

Lancashire County Council

Children's Services Scrutiny Committee

Wednesday, 5th December, 2018 at 2.00 pm in Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No.	Item
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1.	Apologies
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests
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Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

3.	Minutes from the meeting held on 10 October 2018	(Pages 1 - 6)
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4.	Progress Update - Lancashire Parent Carer Forum	(Verbal Report)
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5.	Lancashire's Children's Services Development Plan	(Pages 7 - 32)
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6.	Children and Family Wellbeing Service: Responses to Consultation and Final Proposals	(Pages 33 - 76)
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7.	Report of the Supporting Pupils at Special Schools with Medical Conditions Task and Finish Group	(Pages 77 - 118)
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8.	Children's Services Scrutiny Committee Work Programme 2018/19	(Pages 119 - 128)
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9.	Urgent Business
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An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

10. Date of the Next Meeting

Next meeting of the Children's Services Scrutiny
Committee is Wednesday 16 January 2019 at 2pm,
Cabinet Room C, County Hall, Preston

County Hall
Preston

L Sales
Director of Corporate Services

Lancashire County Council

Children's Services Scrutiny Committee

**Minutes of the Meeting held on Wednesday, 10th October, 2018 at 2.00 pm
in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

Present:

County Councillor Andrea Kay (Chair)

County Councillors

N Hennessy	Ms S Malik
I Brown	J Mein
A Gardiner	D T Smith
J Rear	

Co-opted members

Councillor Stella Brunskill, Children's Partnership
Board - Hyndburn, Ribble Valley, Rossendale

1. Apologies

Apologies were received from County Councillor Anne Cheetham, County Councillor Paul V Greenall, Councillor Gail Goodman and Councillor Zara Khan.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes from the meeting held on 4 July 2018

Resolved: That the minutes from the meeting held on the 4 July 2018 be confirmed as an accurate record and signed by the Chair.

4. Update from the Chair

The Chair provided an update to the committee following the discussions at the last meeting around the Lancashire Parent Carer Forum and the response received from Contact regarding the concerns raised by the committee.

The Chair had written to the regional manager of Contact and had correspondence back. LCC and Contact had agreed to work together to support the Parent Carers Group in achieving the best outcomes for the children of Lancashire.

5. Report on the Ofsted re-inspection of Children's Services

The Chair welcomed Sally Allen, Interim Director of Children's Services, to the meeting. The report presented provided an overview of the Ofsted re-inspection of services for children in need of help and protection, children looked after and care leavers.

152 cases were looked at in total and 96 interviews had taken place. 3 areas of children's services in Lancashire required improvement to be good. These were:

- Children who need help and protection
- Children looked after and achieving performance – adoption performance was already good, but experiences and progress of care leavers required improvement.
- Leadership, management and governance

It was reported that appropriate actions had now been taken to improve services. There was improved visibility and communication from senior leaders which had given staff renewed confidence. The strength of Multi-Agency Strategic Partnerships was identified in the inspection. Regarding the progress of children who need help and protection, one of the main things that Ofsted fed back was that prompt, effective action was taken to safeguard children. There was a more joined up approach towards the critical aspects of safeguarding i.e. children missing from home and at risk of exploitation. The inspectors also noticed improvements in the strengths of Multi-Agency Safeguarding Hubs (MASH).

Members were advised further work was required around the consistency of practice across children's services particularly around the quality of assessments and plans. On the experience and progress of care leavers Ofsted gave a confident view of LCC as a corporate parent.

The committee was informed that regarding Leadership, Management and Governance, there was evidence that this was increasingly effective. Leaders were acting on their responsibilities and priorities. The workforce strategy was effective resulting in a better balance between newly qualified social workers and experienced ones. There had to be a robust approach to workforce development. A more strength based approach to practice was being looked at and there was a risk sensible social work model in place.

It was reported that auditing had been identified as effective and provided an accurate evaluation of the quality of practice. Whilst data was increasingly accurate and well-presented there was more work to do in how managers used that data in terms of measuring progress.

It was recognised that the quality of pathway plans needed to be improved across the board, from children in need, child protection, children looked after and care leavers. This was a key element of Children's Services improvement.

From a discussion around how scrutiny could support Children's Services going forward, the following areas were identified:

- Progress of the improvement plan.
- Corporate Parenting Strategy and the local offer.
- A review of the Neglect Strategy.
- The impact of the Workforce Strategy.
- The Social Work Academy and the Leadership Academy.

Resolved: That;

- i. The report presented be noted.
- ii. An invite be extended to the Social Work Academy and Leadership Academy to attend the January meeting of the committee to provide an update to members on the progress made.

6. Child Health - Lancashire

The Chair welcomed Shaun Turner, Cabinet Member for Health and Wellbeing; Clare Platt, Head of Service Health, Equity, Welfare and Partnerships; Karen Gosling, Senior Public Health Practitioner; and Judith Gault, Senior Manager Public Health and Wellbeing, to the meeting.

The report presented informed the committee that Public Health England (PHE) produced an annual Child Health Profile as a tool designed to help local government and health services identify key issues which needed addressing to improve the health and wellbeing of children and tackle health inequalities. A range of issues relevant to child health and wellbeing in Lancashire were highlighted. The key issue was about starting early and giving every child the best possible start in life. Issues highlighted were:

- Teenage pregnancy
- Smoking in pregnancy
- Breastfeeding
- MMR immunisation
- Dental health
- Overweight / obesity
- Mental health
- Road safety

In terms of these issues there were different outcomes in children's health and wellbeing in the districts. There were significant differences between districts and within districts.

It was pointed out that care provided in the first 1000 days of a child's life had more influence on a child's future than any other time in its life. There were significant provisions in place for the first 1000 days child development programme.

Members were advised that regarding mother and baby clinics, improvements had been made and lessons had been learned from children's centres. Baby centres offered holistic support for mothers and babies and through working with partners problems could be picked up at an early stage and be addressed.

Members were informed that the health visitor offer was a universal offer. The Children and Family Wellbeing Service was aware that some centres had closed which impacted on support to rural areas, however it was highlighted that the provision of one to one support for families in rural areas was available.

Members stated that in areas where there were a lack of facilities could libraries and leisure centres be looked at for parents and children to use. It was confirmed that discussions were taking place with libraries about working together and joining their services up. The services could also be delivered in primary schools. It was ensuring a safe environment for mothers and children.

It was reported that the importance of getting the outcomes of children's health right early was vital. The Authority could not do this on its own and neighbourhood working was important as was the First 1000 Days. The Ante Natal Contact was a new contact and was about preparation for parenthood and was offered by health visitors. The biggest challenge was total neighbourhood working and joined up working was the way forward. The neighbourhood approach was about moving resources around more smartly and this was only achievable through true partnership working.

The committee was informed that there was a piece of work in progress around oral health improvement in children.

Resolved: That;

- i. The report presented be noted.
- ii. A report be presented to the committee in six months on the progress and improvements being made.

7. Children's Services Scrutiny Committee Work Programme 2018/19

The work plan for the Children's Services Scrutiny Committee for the 2018/19 municipal year was presented. The topics included were identified at the work planning workshop held on 10 July 2018.

Regarding the Children's Partnership Board there was a request for more clarity on where it stood and if there would be enough funding from LCC for it to remain.

The final report from the 'Supporting Children at Special School with Medical Conditions' Task and Finish Group would be presented at the next meeting of the Children's Services Scrutiny Committee.

A report on teenage suicide would also be coming to a future meeting of the committee.

Resolved: That the report presented be noted.

8. Urgent Business

There were no items of Urgent Business.

9. Date of the Next Meeting

The next meeting of the Children's Services Scrutiny Committee will take place on Wednesday 5 December at 2:00pm in Cabinet Room C (The Duke of Lancaster Room) at the County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Children's Services Scrutiny Committee

Meeting to be held on Wednesday, 5 December 2018

Electoral Division affected: (All Divisions);
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Lancashire's Children's Services Development Plan

(Appendix 'A' refers)

Contact for further information:

Samantha Parker, Tel: 01772538221, Democratic Services,

sam.parker@lancashire.gov.uk

Executive Summary

The draft 'Better for Children: Lancashire's Children's Services Development Plan' due to be approved at Cabinet on 3 December 2018, sets out the actions required to address the 11 recommendations from the recent Children's Services Ofsted inspection report.

Recommendation

The Children's Services Scrutiny Committee is requested to:

- i. Note the information provided.
- ii. Discuss and agree any feedback on the draft plan.

Background and Advice

The Ofsted re-inspection of Children's Services in June 2018 noted significant improvements, with an overall effectiveness judgement of 'requires improvement' to be good, and 'good' for our adoption service. The Better for Children: Lancashire's Children's Services Development Plan sets out the actions required to address the 11 recommendations in the report, further improving the quality of practice and outcomes for children.

The Children's Services Scrutiny Committee is asked to note the draft Lancashire Children's Services Development Plan and provide any feedback which could be incorporated into the final version.

Consultations

NA

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Tel
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NA		
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Reason for inclusion in Part II, if appropriate		
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NA		
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Appendix A

Better for Children: Lancashire's Children's Services Development Plan

November 2018 - 19

Lancashire's Vision



***‘Children, young people and families
in need of help are safe, healthy
and supported to achieve’.***

We will deliver this in partnership through an understanding of the lived experience of a child or young person by:

- *Delivering the right service, at the right time, by the right people through effective wellbeing and **preventative** strategies.*
- ***Purposeful** and effective social work and care intervention, engaging children, young people and families by building on their strengths.*
- *Focusing on **permanence**, by delivering lasting and sustainable outcomes for children, young people and their families.*

Introduction

Our services for children have improved significantly. Our 2015 Ofsted inspection rated the overall service provision to be inadequate. In 2018 the judgement is that services now require improvement to be good and good for our adoption service. Ofsted found that staff were positive, open to learning and committed to their work with children and families. The service knows itself well and appropriate action was in place to improve services and that multi-agency strategic partnerships are stronger leading to a more shared approach.

However, there is still more to do to ensure that all children receive a consistently good service. In total, Ofsted made 11 recommendations. Essentially we need to continue to strengthen and improve in 5 key areas:

Effective Partnership Working	We will ensure effective, collaborative partnership arrangements are in place which support the improvement of services to children and families. Specifically, with partners we will improve our response to children living with domestic abuse and neglect, ensuring services are focused on delivering effective, preventative and targeted support.
Prevention	We will work with partners to ensure that an effective range of early help services are in place to support children and families when they first need help. We will continue to develop the Multi-Agency Safeguarding Hub (MASH) to ensure continued effective decision making and service provision at the front door.
Purposeful Practice	We will ensure that everything we do makes a tangible, positive difference to the lives of the children we work for and that we intervene at the lowest and least intrusive level possible. We will improve the quality of assessments and plans and spell out for families what needs to change and how this is likely to be achieved. We will also strengthen the critical challenge of first line managers and Independent Reviewing Officers to prevent drift and delay.
Permanence and Corporate Parenting	<p>We will work tirelessly with families to prevent the need for children to become looked after. Where children are not able to live safely with their family, we will ensure that plans for permanence are developed at the earliest opportunity. We will ensure care plans are more rigorously monitored and reviewed to reduce drift and delay, including the timely revocation of Care Orders where children have been successfully returned home.</p> <p>We want all our children to meet their potential. Therefore, we will strive to improve educational attainment and health outcomes and will specifically focus on improving the educational attainment and progress of children looked after at Key Stage 4. We want all our children that leave care to live healthy, successful, fulfilling lives. Therefore, we will ensure that all our care leavers receive timely and accessible support to meet their financial, educational and emotional health needs.</p>
Effective Use of Performance Data	Whilst significant progress has been made in improving the accuracy of performance data, we need to improve the use of data so that it is an effective tool to help manager's measure progress and examine trends.

