> <li>No of yp worked with across Adolescent Services</li> <li>Quarterly performance monitoring of commissions</li> <li>Targeted Youth Support (TYS) caseload numbers at CoNR 2/3/4 (YPS)</li> <li>Level of need and response reduced during intervention (YPS)</li> <li>TYS step downs (YPS)</li> <li>Number of Assessed needs closed (YPS)</li> <li>Number of TYS case studies reviews per quarter</li> <li>% of cyp accessing support at the SEEDS who are not in care and who do not enter care following support.</li> </ul>		

DEPARTMENT	ACTION	Lead	Links with other plans / strategies	Indicators of success	How Performance is Measured / Tracked	RAG rating	
	Quarterly Progress Commentary:						
	1.4	<b>NEGLECT:</b> to feature in all areas of practice	ALL	BWD Neglect Strategy  Safeguarding Partnership multi-agency action plan  Children's Partnership Board	<ul style="list-style-type: none"> <li>Reduction in inappropriate referrals; improved identification and support.</li> <li>Referrals recognise and can evidence the impact of neglect.</li> <li>Assessments, analysis and plans across the CONR are explicit in the impact that neglect has upon the lived experience of the child.</li> <li>Clearer identification, and stronger planning leads to improved outcomes for cyp and families.</li> </ul>	<ul style="list-style-type: none"> <li>Number of partners using Graded Care Profile</li> <li>No of ICPCs where graded care profiles are completed prior to conference when neglect is a cause of concern</li> <li>Evidence of findings from audit activity influencing learning and practise improvement</li> <li>Evidence of early identification of neglect through referral process</li> <li>Evidence of good multi-agency planning to reduce risk and meet needs</li> </ul>	
	Quarterly Progress Commentary:						
2 Ensure that all children in need of help and protection receive a bespoke <b>consistent service which safeguards and protects</b> them.	2.1	<b>CONTEXTUAL SAFEGUARDING:</b> Develop a multi-agency approach to contextual safeguarding.	Adolescent Services	Adolescent Strategy	<ul style="list-style-type: none"> <li>Adolescent Resource panel established</li> <li>Direct path for support &amp; reduced delay for access.</li> <li>Appropriate referrals</li> <li>Staff trained with the right skills set</li> <li>Young people protected / safeguarded</li> </ul>	<ul style="list-style-type: none"> <li>Direct path for support &amp; reduced delay for access.</li> <li>Appropriate referrals</li> <li>Staff trained with the right skills set</li> <li>Young people protected / safeguarded</li> <li>Training activity e.g. PACE two day training event</li> <li>Contextual Safeguarding training to BWD Children's workforce (Council and Partners)</li> <li>Nos of children who have been referred at high risk due to contextual safeguarding, who after intervention risks have been reduced to medium</li> <li>Number of potential victims (young people) referred to the National Referral Mechanism to compare with the national trends and nos. of referrals around child criminal exploitation (identifying and referring potential victims of modern day slavery (slavery, servitude and forced or compulsory labour &amp; Human Trafficking))</li> </ul>	
	Quarterly Progress Commentary:						
	2.2	<b>DUTY &amp; ADVICE TEAM:</b> Create a Duty & Advice Team to strengthen the professional oversight and decision making at the front door to ensure that children receive the correct level of intervention.	Social Work	Review Recommendation  Social Work Service Development Strategy  Safeguarding Partnership Board	<ul style="list-style-type: none"> <li>Implementation of a reshaped front door</li> <li>Stronger professional oversight</li> <li>Clear decision making to improve quality of practice and outcomes for children</li> </ul>	<ul style="list-style-type: none"> <li>Decrease in referral rates</li> <li>No of contacts to referrals</li> <li>Increase in Early Help</li> <li>Weekly data capture</li> <li>Analysis of S47 themes</li> <li>Analysis of school referrals themes and trends</li> </ul>	
Quarterly Progress Commentary:							
3	3.1	<b>EFFECTIVE CARE PLANNING</b>	Social Work	Ofsted recommendation	<ul style="list-style-type: none"> <li>Senior Managers will have a good understanding through case tracking of barriers to progress to</li> </ul>	<ul style="list-style-type: none"> <li>Weekly caseload monitoring report (timeliness)</li> <li>Regional Information Group quarterly reporting (regional and</li> </ul>	