Ofsted Inspection Report Recommendations (August 2018)		Key Area
1.	Work with partners to ensure that an effective range of early help services is in place to support children and families when they first need help.	Prevention
2.	Ensure that assessments clearly articulate risks and protective factors, provide robust analysis and spell out what needs to change and how that is likely to be achieved.	Purposeful Practice
3.	Ensure that all plans for children in need, children subject to child protection plans, looked after children and care leavers are specific, measureable and outcome-focused.	Purposeful Practice
4.	Ensure that the quality of critical challenge provided by first line managers, IROs in looked after reviews and conference chairs within child protection conferences are effective in avoiding drift and delay.	Purposeful Practice
5.	Ensure that the local authority and partners share a common understanding of the risks associated with neglect, in all its different forms, and have the tools they need to monitor and measure their impact in managing change.	Effective Partnership Working
6.	Improve the educational attainment and progress of children looked after at Key Stage 4.	Permanence and Corporate Parenting
7.	Ensure that permanence planning, including for those children who return home, is rigorously monitored and reviewed on a consistent basis across the county to reduce the likelihood of drift and delay.	Permanence and Corporate Parenting
8.	Ensure that when children successfully return home, timely revocation hearings are held to secure permanence plans for them to remain in the care of their parents.	Permanence and Corporate Parenting
9.	Ensure that care leavers receive timely and accessible support that meets their financial, educational and emotional health needs.	Permanence and Corporate Parenting
10.	Improve the use of performance data so that it is an effective tool to help managers measure progress and examine trends.	Effective Use of Performance Data
11.	Work with partners to ensure that responses for children and families living with domestic abuse are focused on delivering effective, preventative and targeted support.	Effective Partnership Working

Implementing the Development Plan

This Plan focuses on the actions required to deliver the Ofsted recommendations and other key priorities identified in our self-assessment, with the aim of securing improvement and delivering consistently good services for Lancashire's children, young people and families.

The Plan sets out the actions that will be undertaken, the expected outcomes, improvement measures, lead officers, targets and due dates. More detailed action plans, led by specific Cluster Boards, will drive specific service improvement (see Appendix 1). Sitting alongside this document is our Purposeful Practice Framework and our Corporate Parenting Strategy. It is also part of a number of strategies and plans that fit together to deliver improvement for children (see Appendix 2).

The Plan will be overseen by the Children's Services Improvement and Accountability Board and progress will be reported to Members and partners via existing arrangements.

Each outcome will be RAG rated, as part of our monitoring arrangements, with the status descriptions detailed below:

RAG Table	Status
RED	Tasks and or outcomes have not been met or timescale slipped
AMBER	Tasks and outcomes are on track, milestones met but full action(s) not completed
GREEN	Tasks and outcomes are completed or performance is on target
BLUE	Completed

Key Area 1: Effective Partnership Working

Outcome statements:

- Effective, collaborative partnership working arrangements are in place which support the improvement of services to children and families.
- Children who experience neglect have their needs identified and effectively managed.
- Children who experience domestic violence receive timely and appropriate support that meets their needs.

Action	Ofsted Ref	KPI Ref	Due	Lead
1.1 Lead the development of effective collaborative partnership strategies and plans which support the improvement of services to children and families				
1.1.1 Establish a multi-agency strategic governance board, with strategic responsibility and accountability for the Children's agenda.	Recommendation 1,5,6,8,11		November 2018	Executive Director of Education and Children's Services
1.1.2 Develop a strategy for improving outcomes for CYP with SEND across the local area through co-production with stakeholders across the partnership.	Recommendation 1		January 2019	Head of SEND
1.2 Embed an agreed approach to effectively identifying and managing neglect, in all its forms				
1.2.1 Develop a refreshed multi-agency Neglect Strategy, in consultation with a wide range of partners.	Recommendation 5		January 2019	Chair of Lancashire Safeguarding Children's Board (LSCB)
1.2.2 Develop operational delivery plans to ensure effective and meaningful delivery of the updated strategy.	Recommendation 5		March 2019	Head of Service, Children's Social Care (CSC), East Locality Chair of LSCB
1.2.3 Deliver refreshed training to support the delivery of the Neglect Strategy.	Recommendation 5		March 2019	Head of Service, CSC, East Locality Chair of LSCB
1.2.4 Develop an online toolkit to support the delivery of the Neglect Strategy.	Recommendation 5		March 2019	Head of Service, CSC, East Locality Chair of LSCB

1.2.5	Monitor and measure the impact of the Neglect Strategy and delivery plans.	Recommendation 5		October 2019	Head of Service, CSC, East Locality Chair of LSCB
1.3	Ensure that effective, preventative and targeted support is in place for children and families living with domestic abuse				
1.3.1	Develop an up to date multi-agency Domestic Abuse Strategy.	Recommendation 11		April 2019	Head of Service, CSC, Central Locality Chair of Pan Lancashire Domestic Abuse Board
1.3.2	Develop and deliver a workforce development programme and work place policy to improve understanding of the impact of domestic abuse on children and to develop purposeful practice in this area.	Recommendation 11		Quarterly Monitoring	Head of Health, Equity and Partnerships
1.3.3	Review domestic abuse services and tools to identify gaps in provision in LCC commissioned services.	Recommendation 11		Initial Report January 2019	Head of Health, Equity and Partnerships
1.3.4	Recommission the Lancashire Domestic Abuse Perpetrator Programme to reduce reoffending and improve life chances within vulnerable households.	Recommendation 11		April 2019	Head of Health, Equity and Partnerships
1.3.6	Implement the use of Operation Encompass to improve the timeliness of information sharing and support to children experiencing domestic abuse.	Recommendation 11		January 2019	Head of Fostering, Adoption, Residential and YOT (FARY) Chair of LSCB
1.3.7	Improve the quality and timeliness of police vulnerable person reports to the Multi-Agency Safeguarding Hub (MASH).	Recommendation 11		March 2019	Head of FARY

Key Area 2: Prevention

Outcome statement:

- Effective services are in place to reduce need for higher level services by ensuring that the right service is delivered, at the right time, by the right people through effective wellbeing and preventative strategies.

Action	Ofsted Ref	KPI Ref	Due	Lead
2.1 Develop an effective range of early help services				
2.1.1 Develop a multi-agency Early Help Strategy.	Recommendation 1		June 2019	Head of Children, Family and Wellbeing (CFW) Service
2.1.2 Develop Integrated Early Help Teams across the county.	Recommendation 1		June 2019	Head of CFW Service
2.1.3 Work with NHS and Social Care partners to develop a directory of multi-agency universal and targeted resources across the county.	Recommendation 1		November 2019	Head of Health, Equity and Partnerships
2.1.4 Commission an external Edge of Care Service.	Recommendation 1		September 2019	Head of Policy, Information and Commissioning
2.2 Continue to develop effective MASH arrangements				
2.2.2 Improve the timeliness of decision making in the MASH.	Recommendation 1		January 2019	Head of FARY
2.2.3 Establish early help MASH referral posts to support multi-agency use of the CAF tool and identify appropriate early help intervention.	Recommendation 1		January 2019	Head of FARY Head of CFW Service
2.2.4 Embed the system of regular case audits in MASH (including multi-agency audits) to identify themes, inform training and drive activity.	Recommendation 1 and 10		April 2019	Head of FARY
2.3 Embed the use of the Early Help and MASH modules on Lancashire Child System				
2.3.1 Identify and secure multi-agency early help pathways to provide appropriate level of support and agency response.	Recommendation 1		April 2019	Head of FARY Head of CFW Service
2.3.2 Improve and secure appropriate and timely pathways for re-escalation of cases back into Children's Social Care	Recommendation 1		April 2019	Head of FARY Head of CFW Service

Key Area 3: Purposeful Practice

Outcome statement:

- Purposeful and effective social work practice is in place which: engages children, young people and families; builds on their strengths; makes a tangible and positive difference to their lives; and intervenes at the lowest and least intrusive level possible.

Action	Ofsted Ref	KPI Ref	Due	Lead
3.1 Develop shared values, principles, knowledge and skills				
3.1.1 Ensure that social workers and managers understand the Knowledge and Skills Statement (KSS) and accreditation process.			March 2019	Principal Social Worker
3.1.2 Develop a Statement of Social Work in Lancashire, which sets out our values and principles, with clear links to the Knowledge and Skills Statement (KSS).			January 2019	Principal Social Worker
3.1.3 Develop a clear communications strategy, to promote values, aspirations and the shift from compliance to quality.			February 2019	Principal Social Worker
3.1.4 Refresh all learning and development training and guidance to ensure that they: <ul style="list-style-type: none"> - promote the clear values and principles of social work set out in our Statement of Social Work in Lancashire; - promote KSS; - are centred on the journey of the child; - support the delivery of Ofsted recommendations. 	ALL recommendations		March 2019	Principal Social Worker
3.2 Embed the use of a more strengths based Risk Sensible Model				
3.2.1 Commission bespoke training to support more strengths based practice.			Plan In Place By January 2019	Principal Social Worker
3.2.2 Review all aide memoires and training to ensure the promotion of a strengths based risk sensible approach.			March 2019	Principal Social Worker
3.2.3 Undertake and utilise findings from regular case audits on the use of the strengths based risk sensible approach to inform training and drive activity at a local level.	Recommendation 10		April 2019	Locality Heads of CSC