DEPARTMENT		ACTION	Lead	Links with other plans / strategies	Indicators of success	How Performance is Measured / Tracked	RAG rating
Ensure we achieve permanence for all children without necessary delay, doing everything possible to prevent them coming into our care, and for those that need to, we <b>keep close to home</b> where it is safe to do so.				Focused Visit feedback	<p>permanence for children and have strategies in place to address them</p> <ul style="list-style-type: none"> <li>• More children supported to live within their family and community.</li> <li>• Children’s case files will clearly demonstrate case supervision and decision making.</li> <li>• Plans are child specific and clearly identify how our services and intervention will meet need and reduce risks.</li> <li>• Improved processes and experience for cyp, their families and partners.</li> <li>• Timeliness of assessments</li> <li>• Section 47 is used appropriately and proportionately to manage high levels of risk and need. An external review completed in June 2019 has established that our high use of Section 47 is proportionate and reflects the needs of our community.</li> <li>• Numbers of care proceedings concluding with supervision orders rather than Full Care Order.</li> <li>• Appropriate reduction in numbers of children placed at home on care orders with parents.</li> <li>• Number of children and families placed in parent and child placements is reduced.</li> <li>• Families are clear about what needs to change if they are to successfully care for their child into independence.</li> <li>• Evidence to support an alternative plan to inform early permanence in all cases.</li> <li>• Education will be central to placement planning.</li> <li>• Improved working relationships between services and between social workers and foster carers.</li> </ul>	<p>national data) - increase on 77% Q4 2018/19.</p> <ul style="list-style-type: none"> <li>• ICO tracker to measure plans and outcomes</li> <li>• Appropriate step down from CP</li> <li>• Scheduled Quality Assurance activity to demonstrate impact and Team Manager audits.</li> <li>• Monthly referrals report</li> <li>• Pre-birth QA reviews to test 6 monthly (Dec 2019) – unborns referred and removed at birth, number of parent and child placements offered, forward planning for outcomes</li> <li>• Pre birth tracker quarterly update</li> </ul>	
		<b>Quarterly Progress Commentary</b>					
	3.2	<b>PLACEMENT STABILITY &amp; SUFFICIENCY: Improve placement stability &amp; greater placement sufficiency and choice</b>	Permanence	Corporate Parenting Strategy  Strategic Commissioning  Ofsted recommendation and Focused Visit Feedback	<ul style="list-style-type: none"> <li>• Improvement in health and well being for looked after children and consequent improvement in outcomes.</li> <li>• Decrease number of placement disruptions.</li> <li>• Greater choice of placements for looked after children with diverse needs (complex health needs, parent/children placements, placements for children and young people with complex behaviours)</li> <li>• Children placed in-house residential will be appropriately matched, achieve placement stability and achieve positive outcomes.</li> <li>• Increased placement capacity in new residential settings.</li> <li>• Increased capacity through short breaks foster care.</li> <li>• Support hub will be in place to build the resilience of foster carers and prevent placement disruption</li> <li>• Spend on commissioned placements will reduce without compromising on the quality of placements able to meet the needs of looked after children’</li> </ul>	<ul style="list-style-type: none"> <li>• % looked after children experiencing 3 placements or more in their time in care (at or below the national benchmark).</li> <li>• Improved placement choice (Fostering Qtrly report) – less placement breakdown, complaints, siblings placed together, culturally appropriate placements</li> <li>• % of cyp in permanent placements (SGO &amp; Adoption)</li> <li>• % of long term matched placements</li> <li>• Reduction in the % of care leavers at home</li> <li>• Annual dataset</li> <li>• Appropriate matching with foster carers;</li> <li>• increase in number of young people ‘staying put’.</li> <li>• Hub of support for foster placements in place with multi agency, peer and Revive support</li> <li>• Increase in specialist foster carers able to care for children with additional needs recruited through a joint, innovative campaign with CANW.</li> </ul>	

DEPARTMENT		ACTION	Lead	Links with other plans / strategies	Indicators of success	How Performance is Measured / Tracked	RAG rating	
					<ul style="list-style-type: none"> <li>Positive relationships with providers.</li> <li>Value for money &amp; reduced spend where appropriate. High quality placements will be available and affordable for BwD children.</li> <li>Care leavers will have increased choice of accommodation and be able to access provision that meets their needs.</li> <li>Care leavers will achieve independence and have access to appropriate levels of support.</li> </ul>			
		<b>Quarterly Progress Commentary:</b>						
<b>4</b> To be ambitious corporate parents for our cared for children & care leavers, so that they achieve their potential in every aspect of their care, wellbeing, learning & future independence.	4.1	<b>CORPORATE PARENTING:</b> Establish a multiagency Corporate Parenting Executive Board and revisit and refresh the Corporate Parenting Strategy.	Permanence	Corporate Parenting Strategy  Ofsted recommendation and Focused Visit Feedback	<ul style="list-style-type: none"> <li>Improved outcomes and experience for cyp</li> <li>Corporate Parenting Special Advisory Group supported to progress actions</li> <li>Council wide and partner ownership of corporate parenting responsibilities.</li> <li>Strategy in place and has been updated to reflect the wishes and feelings of children in our care and care leavers. This refresh is communicated and understood.</li> </ul>	<ul style="list-style-type: none"> <li>Education achievement &amp; attainment data</li> <li>EET data</li> <li>LAC review quality assurance, actions and outcomes</li> <li>Investor in children award accreditation reports</li> <li>Feedback from events</li> <li>Workshops delivered</li> </ul>		
		<b>Quarterly Progress Commentary:</b>						
<b>5</b> Involve children and young people in the design and delivery of services, using their views to inform everything we do and feed back on actions taken and the impact that their views have had.	5.1	<b>PARTICIPATION (SHARED PRIORITY):</b> Increase the quality and quantity of participation activity with children and young people across all service areas.	ALL	Ofsted recommendation and Focused Visit Feedback  Corporate Parenting Strategy	<ul style="list-style-type: none"> <li>Voice of the child is clear within plans</li> <li>Planning is child centred including design and delivery of the plan.</li> <li>Feedback gained from CYP in relation to standard of service received and how the service can be improved</li> <li>Outcome of consultation events with CYP impacting on service development</li> <li>Evidence of CYP participation in CAF, CiN meetings, CP conferences, LAC reviews</li> </ul>	<ul style="list-style-type: none"> <li>Participation Champions Quarterly reporting on activity</li> <li>Number of CYP participating in CAF, CiN meetings and statutory conferences and reviews</li> <li>Number of plans evidencing voice of the child</li> <li>Number of CYP chairing their LAC reviews</li> <li>Number of consultation events resulting in service development</li> <li>Analysis of feedback received from CYP which has resulted in service improvement</li> <li>Number of service areas awarded the Investing in Children accreditation</li> </ul>		
		<b>Quarterly Progress Commentary:</b>						
<b>6</b> Working in partnership to ensure that our settings, schools and other educational & training establishments provide excellent education for all our children in order that they fulfil their potential.	6.1	<b>QUALITY EDUCATION FOR ALL</b>	Education	School Improvement Board  Early Help & Support Plan  Corporate Parenting Strategy  SEND Strategy  Joint Commissioning Strategy	<ul style="list-style-type: none"> <li>Clear strategy of improvement</li> <li>School requiring additional support discussed and actions taken</li> <li>Improved outcomes for all – attendance / attainment.</li> <li>Improved Speech and Language skills in reception year, independence skills and confidence.</li> <li>The Virtual School Head will be able to advise the panel appropriately when placement options are discussed</li> <li>Children in our care will experience minimal disruption to their education and the educational attainment of children in our care will improve as a result</li> <li>Increased range of opportunities for young people entering adult social care</li> <li>Increased contact between education and the world of work</li> </ul>	<ul style="list-style-type: none"> <li>Improved scores in Communication, Language &amp; Literacy (CLL) – EYFS profile reporting</li> <li>Fewer schools regarded as cause for concern</li> <li>Increase in good / outstanding schools</li> <li>Improved outcomes for all</li> <li>Decrease in FTE's via school scorecards</li> <li>More schools meeting the Gatsby Benchmarks</li> <li>Case studies audit reflective learning</li> <li>increase in the no. of children achieving a good level of development at the end of the Early Years Foundation Stage</li> </ul>		