3.3 Improve quality of assessments				
3.3.1	Deliver training on good assessments, available to all staff across Children's Services.	Recommendation 2		New Programme To Be Delivered From March 2019 Principal Social Worker
3.3.2	Deliver joint training sessions with Independent Reviewing Officers (IROs) and front line managers to: a) gain a shared understanding of challenges around assessments; b) clearly articulate what 'good' looks like; c) enable positive critical challenge.	Recommendation 2		February 2019 Principal Social Worker
3.3.3	Deliver Manager Learning Circles to: a) increase knowledge of what a good assessment looks like; b) enable confident challenge to front line staff; c) increase number of signed off good quality assessments.	Recommendation 2		Pilot November 2018 Roll Out June 2019 Principal Social Worker
3.3.4	Undertake and utilise findings from regular case audits on the quality of assessments to identify themes, inform training and drive activity at a local level.	Recommendation 2 and 10		February 2019 Locality Heads of CSC
3.3.5	Utilise service wide findings from case audits on the quality of assessments to inform activity and secure a consistent countywide approach.	Recommendation 2 and 10		March 2019 Director of Children's Social Care
3.4 Ensure that plans are specific, measureable and outcome-focused				
3.4.1	Deliver training on SMART, child-impact focused plans, available to all staff across Children's Services.	Recommendation 3		New Programme To Be Delivered From March 2019 Principal Social Worker
3.4.2	Deliver joint training sessions with IROs and front line managers to: a) gain a shared understanding of challenges around plans; b) clearly articulate what 'good' looks like; c) enable positive critical challenge.	Recommendation 3		April 2019 Principal Social Worker
3.4.3	Deliver Manager Learning Circles to: a) increase knowledge of what a good plan looks like; b) enable confident challenge to front line staff;	Recommendation 3		Pilot November 2018 Roll Out June Principal Social Worker

	c) increase the number of signed off good quality plans.			2019	
3.4.4	Review the current Personal Education Plan template to provide a more effective tool to support educational progress.	Recommendation 3 and 6		December 2018	Virtual School Headteacher
3.4.5	Review the current Education Health Care (EHC) Plan process to ensure the agreed pathway is fully embedded across all organisations.	Recommendation 3		January 2019	Head of SEND
3.4.6	Define Lancashire quality standards for EHC Plan.	Recommendation 3		January 2019	Head of SEND
3.4.7	Undertake and utilise findings from regular case audits on the quality of plans to identify themes, inform training and drive activity at a local level.	Recommendation 3 and 10		February 2019	Locality Heads of CSC Head of SEND
3.4.8	Utilise service wide findings from case audits on the quality of plans to inform activity and secure a consistent countywide approach.	Recommendation 3 and 10		March 2019	Director of Children's Social Care Head of SEND
3.5	Improve the quality of critical challenge by first line managers, IROs and child protection conference chairs				
3.5.1	Deliver training on quality, critical challenge through the Leadership Academy, IRO development days and joint training sessions with IROs and front line managers.	Recommendation 4		February 2019	Principal Social Worker
3.5.2	Deliver Manager Learning Circles with a focus on improving the quality of critical challenge.	Recommendation 4		Pilot Nov 2018 Roll Out June 2019	Principal Social Worker
3.5.3	Strengthen reflective supervision with first line managers to enable reflection on what is 'good' and facilitate quality, critical challenge.	Recommendation 4		Quarterly Monitoring	Locality Heads of CSC
3.5.4	Increase opportunities for peer challenge, shadowing and pan Lancashire collaboration.	Recommendation 4		February 2019	Locality Heads of CSC
3.5.5	Utilise a range of data and intelligence to identify themes and focus for challenge for first line managers.	Recommendation 4 and 10		February 2019	Locality Heads of CSC
3.5.6	Share data, intelligence and themes/ focus with first line managers to drive activity at a local level and enable appropriate critical challenge.	Recommendation 4 and 10		February 2019	Locality Heads of CSC
3.5.7	Develop guidance for IROs on chairing CLA reviews.	Recommendation 4		January 2019	Head of Safeguarding,

Key Area 4: Permanence and Corporate Parenting

Outcome statements:

- Children in Lancashire receive the right service at the right time that improves their outcomes.
- Children are only removed from the family environment where we are able to improve their life chances and outcomes.
- Where a child does need to come into our care, we ensure that we develop plans for stable and permanent care at the earliest possible opportunity.

Action	Ofsted Ref	KPI Ref	Due	Lead
4.1 Ensure that children are only brought into care when it is in their best interests to do so				
4.1.1 Share the findings from the Care Crisis report.			January 2019	Principal Social Worker
4.1.2 Ensure that the Statement of Social Work in Lancashire, clearly sets out the principle that children are only brought into care, when it is in their best interests to do so.			January 2019	Principal Social Worker
4.1.3 Further develop consistent and effective 'Becoming Looked After Panels' and monthly Resource Panels.			January 2019	Director of Children's Social Care
4.2 For children looked after using Section 20 of the Children's Act, further improve children's written records so it is clear why they are looked after and what the care episode is expected to achieve				
4.2.1 Develop guidance on what should be included in all written records.			February 2019	Principal Social Worker
4.3 Ensure that effective use is made of local, quality, permanent provision that can meet the needs of Lancashire children				
4.3.1 Deliver training on 'The Right Placement for the Right Child.'			From January 2019	Principal Social Worker
4.3.2 Work collaboratively with agency framework providers to seek to prioritise Lancashire children for Lancashire placements.			Monthly	Head of Policy, Information and Commissioning
4.3.3 Develop new commissioning arrangements to block purchase up to half of our predictable need for agency children's home placements.			Service to Commence September 2019	Head of Policy, Information and Commissioning

4.3.4	Embed Placement Stability Meetings.			Quarterly Monitoring	Locality Heads of CSC Head of FARY
4.3.5	Undertake analysis on issues impacting on disruptions and use learning to improve procedures and processes.			Quarterly	Head of Service for FARY
4.4	Embed a consistent and rigorous approach to permanence planning to reduce the likelihood of drift and delay				
4.4.1	Establish a broader definition of permanence and kinship through the Statement of Social Work in Lancashire.	Recommendation 7		January 2019	Principal Social Worker
4.4.2	Revise the care planning protocol to ensure processes and policies are clear and understood.	Recommendation 7		January 2019	Head of CSC (Central)
4.4.3	Embed the use of the PLO Permanency Planning Tracker.	Recommendation 7		January 2019	Locality Heads of CSC
4.4.4	Deliver training on permanence through care planning.	Recommendation 7		January 2019	Principal Social Worker
4.4.5	Ensure that decisions are ratified at the Permanence Panel.	Recommendation 7		Quarterly Monitoring	Locality Heads of CSC Head of FARY
4.4.6	Embed improved use of Family Group Conferences, particularly at a non-statutory intervention level and at Initial Child Protection Conference.	Recommendation 7		January 2019	Locality Heads of CSC
4.4.7	Ensure that all CLA living away from parents have a Life Story book/ work completed.	Recommendation 7		November 2019	Locality Heads of CSC
4.4.8	Monitor Life Storybooks/ work and ensure that this is recorded at CLA reviews.	Recommendation 7		Quarterly Monitoring	Head of Safeguarding, Inspection and Audit
4.4.9	Improve the quality of IRO challenge to drift and delay and the quality of plans.	Recommendation 7		Quarterly Monitoring	Head of Safeguarding, Inspection and Audit
4.4.10	Monitor and evidence that permanence has been considered at the second CLA review.	Recommendation 7		Quarterly Monitoring	Head of Safeguarding, Inspection and Audit
4.5	Ensure timely revocation hearings are held to secure permanence plans for children to remain in the care of their parents				
4.5.1	Review all children who are placed at home with parents and seek revocation of orders where appropriate.	Recommendation 8		January 2019	Locality Heads of CSC
4.5.2	Establish Discharge Panels and tracker to reduce the likelihood of drift and delay.	Recommendation 8		January 2019	Locality Heads of CSC

4.5.3	Undertake regular audits of new placements made with parents and use learning to further improve practice.	Recommendation 8		Quarterly Monitoring	Head of Safeguarding, Inspection and Audit
4.5.4	Improve the quality of written agreements, training and quality assurance.	Recommendation 8		March 2019	Principal Social Worker
4.5.5	Ensure that management decisions are clearly recorded when children are returning home.	Recommendation 8		Quarterly Monitoring	Locality Heads of CSC
4.5.6	Ensure IRO challenge of drift and delay is evident and effective.	Recommendation 8		Quarterly Monitoring	Head of Safeguarding, Inspection and Audit
4.5.7	Audit and share understanding on drivers for high numbers of Home Placement Agreements to inform improved practice.	Recommendation 8		March 2019	Principal Social Worker
4.6	Improve the educational attainment and progress of children looked after at Key Stage 4				
4.6.1	Increase frequency of tracking for Year 9/10/11 pupils who are failing to progress at expected rate.	Recommendation 6		Spring Term 2019	Virtual School Headteacher
4.6.2	Ensure no KS3 or 4 CLA pupil is moved to a location that will require a change of school, (except in urgent circumstances) without a discussion with the Virtual School.	Recommendation 6		Monthly Monitoring	Locality Heads of CSC
4.6.3	Research most effective support in reading and Maths, including consultation with young people to identify barriers.	Recommendation 6		April 2019	Virtual School Headteacher
4.6.4	Use PGG+ high needs funding to support evidence based strategies.	Recommendation 6		April 2019	Virtual School Headteacher
4.6.5	Increase Careers, Education, Information, Advice and Guidance (CEIAG) support and opportunities for positive experience of the workplace from Yr 10 for our CLA placed in Lancashire schools.	Recommendation 6		Work Experience - January 2019 CEAIG – Y11 – Sept 2018 Y10 - Sept 2019	Virtual School Headteacher
4.6.6	Increase training/ events for carers (in both residential and foster care) to promote understanding of education systems and their support of progress and attainment.	Recommendation 6		Spring Term 2019	Virtual School Headteacher
4.6.7	Increase the percentage of CLA who are educated in mainstream schools.	Recommendation 6		July 2019	Virtual School Headteacher

4.6.8	Increase the number of CLA with SEND who have access to the GCSE curriculum.	Recommendation 6		July 2019	Virtual School Headteacher
4.6.9	Analyse the outcomes for CYP with SEND and agree targets for improvement.	Recommendation 6		October 2019	Head of SEND
4.6.10	Implement a programme of action with schools to achieve the agreed targets for improvement.	Recommendation 6		November 2019	Head of SEND
4.7	Ensure that care leavers receive timely, accessible support that meets their financial, educational & emotional health needs				
4.7.2	Develop training for all Personal Advisers and other support staff to ensure delivery of the Care Leavers Offer through improved planning and implementation of pathway plans.	Recommendation 9 and 4		March 2019	Head of CSC (East) Skills, Learning and Development
4.7.2	Provide targeted training to Personal Advisers and other support staff to enable them to better support children and young people with emotional health needs.	Recommendation 9		June 2019	Head of CSC (East) Skills, Learning and Development
4.7.3	Ensure our commitment to care leavers is clearly articulated in the Statement of Social Work in Lancashire and through training.	Recommendation 9		February 2019	Principal Social Worker
4.7.4	Review and amend the Pathway Plan template to provide a more robust and personalised plan with clear targets, strategies and time frames.	Recommendation 9 and 4		March 2019	Head of CSC (Central)
4.7.5	Embed the use of ASDAN training and accreditation through foster carer and Social Work Academy training.	Recommendation 9		March 2019	Head of CSC (Central)
4.7.6	Provide access for all care leavers who are NEET, to bespoke programmes of support.	Recommendation 9		March 2019	Head of CSC (Central)
4.7.7	Increase opportunities for care leavers to access work experience placements, work shadowing, apprenticeships and employment across Lancashire.	Recommendation 9		March 2019	Head of CSC (Central)
4.7.8	Establish a FE/Virtual School Forum to help develop appropriate courses and increase support for care leavers.	Recommendation 9		March 2019	Virtual School Headteacher
4.7.9	Provide opportunities for care leavers to increase their knowledge, understanding and experience of higher education.	Recommendation 9		April 2019	Head of CSC (Central)
4.7.10	Ensure that care leavers have their healthcare needs identified, assessed and met, and that there is oversight across the local	Recommendation 9		February	Head of SEND

area.			2019	Director of Children's Social Care
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DRAFT

Key Area 5: Effective Use of Performance Data

Outcome statements:

- We know ourselves well, understand where our services are doing well and where we need to improve.
- Using the information we gain from service data and performance review processes to make decisions which make a difference to the lives of children and families.