DEPARTMENT		ACTION	Lead	Links with other plans / strategies	Indicators of success	How Performance is Measured / Tracked	RAG rating	
					<ul style="list-style-type: none"> <li>Better experience for young people when working with a number of multi-agency professionals</li> <li>Quality of practice; decision making and outcomes for cyp.</li> </ul>			
		<b>Quarterly Progress Commentary:</b>						
	6.2	<b>INCLUSION &amp; EXCLUSION:</b> Develop and implement an Inclusion/Exclusion Strategy:	Education	Corporate Parenting Strategy  Virtual School Improvement Plan	<ul style="list-style-type: none"> <li>Reduced number of FTE's and PEX's.</li> <li>QA of in house AP judged good or better.</li> <li>LA has a full overview of pupil movement and can evidence this.</li> <li>Improved outcomes and for cyp; raising aspiration.</li> <li>More care leavers in employment , training, further education and apprenticeships</li> <li>Increased choice for care leavers</li> </ul>	<ul style="list-style-type: none"> <li>Termly outcomes scorecard</li> <li>Movement of pupils between schools / AP reduced</li> <li>Case studies audit reflective learning</li> </ul>		
		<b>Quarterly Progress Commentary:</b>						
7 Children and young people who have special education needs & disabilities to receive the support they need to ensure that their full potential & ambitions are met & their families receive the support they need.	7.1	<b>REMODEL THE CHILDREN WITH DISABILITIES SERVICE:</b>	Permanence	Adults Services & Strategic Commissioning	<ul style="list-style-type: none"> <li>Improved experience with joined up working across the agencies.</li> <li>Children in Need, children on CP plans and looked after children with disabilities will all have a qualified social worker allocated to them.</li> <li>Efficient use of resources</li> <li>Quality assurance of commissioning</li> </ul>	<ul style="list-style-type: none"> <li>All cyp (CWD) on CP Plans will have an allocated social worker from the CWD team</li> <li>Reduction in the number of allocated workers</li> <li>Expertise for CWD from the front door</li> <li>Child's lived experience – audit activity / statistical analysis</li> </ul>		
		<b>Quarterly Progress Commentary:</b>						
	7.2	<b>SEND STRATEGY:</b> Implement the SEND strategy within the department and promote across the partnership	Education	SEND Strategy  Children's Partnership Board  Early Help and Support Plan	<ul style="list-style-type: none"> <li>Improved transitions experience, joined up working across agencies, increase in opportunities, outcomes, wellbeing with supported aspirations for cyp.</li> <li>Improved &amp; consistent offer of support across settings.</li> <li>Improved outcomes for children with SEND including attendance, reduction in exclusions.</li> </ul>	<ul style="list-style-type: none"> <li>% reduction on SEND fixed term exclusions &amp; comparison with the national average</li> <li>Increased numbers of pupils with SEND entering post16 placements</li> <li>Improved attendance for children and young people with SEND</li> <li>Reduction in number of children and young people attending SEMH provision outside of BWD</li> <li>% of EHCP's audited improved – showing the end in mind</li> </ul>		
	<b>Quarterly Progress Commentary:</b>							
8 Build strong partnerships with health and commissioners to integrate service delivery, systems and processes.	8.1	<b>HEALTH INTEGRATION: Work with partners in health and commissioning to further develop integrated services.</b>	Early Help & Support	Early Help & support Plan	<ul style="list-style-type: none"> <li>Improved experience with joined up working across the agencies.</li> </ul>	<ul style="list-style-type: none"> <li>0-19 Health Child Programme Integrated Review and Monitoring Quarterly Report Card via Public Health (health visiting &amp; nursing)</li> </ul>		
		<b>Quarterly Progress Commentary:</b>						
	8.2	<b>COMMISSIONING (OVERARCHING): Develop commissioning practice across the People Area (Children's Services, Adult Services &amp; Prevention and Public Health) to maximise</b>	Director of Children's Services	Corporate Priority – strong resilience council, transparent & effective  Joint Commissioning	<ul style="list-style-type: none"> <li>Efficient use resources/spend Improved experience for children, young people &amp; families</li> <li>Joined up working across the local authority</li> </ul>	<ul style="list-style-type: none"> <li>Strategy in place</li> </ul>		