Action	Ofsted Ref	KPI Ref	Due	Lead
5.1 Improve the use of performance data so that it is an effective tool to help managers measure progress and examine trends				
5.1.1 Develop a robust performance framework which gathers performance and intelligence from across Children's Services.	Recommendation 10		February 2019	Chair of Data, Quality and Performance Group - Head of CSC (North)
5.1.2 Review existing mechanisms and reports to ensure that they support effective, efficient and timely analysis and recommendations.	Recommendation 10		February 2019	Chair of Data, Quality and Performance Group - Head of CSC (North)
5.1.3 Incorporate data and analysis from partners into the performance framework.	Recommendation 10		February 2019	Chair of Data, Quality and Performance Group - Head of CSC (North)
5.1.4 Use intelligence from analysis of early help interventions to demonstrate impact in preventing escalation to statutory services, diverting demand from statutory services and support the de-escalation pathways from statutory services.	Recommendation 10 and 1		April 2019	Head of CFW Service
5.1.5 Complete and publish a Joint Strategic Needs Analysis (JSNA) to support understanding of health, social care and education need across the local area ensuring CYP and Parent/Carers voice is clearly communicated.	Recommendation 10		January 2019	Head of SEND
5.1.6 Develop a shared data dashboard communicating shared performance measures to inform CYP, parent/carers and stakeholders of progress.	Recommendation 10		April 2019	Head of SEND

5.1.7	Utilise data and intelligence provided through the performance framework to identify themes, direct thematic audits, inform training and drive activity at a strategic and local level.	Recommendation 10		February 2019	Executive Director of Education and Children's Services
5.2	Further develop audit reporting to be more analytical and more effectively used by managers				
5.2.1	Deliver a programme of monthly and themed audits and reporting of key findings and associated actions.	Recommendation 10		Monthly	Head of Safeguarding, Inspection and Audit
5.2.2	Increase the quality and quantity of analysis in audit reports.	Recommendation 10		March 2019	Head of Safeguarding, Inspection and Audit
5.2.3	Deliver audit training and one-to-one support to managers to support completion of higher quality audits and utilisation of findings to improve practice.	Recommendation 10		March 2019	Principal Social Worker
5.2.4	Implement the EHC Plan quality standards and audit framework.	Recommendation 10 and 4		January 2019	Head of SEND
5.2.5	Train and support all SEND auditors to ensure consistency of approach.	Recommendation 10		February 2019	SEND Auditor/ Audit Team Manager
5.2.6	Audit all EHC plans at transition to secondary school and at Year	Recommendation 10 and 4		June 2019	SEND Auditor
5.2.7	Audit all new EHC Plans issued from January 2019 within the first year.	Recommendation 10 and 4		December 2019	SEND Auditor

Key Performance Indicators (TBC)

Challenging targets have been set for key performance measures to help drive improvement. Targets are based on current performance, benchmarking information, and an assessment of the timing and efficacy of improvement actions.

Ref	Measure	Responsible Officer	Frequency	Target	Target Due	2017/18 outturn	Latest Performance	2017/18 Stat Nbr Average
Key Area 1: Effective Partnership Working								
1a								
1b								
Key Area 2: Prevention								
Key Area 3: Purposeful Practice								
Key Area 4: Permanence and Corporate Parenting								
Key Area 5: Effective Use of Performance Data								

How we will know we are making a difference

What Our Children Will Say:	What Our Partners Will Say:
<p>Effective Partnership Working</p> <p>I have one key worker who I trust and who knows me well.</p> <p>I don't keep having to tell my story to lots of different people.</p>	<p>Effective Partnership Working</p> <p>We are working together towards a clear vision and shared culture for improving children's services.</p>
<p>Prevention</p> <p>I know who to talk to if I feel worried or frightened.</p> <p>I am happy and feel safe.</p>	<p>Prevention</p> <p>We work together with a shared framework.</p> <p>We understand and respect each other's contribution and role.</p>
<p>Purposeful Practice</p> <p>I understand why I have a social worker and how they will help me and my family. My life feels better.</p> <p>I trust my social worker and I know them well.</p>	<p>Purposeful Practice</p> <p>We share risks effectively. We feel equal partners.</p> <p>We work together effectively. Our meetings are purposeful and inclusive.</p>

Permanence and Corporate Parenting

The local authority is getting better at being a corporate parent.

I receive the information to help me to be successful in adult life, at the time I need it.

My social worker understands the important things that have happened to me in the past and talks to all the people who have important information to help me decide what the best thing to do is.

Permanence and Corporate Parenting

We are clear about our role and contributions as Corporate Parents.

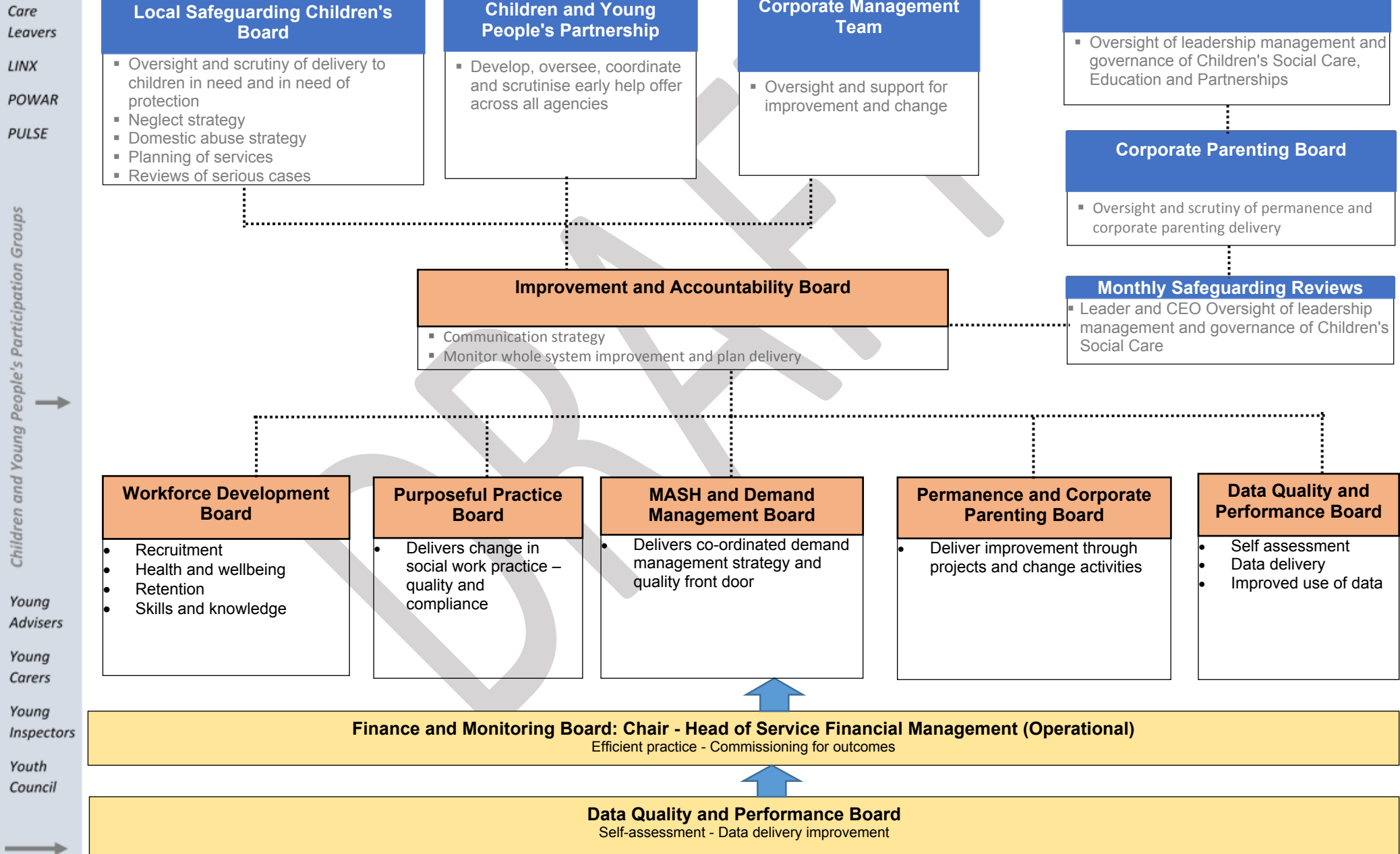
Effective Use of Performance Data

People who run the service use accurate information about how services are doing, so they can improve the right things.

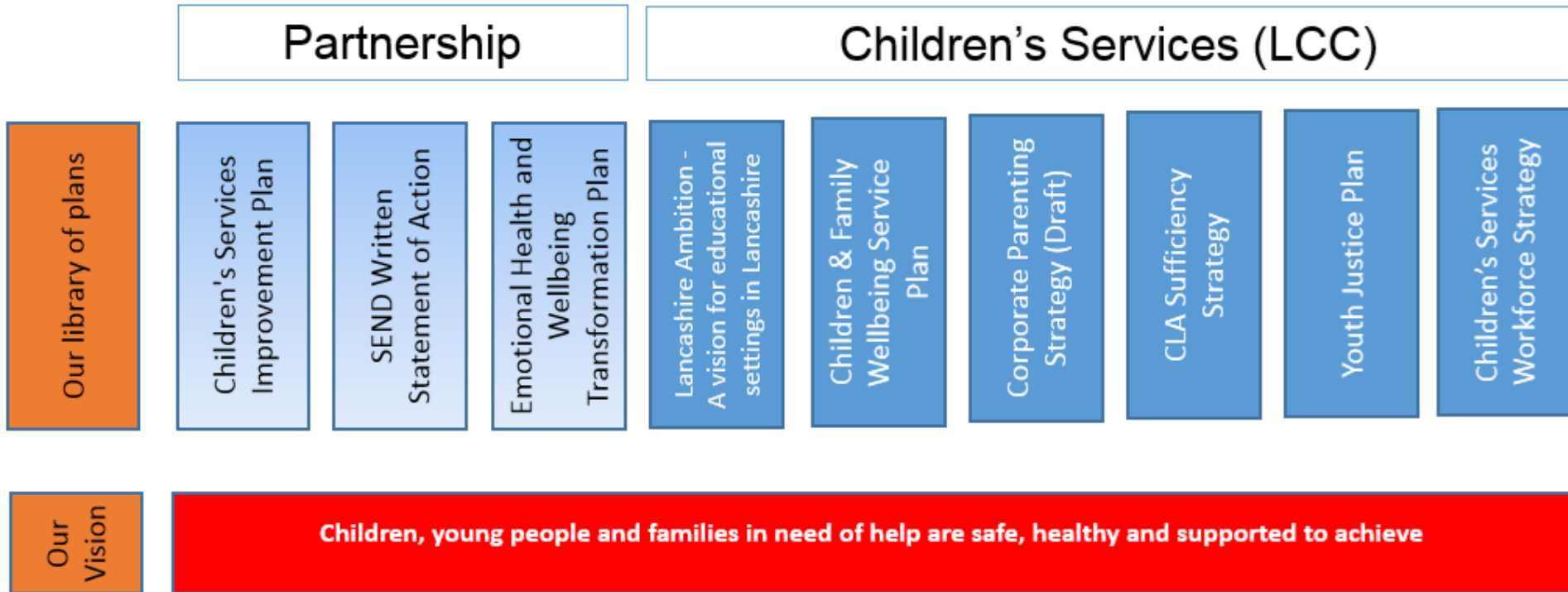
Effective Use of Performance Data

We share and utilise data and intelligence effectively to ensure that we are delivering good services.

Appendix 1: Governance Structure



Appendix 2: Library of Plans re. delivering improvement and change



Children's Services Scrutiny Committee

Meeting to be held on Wednesday, 5 December 2018

Electoral Division affected:
(All Divisions);

Children and Family Wellbeing Service: Responses to Consultation and Final Proposals

(Appendices 'A' and 'B' refer)

Contact for further information

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Executive Summary

At its meeting on 8 February 2018, Full Council approved proposals to reduce the number of settings from which the Children and Family Wellbeing Service (CFW) delivers its service offer subject to consultation. The outcome of the consultation was presented to Cabinet and received final approval on 8 November 2018.

Recommendation

The Children's Services Scrutiny Committee is asked to:

- i. Note and comment on the report.
- ii. Discuss and formulate any further recommendations from the information provided.

Background and Advice

Full Council agreed as part of the 2018/19 budget to apply a permanent reduction of £1.250m to the Children and Family Wellbeing budget. This reduction was made up of a reduction of £0.750m in non-staffing cost, and £0.500m in staffing resources. These reductions impact on the number of settings through which the Children and Family Wellbeing Service delivers its service offer.

Options were considered as to how the service could provide support direct to people in their home settings and deliver in community settings where possible. This would enable Children & Family Wellbeing to become more people focused rather than building based by reducing the number of buildings where they are based and work from.

In order to achieve a reduction in settings, a consultation took place between June and August 2018 to identify the settings which the service could best utilise by making the most effective use of the remaining staffing resources.

Of the current 76 buildings that the Children & Family Wellbeing service delivers from, Cabinet agreed at its [8 November 2018](#) meeting, that the service continue to deliver from 50 Neighbourhood Centres and cease to deliver from 12 of the current settings.

Further to this, the original consultation proposals were to withdraw service delivery from 19 buildings in total. Following receipt of the consultation feedback, Cabinet then approved the proposal to further review 14 of the current delivery settings in order to decide upon which 7 buildings CFW would continue to deliver services from, and also which 7 buildings the service would cease delivery. (See Appendix 'A')

Buildings where the Children and Family Wellbeing Service is the sole occupier will be considered for alternative county council service occupancy or may be considered for disposal. Any other services currently delivered from these buildings will not be unduly affected by these proposals.

The CFW service will continue to support children, young people and families with an emphasis on 1 to 1 case work, outreach and detached work delivered in local communities.

The review of the agreed 14 buildings listed in Appendix 'A' takes into account:

- Indices of Deprivation (IMD).
- The cost of building adaptations required to accommodate future Children & Family Wellbeing service delivery and further budget option decisions.
- The assessed level of need (targeting support where it is needed most).
- The historical data with regard to use (footfall).

Once the review is complete, proposals with regard to which 7 Neighbourhood Centres CFW will continue to deliver services from, and which 7 Neighbourhood Centres the service will withdraw delivery from will be presented to Cabinet for final decision.

Consultations

The consultation process commenced on 6 June 2018 for an 8 week period ending 3rd August 2018, comprising on-line and hard copy questionnaires, detailing the proposals on a District by District basis. (See Appendix 'B' for the full Consultation Outcome Report).

Implications:

Finance

The service budget was reduced in April 2018 by the £1.250m saving agreed by Full Council in February 2018.

Risk management

The proposals to cease delivery at any current building that is recorded with the Department for Education as a designated Children Centre, could involve a potential risk of claw back of Government funding.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Tel
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N/A

Reason for inclusion in Part II, if appropriate

NA

List of 14 buildings subject to further consideration

Building	Service Delivery Offer
Burnley	
Stoneyholme and Daneshouse Children and Family Wellbeing Services (Stoneyholme and Daneshouse Young People's Centre)	12-19+
The Chai Centre	0-11
Padiham Young People's Centre	12-19+
Whitegate Children and Family Wellbeing Services (Whitegate Children's Centre)	0-11
Pendle	
Bradley Children and Family Wellbeing Services (The Zone in Pendle)	12-19+
Marsden Children and Family Wellbeing Services (Walton Lane Children's Centre)	0-11
Preston	
Preston Central Neighbourhood Centre (Riverbank Children's Centre)	0-11
Ashton Children and Family Wellbeing Services (Ashton Young People's Centre)	12-19+
Ribble Valley	
Clitheroe Children and Family Wellbeing Services (The Zone in Ribble Valley)	12-19+
Ribblesdale Children and Family Wellbeing Services (Ribblesdale Children's Centre)	0-11
Longridge Young People's Centre	12-19+
Longridge Children and Family Wellbeing Services (Willows Park Children's Centre)	0-11
Rossendale	
Whitworth Young People's Centre	12-19+
Whitworth Children and Family Wellbeing Services (Whitworth Children's Centre)	0-11

Children and Family Wellbeing Service

Consultation report – 2018

www.lancashire.gov.uk





Mick Edwardson, Mike Walker, Melissa Sherliker and Jagrutee Patel

August 2018

For further information on the work of Business Intelligence please contact us at
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1. Executive summary

This report summarises the response to Lancashire County Council's consultation on the Children and Family Wellbeing Service.

For this consultation, paper questionnaires were made available in the buildings where children and family wellbeing services are delivered. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk. The organisation Creative Exchange also conducted consultation workshops with service users during July 2018.

The fieldwork ran for eight weeks between 6 June 2018 and 3 August 2018. In total, 729 completed questionnaires were returned (271 paper questionnaire responses and 458 online questionnaire responses).

1.1 Key findings

1.1.1 Use of the Children and Family Wellbeing Service

- More than half of respondents (55%) said that they go to a building to use a Children and Family Wellbeing service about once a week or more. About a fifth of respondents (21%) said that they never go to a building to use a Children and Family Wellbeing service.
- Respondents who said that they have been to a building to use a Children and Family Wellbeing service, were most likely to say that the Children and Family Wellbeing services they had used in the last 12 months were activities and groups for their baby, toddler or child (62%), information, advice and support services (43%), and family and parenting support (34%).
- Of respondents who said that they have been to a building to use a Children and Family Wellbeing service, over half (55%) said that in the last 12 months they had used a building or buildings that we are proposing to keep delivering children and family wellbeing services from. However, two-fifths of these respondents (40%) said that they had not used one of these buildings in the last 12 months.
- Of respondents who said that they have been to a building to use a Children and Family Wellbeing service, about half (51%) said that in the last 12 months they had used a building or buildings that we are proposing to no longer deliver children and family wellbeing services from. Less than half of these respondents (46%) said that they had not used one of these buildings in the last 12 months.
- About one in seven respondents (14%) said that if the proposal happened they would go to a building to use a Children and Family Wellbeing service more often than they do now and about two-fifths of respondents (39%) said that they would go about as often as they do now.

1.1.2 The proposal for the Children and Family Wellbeing Service

- About one in seven respondents (14%) said that if the proposal happened they would go to a building to use a Children and Family Wellbeing service less often than they do now and about a fifth of respondents (22%) said that they would not go at all.
- About a quarter of respondents (27%) said that they agree with the proposal. However, over half of respondents (54%) said that they disagree with the proposal.
- When asked why they agree or disagree with the proposal, respondents most commonly responded that centres provide valuable support to local communities and their family (47%), they support merging/consolidating centres to improve the utilisation of facilities (16%), the closures will make it difficult/impossible to access these services (15%), it will negatively impact on the most vulnerable families (15%) and it will have a negative impact on other services provided in the building (eg nursery) possibly leading to closure and job losses (14%).
- When asked how the proposal would affect them, if it happened, respondents most commonly responded that it would be more difficult/impossible for people in the local area to access children and family wellbeing services and get the support they need (50%) and that the centre is important for the local community (29%).
- When asked if they think there is anything else that we need to consider or that could be done differently, respondents most commonly responded that we should find money elsewhere in our budget to keep the centre open/invest in them (22%), people may miss out on the services/support they need (18%), consider the future impact of the closure (17%), stop closing centres – we need more of them (17%) and that we could find alternative uses/options for building rather than closing/merging (16%).
- Section 4.3 outlines the key issues raised by respondents for the buildings we are proposing to no longer deliver Children and Family Wellbeing service from, where more than ten respondents commented in the building. The buildings covered are Walton Lane Children's Centre (92 responses), Willows Park Children's Centre (38 responses), the Chai Centre Children's Centre (26 responses), Sharoe Green Library and Cherry Tree Children's Centre (25 responses) and Fairfield Children's Centre (24 responses).

1.1.3 Other responses to the consultation

- Section 5 includes any other responses that we received during the consultation period. These responses are
 - a response from Ribble Valley Borough Council about the centres in Ribble Valley
 - a response from Graham Jones MP about Fairfield Children's Centre
 - a response from Lancashire Care NHS Foundation Trust covering several buildings (particularly the Chai Centre and Colne Children's Centre)
 - a response from Fulwood and North Preston Labour Party Branch about the proposals in general
 - a response from an Independent Chair of the Lancashire Safeguarding Children Board about the proposals in general
 - a response from Bretherton Parish Council about the proposal in general
 - a response from the Leader of Hyndburn Borough Council about Fairfield Children's Centre and Great Harwood Young People's Centre
 - a response from Preston City Council about Ashton Young People's Centre, Sunshine Children's Centre and Sharoe Green Neighbourhood Centre
 - 19 emails from members of the public
 - a petition with 1,067 signatories to save Chai Centre services.

2.Introduction

The Children and Family Wellbeing service in Lancashire identifies as early as possible when a child, young person or their family needs support, helping them to access services to meet their needs, preventing any problems getting worse and reducing the demand for specialist support services. Working together with key partners, they make sure that they have maximum impact on achieving positive outcomes for families. The Children and Family Wellbeing service prioritises vulnerable groups, individuals and communities, based on assessed levels of need under the following themes:

- Safeguarding and supporting the vulnerable
- Supporting family life
- Enabling learning
- Preparing for work
- Improving community safety
- Promoting health and wellbeing
- Developing healthier places.

The service works with the people they support in different ways and places like:

- one-to-one support between a worker and a family
- group-based sessions held in different community buildings, like a village hall
- outreach in places like homes, at school or a local café
- their work with young people can even be on the streets.

The Children and Family Wellbeing service is implementing a budget reduction of £1.25 million as agreed by Full Council in February 2018. As part of this, the service needs to identify the most effective use of buildings to support their service delivery.

We looked at evidence of how the Children and Family Wellbeing Service made a difference to children, young people and families and how the service could become more effective. The service focussed on how they could provide support direct to people in their home settings where possible and delivering in community settings where best. This would enable them to become more people focused rather than building based. By doing this, the service plans to reduce the number of buildings where they are based and work more flexibly in the community.