DEPARTMENT		ACTION	Lead	Links with other plans / strategies	Indicators of success	How Performance is Measured / Tracked	RAG rating	
		the opportunities and benefits of a local authority partnership approach.		Strategy				
		Quarterly Progress Commentary:						
<b>9</b> Provide the conditions and opportunities for staff to flourish and recognise and build on best practice to improve the efficiency & effectiveness of our work.	9.1	<b>STAFF RETENTION &amp; STRENGTHENING THE WORKFORCE: Create stability of our workforce across Duty &amp; Advice, RAST &amp; AST</b>	Social Work	Ofsted Recommendation  Workforce Development Strategy  Service Development Strategy	<ul style="list-style-type: none"> <li>Improved practice, sharing of good practice and supported decision making.</li> <li>Social Workers supported to respond to children in need and children in help and protection</li> <li>Children and young people's needs met and outcomes improved</li> <li>Improved staff retention, quality of practice, staff wellbeing &amp; performance.</li> <li>Needs and learning development developed following appraisals.</li> <li>Social workers receive the guidance and direction needed to manage their caseloads with evidence of effective management oversight.</li> </ul>	<ul style="list-style-type: none"> <li>Numbers of social workers who have completed the systemic social work training including evaluation of practice and outcomes for children and families. Evaluation to take place after the first cohort have completed the course.</li> <li>Caseloads to not exceed 25 for experienced social workers and 18 for ASYEs</li> <li>Exit Interview summary reports</li> <li>Annual Social Work Health Assessment Summary report</li> <li>No of existing staff who are working through the social work apprenticeship.</li> <li>Workforce Development meeting summary (staff retention, promotion, moves within department)</li> <li>Reduction in number of agency social workers</li> </ul>		
		Quarterly Progress Commentary:						
	9.2	<b>TRAINING &amp; PROFESSIONAL DEVELOPMENT</b>	QA	Focused Visit Feedback  Workforce Development Strategy/Human Resources	<ul style="list-style-type: none"> <li>Staff retention</li> <li>Improved quality of practice, performance &amp; decision making</li> <li>Reported staff wellbeing</li> <li>Shared best practice</li> <li>Opportunities for continued learning and professional development</li> </ul>	<ul style="list-style-type: none"> <li>Appraisal and professional development monitoring</li> <li>ASYE retention rates</li> <li>ASYE portfolios within timescale</li> <li>Staff retention rates</li> <li>Professional development portfolios</li> <li>Me learning attendance statistics</li> <li>Inductions completed within timescale</li> <li>External training statistics via HR</li> </ul>		
		Quarterly Progress Commentary:						
	9.3	<b>SYSTEMS &amp; PERFORMANCE:</b> review accessibility and functionality of management information systems & performance data	Strategy, Policy & Performance	Ofsted recommendation  Partners in Practice action plan	<ul style="list-style-type: none"> <li>Self-serve report and dashboard functions utilised.</li> <li>Practice/service improvement through use of performance data and improved system functionality/accessibility.</li> <li>Development of a revised performance framework.</li> </ul>	<ul style="list-style-type: none"> <li>Progress against Cheshire West and Chester Data Action Plan</li> <li>Monitoring of LCS mobile app usage</li> <li>Number of external practitioners using eCAF</li> <li>Number of forms completed via the delegation portal</li> </ul>		
		Quarterly Progress Commentary:						
<b>10</b> Promote and support a learning culture that is open, transparent and welcome to external benchmarking and challenge.	10.1	<b>YOUTH JUSTICE MANAGEMENT BOARD &amp; SERVICE: Review and further develop the Board to comply with statutory and inspection requirements</b>	Adolescent Strategy	YJB Plan	<ul style="list-style-type: none"> <li>Improved governance arrangements</li> <li>Appropriate support and challenge from Board members</li> <li>Improved outcomes for young people</li> <li>Progress against Board plan</li> </ul>	<ul style="list-style-type: none"> <li>Offending/Reoffending rates</li> <li>National Standards reporting</li> <li>Improvement Plan reporting</li> <li>YJB Performance reporting</li> <li>Review and analyse live data of local measures to highlight any changes or drop in performance.</li> <li>Number of prevention interventions delivered.</li> <li>Number of young people accessing this provision.</li> <li>Measure the impact of these interventions by tracking whether this cohort go onto display further ASB/offending.</li> </ul>		
		Quarterly Progress Commentary:						