We proposed to cease delivering the service from 19 buildings whilst still delivering a service in 57 buildings. The other services delivered in these buildings would not be affected by our proposals.

We looked at what is good about the buildings we use now and what could be better about them, such as:

- how easy it is to get to the buildings
- how much need there is for our services in different places
- how much each building is used and what it is used for
- how suitable the buildings are for delivering our services
- each buildings' running costs and condition

- what other services are provided in the building
- the likely impact on the local community.

Using this information, we identified which buildings we thought we should continue to deliver Children and Family Wellbeing services from and which buildings we thought we should withdraw delivering services from.

We will also commission a 12-19 years youth offer through the voluntary, community and faith sector to support our delivery of services to young people across Lancashire.

3. Methodology

For this consultation, paper questionnaires were made available in the buildings where children and family wellbeing services are delivered. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk. The organisation Creative Exchange also conducted consultation workshops with service users during July 2018.

569 stakeholders with interests in the Children and Family Wellbeing Service were emailed at the beginning of the consultation. These stakeholders were informed that the consultation had started and that they could respond online, or by picking up a paper questionnaire from one of the buildings where children and family wellbeing services are delivered.

The fieldwork ran for eight weeks between 6 June 2018 and 3 August 2018. In total, 729 completed questionnaires were returned (271 paper questionnaire responses and 458 online questionnaire responses).

First, the questionnaire outlined the proposal for the Children and Family Wellbeing Service and then identifies, by district, the 57 buildings we propose to keep delivering children and family wellbeing services from and the 19 buildings we proposed to no longer deliver Children and Family Wellbeing services from.

The main section of the questionnaire included nine questions. The first four questions asked respondents about their use of children and family wellbeing services and the buildings these services are delivered from. This section of the questionnaire included the questions, 'Generally, how often do you go to a building to use a Children and Family Wellbeing service?', 'Which of the following Children and Family Wellbeing services have you used in the last 12 months?', 'In the last 12 months, have you used any of the buildings we are proposing to keep delivering Children and Family Wellbeing services from?' and 'In the last 12 months, have you used any of the buildings we are proposing to no longer deliver Children and Family Wellbeing services from?'. The next five questions asked respondents about their views on the proposal and how it would affect them. This section of the questionnaire included the questions, 'If the proposal happened would you go to a building to use a Children and Family Wellbeing service more often, about the same as now, less often or not at all?', 'How strongly do you agree or disagree with the proposal?', 'Why do you say this?', 'If the proposal happened, how would this affect you?', and

'Thinking about this proposal, please tell us if you think there is anything else that we need to consider or that could be done differently.'

The remaining questions asked respondents for information about themselves; for example, if they or male or female. This information is presented in appendix 1.

In this report respondents' responses to the open questions have been classified against a coding frame to quantify the qualitative data. Coding is the process of combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative data.

3.1 Limitations

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

In the open questions respondents were asked to identify any buildings relevant to their comments. The buildings identified by respondents are discussed in table 1 and section 4.3. Not every respondent identified a building because their response related to the Children and Family Wellbeing Service in general. Some respondent's comments focused on areas, such as Oswaldtwistle, without commenting on specific buildings. Other respondents didn't clearly identify the building they were referring to. Therefore, when processing the data and selecting which building a comment should be attributed to some judgement was required. Where a comment didn't clearly identify which building was being referred to, such as the Zone, or if the comment focused on an area, such as Ribble Valley, then these comments are presented in table 1 and section 4.3 as they were written by the respondent.

A small number of completed questionnaires were received over a week after the main data was processed. These responses have not be included in the results in charts 1 to 9. However, the responses do form part of the information in table 1 and in section 4.3.

4. Main findings

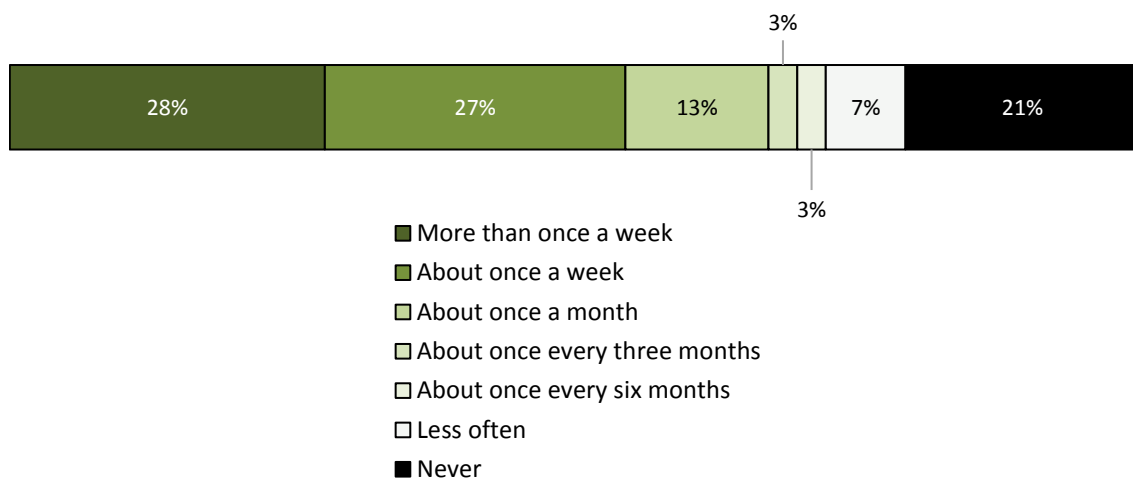
4.1 Use of the Children and Family Wellbeing Service

Respondents were first asked how often they go to a building to use a Children and Family Wellbeing service.

More than half of respondents (55%) said that they go to a building to use a Children and Family Wellbeing service about once a week or more.

About a fifth of respondents (21%) said that they never go to a building to use a Children and Family Wellbeing service.

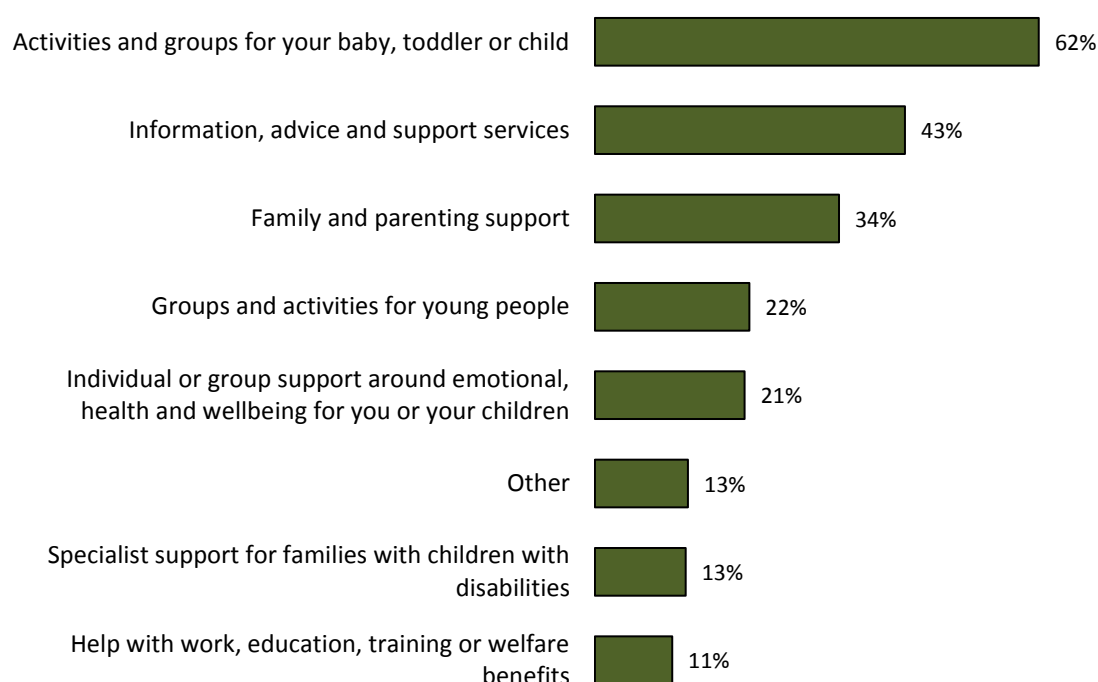
Chart 1 - Generally, how often do you go to a building to use a Children and Family Wellbeing service?



Base: all respondents (710)

Respondents who said that they have been to a building to use a Children and Family Wellbeing service were then asked which services they used in the last 12 months. These respondents were most likely to say that the Children and Family Wellbeing services they had used in the last 12 months were activities and groups for their baby, toddler or child (62%), information, advice and support services (43%), and family and parenting support (34%).

Chart 2 - Which of the following Children and Family Wellbeing services have you used in the last 12 months?

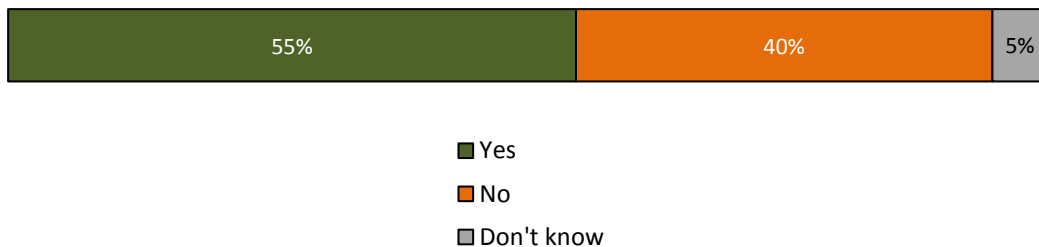


Base: respondents who have been to a building to use a Children and Family Wellbeing service (582)

Respondents who said that they have been to a building to use a Children and Family Wellbeing service were then asked if they had used, in the last 12 months, any of the buildings we are proposing to keep delivering Children and Family Wellbeing services from.

Over half of these respondents (55%) said that in the last 12 months they had used a building or buildings that we are proposing to keep delivering children and family wellbeing services from. However, two-fifths of these respondents (40%) said that they had not used the one of these buildings in the last 12 months.

Chart 3 - In the last 12 months, have you used any of the buildings we are proposing to keep delivering Children and Family Wellbeing services from?

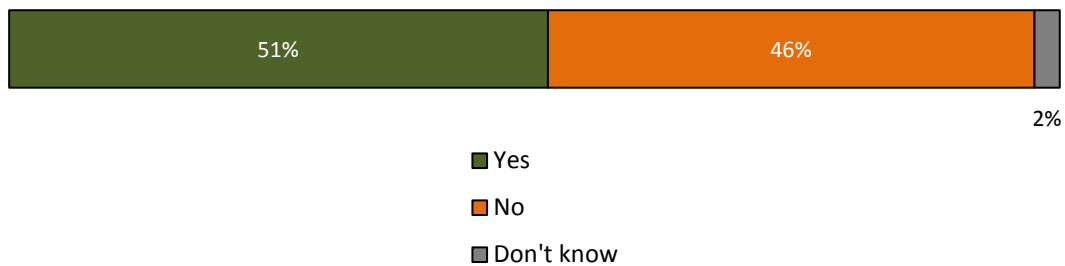


Base: respondents who have been to a building to use a Children and Family Wellbeing service (679)

Respondents who said that they have been to a building to use a Children and Family Wellbeing service were then asked if they had used, in the last 12 months, any of the buildings we are proposing to no longer deliver Children and Family Wellbeing services from.