DEPARTMENT		ACTION	Lead	Links with other plans / strategies	Indicators of success	How Performance is Measured / Tracked	RAG rating
	10.2	<b>QUALITY ASSURANCE: Review and embed quality assurance activity, and ensure that the findings are embedded into training to improve practice as well as individual support and demonstrate impact.</b>	QA	Ofsted recommendation, Focused Visit	<ul style="list-style-type: none"> <li>• CYP reporting improved experience of needs being met in a timely manner</li> <li>• Evidence of Improved quality of practice; decision making impacting on improved outcomes for CYP.</li> <li>• Improved performance in relation to assessments and planning across all service areas.</li> <li>• Improved communication and joint ownership of QA activity across the department</li> <li>• Managers will demonstrate a good understanding of quality of practise within their service areas and across the department</li> <li>• Recognition of good practise by managers as well as recognition of areas that require improvement.</li> <li>• Development of a solution focused approach to problem solving across the department</li> <li>• QA activity informing areas of good practise and practise improvement</li> <li>• QA informing training and learning needs</li> <li>• Effective monitoring systems to track the impact of practise improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly reports on QA activity</li> <li>• Implementation of recommendations on practise improvements</li> <li>• Evidence of implementation of practise improvement</li> <li>• Good practise evidence file</li> <li>• Evidence of one plan</li> <li>• CYP achieving early permanence</li> <li>• No evidence of drift or delay in completion of assessments and progressing plans</li> <li>• Rolling programme of workshops/seminars and learning opportunities for all staff</li> <li>• Outcomes of audit activity within the audit schedule</li> <li>• Evidence of monitoring of impact on improving practise and improving outcomes for CYP</li> </ul>	
		<b>Quarterly Progress Commentary:</b>					



**REPORT OF: DIRECTOR OF HR, LEGAL AND CORPORATE SERVICES**  
**TO: PEOPLE OVERVIEW AND SCRUTINY COMMITTEE**  
**ON: 2<sup>ND</sup> DECEMBER, 2019**

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## **APPOINTMENT OF A JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE.**

### **1. PURPOSE OF REPORT**

To inform members of the requirement to appoint a Joint Health Overview and Scrutiny Committee with Lancashire County Council, South Cumbria County Council and Blackpool Borough Council as required under The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) confers Health Scrutiny powers on local authorities to consider reconfigurations and departures proposed by the Integrated Care System.

### **2. BACKGROUND**

Members will be aware of the work of the Lancashire and South Cumbria Integrated Care System which is working on the reconfiguration of health provision in the region. This reconfiguration aims to improve health outcomes for residents in the area and will lead to changes in the way that services are delivered both in hospitals and in the community.

The establishment of the Joint Committee is a requirement of the Act where a relevant Health Authority consults more than one local authority's health scrutiny function about substantial reconfiguration proposals. Regulation 30 sets out the following requirements-

- Only the Joint Committee may respond to the consultation (rather than each individual local authority responding separately)
- Only the Joint Committee may exercise the power to require the provision of information by the relevant NHS body or Health Service Provider about the proposals.
- Only joint committee's may exercise the power to require members or employees of the relevant NHS body or Health Service Provider to attend before the committee to answer questions in connection with the consultation.

The Draft terms of reference for the proposed Joint Health Scrutiny Committee have been drawn up for consideration and are attached at appendix 1. These are being presented to each of the constituent bodies that will make up the Joint Committee and the Committee are invited to consider and comment on these. The Committees comments will be forwarded to the Executive Board for consideration.

**4. RECOMMENDATIONS**

1. That the Committee consider the establishment of the Joint Health Overview and Scrutiny Committee as proposed to look at proposals for reconfiguration of services proposed by the Lancashire and South Cumbria Integrated Care System and the proposed Terms of Reference.
2. That any views from the Committee be submitted to the Executive Board for consideration.

**David Fairclough**  
**Director of HR, Legal and Corporate Services**

**Background Papers:                      None**

**Contact Officer:                      Paul Conlon**  
**Democratic Services.**

## **Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS)**

### **Terms of reference**

#### **1. Title**

The Committee to be named the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS).

#### **2. Scope and function**

To consider proposed health service changes that will directly affect all four upper tier local authorities within the Lancashire and South Cumbria areas.

To exercise the statutory functions of a health scrutiny committee under the provisions of the National Health Service Act 2006; the Local Government and Public Involvement in Health Act 2007; and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and to make reports and recommendations to NHS bodies as appropriate in relation to matters which directly affect all four upper tier local authorities within the Lancashire and South Cumbria areas.

The joint committee will establish an annual work plan to determine the specific issues to be addressed for the forthcoming municipal year.

#### **3. Membership**

The membership of the joint committee comprises:

- 3 elected voting Members from the Lancashire County Council Health Scrutiny Committee
- 3 elected voting Members from the Cumbria County Council Health Scrutiny Committee
- 3 elected voting Members from the Blackburn with Darwen Borough Council People Overview and Scrutiny Committee
- 3 elected voting Members from the Blackpool Council Adult Social Care and Health Scrutiny Committee

Each local authority to appoint on the basis of two members from the administration and one member from the largest opposition group.

The Joint Committee shall be appointed annually prior to its first meeting in each municipal year.

When selecting individual members to serve on the Joint Committee, each local authority should consider a member's experience, expertise, and interest in health scrutiny; as well as the ability to act impartially, work as part of a group, and the capacity to serve.

#### **4. Substitutes or replacements**

Any member of the Joint Committee may be represented at a meeting of the Joint Committee by a substitute or replacement appointed by the appropriate local authority. Local authorities in these circumstances are encouraged to ensure the substitute or replacement member's experience, expertise, and interest in health scrutiny is taken into consideration when appointing either on a temporary or permanent basis; notwithstanding the ability to act impartially, work as part of a group and the capacity to serve. Substitutes will have the same voting rights as the member they replace and count towards the establishment of a quorum.

If any Member ceases to be a Councillor of their local authority or if the local authority notifies of any changes to the membership they shall no longer be a member of the Joint Committee.

#### **5. Chair and Vice Chair**

The Chair and the Vice Chair shall be elected by the Joint Committee from among the Committee's voting membership at the first meeting in each municipal year. It is intended that the Chair shall rotate between each local authority for each municipal year. The elected Chair must be a Member of a different local authority to the Vice Chair.

The Chair shall preside at the meetings. In the absence of the Chair, the Vice Chair shall Chair the meeting. In the absence of both the Chair and the Vice Chair, the Joint Committee Members present shall elect a Chair for that meeting from among their number of voting members.