About half of these respondents (51%) said that in the last 12 months they had used a building or buildings that we are proposing to no longer deliver children and family wellbeing services from. Less than half of these respondents (46%) said that they had not used the one of these buildings in the last 12 months.

Chart 4 - In the last 12 months, have you used any of the buildings we are proposing to no longer deliver Children and Family Wellbeing services from?



Base: respondents who have been to a building to use a Children and Family Wellbeing service (667)

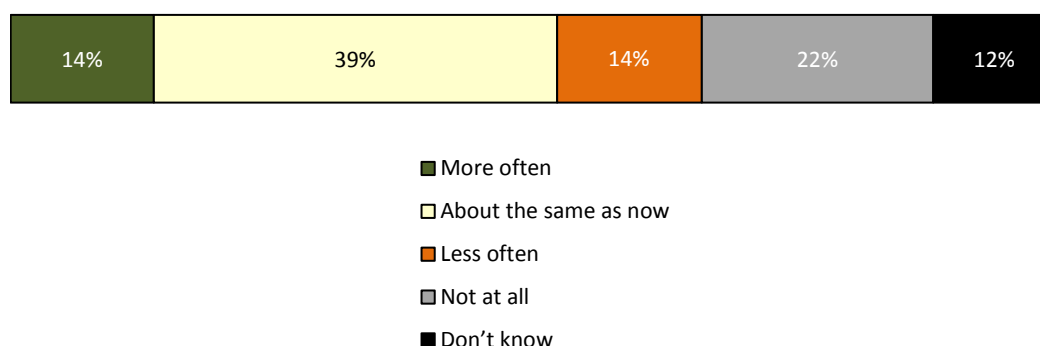
4.2 The proposal for the Children and Family Wellbeing Service

All respondents were then asked if the proposal happened would they go to a building to use a Children and Family Wellbeing service more often, about the same, less often, or not at all.

About one in seven respondents (14%) said that if the proposal happened they would go to a building to use a Children and Family Wellbeing service more often than they do now and about two-fifths of respondents (39%) said that they would go about as often as they do now.

About one in seven respondents (14%) said that if the proposal happened they would go to a building to use a Children and Family Wellbeing service less often than they do now and about a fifth of respondents (22%) said that they would not go at all.

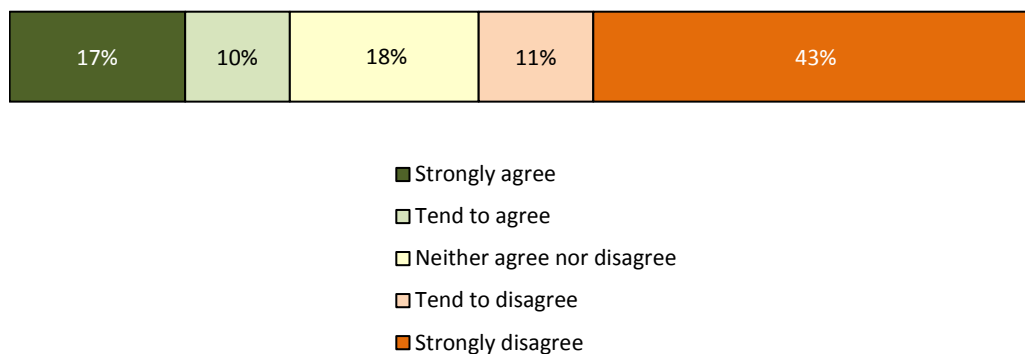
Chart 5 - If the proposal happened would you go to a building to use a Children and Family Wellbeing service more often, about the same as now, less often or not at all?



Base: all respondents (700)

Respondents were then asked how strongly they agree or disagree with the proposal. About a quarter of respondents (27%) said that they agree with the proposal. However, over half of respondents (54%) said that they disagree with the proposal.

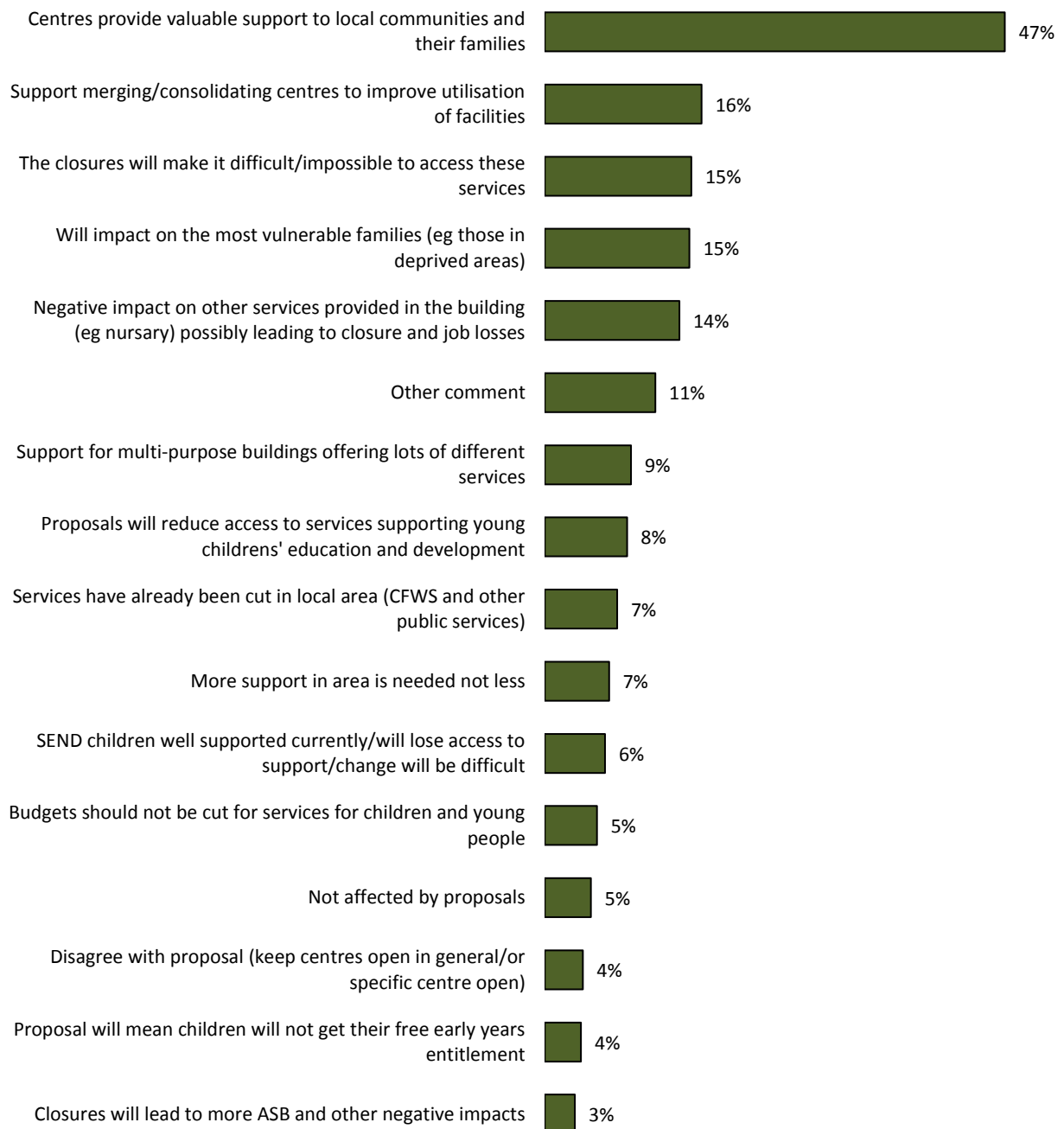
Chart 6 - How strongly do you agree or disagree with the proposal?



Base: all respondents (709)

Respondents were then asked why they agree or disagree with the proposal. Respondents most commonly responded that centres provide valuable support to local communities and their family (47%), they support merging/consolidating centres to improve the utilisation of facilities (16%), the closures will make it difficult/impossible to access these services (15%), it will negatively impact on the most vulnerable families (15%) and it will have a negative impact on other services provided in the building (eg nursery) possibly leading to closure and job losses (14%).

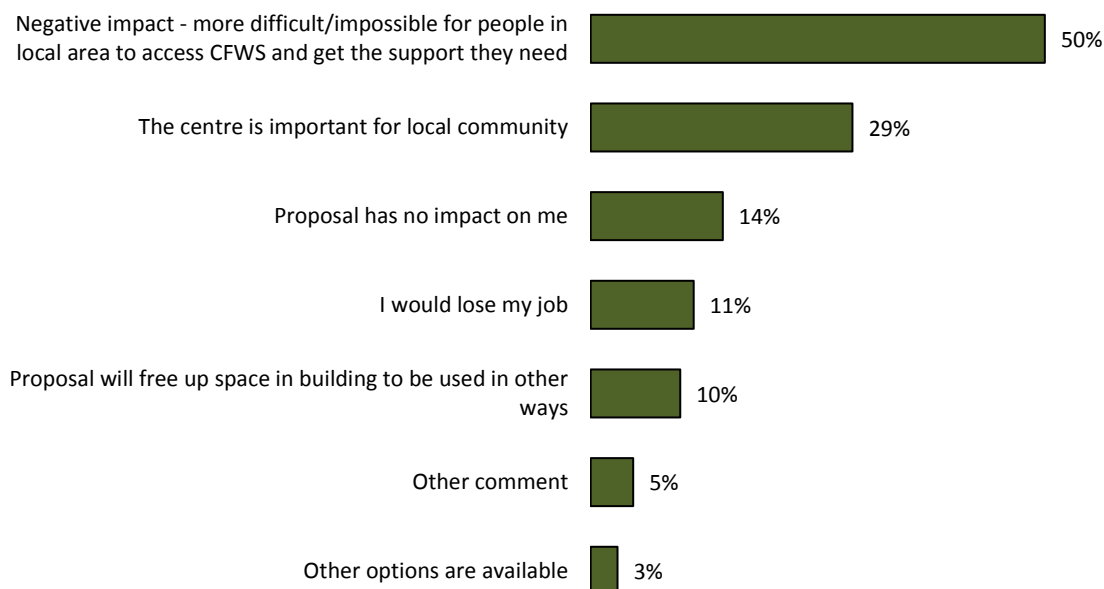
Chart 7 - Why do you say this?



Base: all respondents (488)

Respondents were then asked if the proposal happened how it would affect them. Respondents most commonly responded that it would be more difficult/impossible for people in the local area to access children and family wellbeing services and get the support they need (50%) and the centre is important for the local community (29%).