#### **6. Secretary of State Referrals**

In the case of contested NHS proposals for substantial service changes or any NHS proposal which the Joint Committee feels has been the subject of inadequate consultation, by majority agreement, the Joint Committee to have delegated authority to directly refer the matter to the relevant Secretary of State.

That in relation to the function described above, any Joint Committee decision on whether or not a referral should be made to the relevant Secretary of State is not required to be approved by the individual Overview and Scrutiny Committees at those local authorities that may be directly affected by the decision.

#### **7. Scrutiny Arrangements**

Decisions and recommendations may only be made by the Joint Committee. However task and finish groups may be established if the Joint Committee deem this to be the most appropriate method of scrutiny.

The Joint Committee has the following powers:

- To require the following person/s to attend the Joint Committee to answer questions or supply evidence:
  - a) The Chief Officer (or their representatives) of the Lancashire and South Cumbria Integrated Care System, Partnerships and Neighbourhoods;
  - b) Any relevant Chief Executives (or their representatives) of local NHS bodies;
  - c) The relevant Directors of Public Health, Adult and Children's Social Care from the four Local Authorities within the Integrated Care System area;
  - d) Any relevant Chief Officer of third sector organisations;
- To invite to any meeting of the Joint Committee and permit to participate in discussion and debate, but not to vote, any person not an elected Member appointed to the Joint Committee, whom the Joint Committee considers would assist it in carrying out its functions.
- To co-opt or appoint independent technical advisers as and when necessary and under such terms as the Joint Committee thinks appropriate, persons with appropriate expertise in relevant health matters, without voting rights.
- To invite the Chief Officers (or their representatives) from the four Healthwatch bodies within the Integrated Care System area.
- To request findings and recommendations from any Clinical Senate review relating to a proposal.
- Make reports or recommendations to the relevant health bodies as appropriate.

### **8. Review of functions, administration arrangements and terms of reference**

To review at least annually the functions of, and administration arrangements for meetings of the Joint Committee.

To annually review the Joint Committee's terms of reference.

### **9. Conduct of Business Meetings**

The Clerk to the Joint Committee shall, with the agreement of the Chair and the Vice Chair, arrange meetings of the Joint Committee as and when necessary (discretionary) or for the purposes of responding to consultation by a

Responsible Person (mandatory) in accordance with Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. An Annual General Meeting will be scheduled each year.

The public are welcome to attend and observe meetings, however, there are no public speaking rights

No meetings of the Joint Committee shall be held during the notice of election period for any elections.

Any scheduled Joint meeting may be cancelled where the Chair and the Vice Chair of the Joint Committee both agree.

Where possible the venue for meetings of the Joint Committee shall be rotated between the local authorities. Secretarial support for the Committee shall be from the local authority from which the Chair of the Joint Committee is a member of.

### **a) Quorum**

The quorum for the Joint Committee shall be five voting members from at least three of the affected upper tier local authorities being present. During any meeting if the chair counts the number of councillors present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the chair. If a date is not fixed, the remaining business will be considered at the next meeting.

### **b) Agendas and Items of business**

Agendas for meetings of the Joint Committee shall be circulated at least five working days in advance of the meetings and in accordance with the provisions of legislation relating to Access to Information.

Other than in exceptional circumstances, where agreed by the Chair, the only business to be considered at any meeting will be that which has been notified.

### **c) Declarations of Interest**

Any Member having a non-pecuniary interest must disclose that fact and act accordingly. Those Members declaring a pecuniary interest must leave the room and take no part in the discussion or influence that particular item. Members must give reference to the individual code of conduct of their local authority when declaring an interest.

### **d) Decisions**

The Joint Committee will seek to make decisions and recommendations by consensus whenever possible. In the event of any disagreement, the Chair will seek to resolve any differences.

Where it is not possible to achieve a consensus, voting is by show of hands.

The Chair shall have a second or casting vote.

**e) Minutes**

The minutes of each Joint meeting shall be submitted for information to the individual Overview and Scrutiny Committees at the respective local authorities.