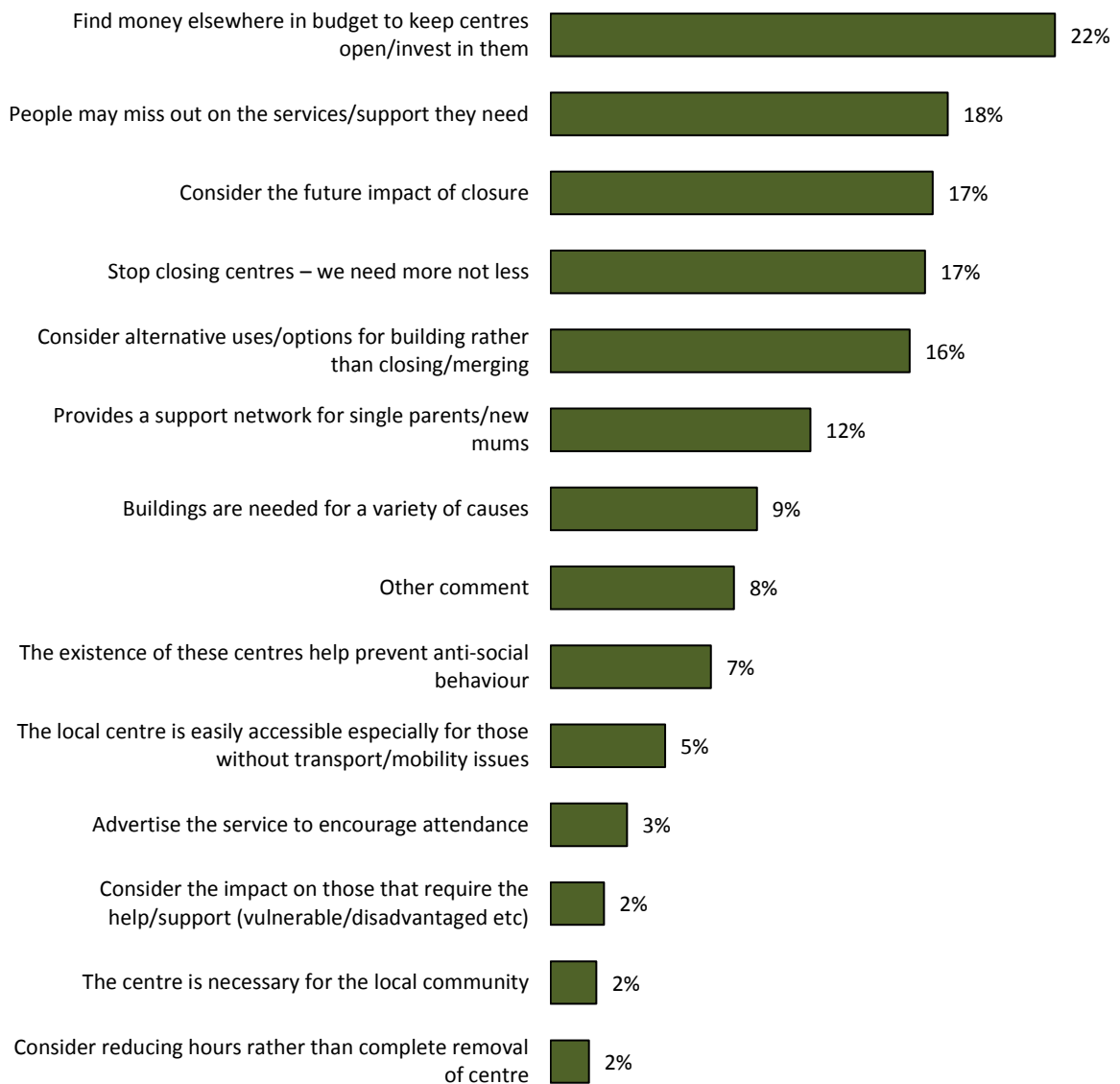
Chart 8 - If the proposal happened, how would this affect you?



Base: all respondents (408)

Respondents were then asked if they think there is anything else that we need to consider or that could be done differently. Respondents most commonly responded that we should find money elsewhere in our budget to keep centre open/invest in them (22%), people may miss out on the services/support they need (18%), consider the future impact of the closure (17%), stop closing centres – we need more of them (17%) and could alternative uses/option for building be considered rather than closing/merging (16%).

Chart 9 - Thinking about this proposal, please tell us if you think there is anything else that we need to consider or that could be done differently.



Base: all respondents (294)

In the previous three questions¹ respondents were asked to provide their comments on the proposal for the Children and Family Wellbeing Service using free text boxes. Respondents were asked to identify any buildings relevant to their response. Not every respondent identified a building (or, as some respondents did, identified a general geographic area), as their response related to the Children and Family Wellbeing Service in general.

The most commonly mentioned buildings were Walton Lane Children's Centre (92 respondents), Willows Park Children's Centre (38 respondents), Longridge Young People's Centre (30 respondents), The Chai Centre Children's Centre (26 respondents), Sharoe Green Library and Cherry Tree Children's Centre (25 respondents) and Appletree Children's Centre (23 respondents).

Table 1 - Buildings or areas mentioned in respondent's responses

	Count
Walton Lane Children's Centre	92
Willows Park Children's Centre	38
Longridge Young People's Centre	30
The Chai Centre Children's Centre	26
Sharoe Green Library and Cherry Tree Children's Centre	25
Fairfield Children's Centre	24
Appletree Children's Centre	23
Coppull Children's Centre	10
Ashton Young People's Centre	9
Halton Library and Children's Centre	9
Whitegate Children's Centre	9
Longridge	8
Sunshine Children's Centre (New Hall Lane Drop-in)	7
Fleetwood Children's Centre	6
St John's Children's Centre (Skelmersdale)	6
Colne	5
First Steps Children's Centre	5
Lancaster	5
Morecambe	5
Colne Children's Centre	3
Earby Community Centre	3
Family Tree Children's Centre	3
Fleetwood Children's Centre (Flakefleet satellite)	3
Morecambe Library	3
Poulton Children's Centre	3
Reedley Hallows Children's Centre	3
Ribblesdale Children's Centre	3
Whitworth Children's Centre	3
Burnley Wood Children's Centre	2

¹ Q7 – Why do you say this?

Q8 – If the proposal happened, how would this affect you?

Q9 – Thinking about this proposal, please tell us if you think there is anything else that we need to consider or that could be done differently

	Count
Clayton-le-Moors and Altham Children's Centre	2
Colne Young People's Centre	2
Copper House Children's Centre	2
Eccleston Blossomfields Children's Centre	2
Heysham Children's Centre	2
Lune Park Children's Centre	2
Ribble Valley	2
Rothwell Drive Neighbourhood Centre	2
The Carnforth Hub Children's Centre and Young People's Centre	2
The Zone in Rossendale	2
Whitworth	2
Ightenhill Children's Centre	2
Adlington	1
Barnoldswick Young People's Centre	1
Chorley	1
Civic centre	1
Colne Centre	1
Garstang Neighbourhood Centre (Garstang Library)	1
Gawthorpe	1
Gisburn Road Children's Centre	1
Great Harwood Young People's Centre	1
Heysham, Dallas Road	1
Highfield Children's Centre	1
Leyland	1
Preston East Children's Centre	1
Rossendale	1
South West Burnley Children's Centre	1
Stoneyholme and Daneshouse Young People's Centre	1
The Grove Young People's Centre and Children's Centre	1
The Maden Centre	1
The Park	1
The Zone	1
The Zone in Pendle	1
The Zone in West Lancashire	1
Thornton Children's Centre	1
Westgate Children's Centre	1
WLNSRHC	1
Young People's centre - Hyndburn	1
Young People's centre - Ribble Valley	1
Youth Zone Chorley	1
Hyndburn	1
Accrington	1
Clayton-Le-Moors	1
Oswaldtwistle	1

Base: all respondents (349)

4.3 Key issues by building

The following section outlines the key issues raised by respondents for the buildings we are proposing to no longer deliver Children and Family Wellbeing service from, where more than ten respondents commented on the building.

4.3.1 Walton Lane Children's Centre (92 responses)

Many respondents felt that removing services from this centre will leave the nursery at risk of closure. Some respondents noted that Walton Lane Children's Centre supports a high number of children with special educational needs and disabilities. There was a feeling that other centres/providers in the region would not be able to meet the needs of the children who use the centre.

4.3.2 Willows Park Children's Centre (38 responses)

Although not universal, many respondents agreed Willows Park Children's Centre was under used and supported moving services to Longridge Young People's Centre.

Many respondents were keen to see the floor space used by Willows Park Children's Centre be taken over by the gym that already operates in building.

4.3.3 The Chai Centre Children's Centre (26 responses)

Respondents felt that the Chai centre is positioned in the heart of the community and is very accessible, particularly for those without their own transport. Respondents noted that the Chai Centre is a multi-purpose building and is close to other local facilities and services. Respondents noted that the centre supports minorities and those with disabilities.

Some respondents commented that they were concerned that the nearest alternative centre (Stoneyholme and Daneshouse) does not provide the same support offered by the Chai Centre.

4.3.4 Sharoe Green Library and Cherry Tree Children's Centre (25 responses)

Respondents commented that the centre is the hub of the community. Respondents also noted the good parking facilities and that the combination of library and children's centre in one building works well.

4.3.5 Fairfield Children's Centre (24 responses)

Many respondents felt that removing services from this centre would leave the nursery at risk of closure and would impact on the viability of delivering other services in the building. There was a feeling that other centres/providers in the region would not be able to meet the needs of the children who use the centre. For example, those who speak little English, or those with special educational needs or disabilities.

Respondents commented that many people who attend the centre walk to it and that the nearest alternative centres aren't a comfortable walking distance and that this would discourage people from accessing the services and support that they need.

4.3.6 Appletree Children's Centre (23 responses)

Respondents said that the centre is in the heart of a community that has a high level of deprivation. In comparison, White Cross is in the centre of a business park that isn't easily accessible for any part of the community and isn't close to the retail centre.

Respondents also noted that the centre benefits from an abundance of parking nearby and that service users benefit from being able to access a number of services at the building.

5. Other responses

5.1 Ribble Valley Borough Council

"I am pleased to confirm the views of Ribble Valley Borough Council on your proposals. This issue has been carefully considered by members of the RV Health and Wellbeing partnership who wish to confirm their view that it is critical that services to support children and families continue to be provided and the council would not support any reduction in services and indeed would wish to see services expanded particularly to address the needs of those who may be more isolated across the rural community.

Your specific proposal in regard to Clitheroe with a focus of delivery through the facilities at the Zone at Trinity, are supported. Similarly members held the view that the proposal to consolidate existing Longridge services at the Youth Centre at Berry lane and to close the offer from the civic hall was supported. I must stress that members wish to emphasise their view that overall there should be no reduction in service and that where possible opportunities to widen access perhaps through increased use of village halls for groups should be explored."

5.2 Graham Jones MP

"I am concerned about Lancashire County Council's proposals to remove the service from Fairfield Nursery School in Accrington. At present, as the Children and Family Wellbeing Service operates out of the nursery building, it contributes towards the maintenance and building costs. If the service is removed from Fairfield Nursery it will have severe consequences for the nursery and its budget, as this financial contribution would be removed.

Maintained nursery schools are already facing extreme financial pressures. As the government have revised the funding formula for early year's education, maintained nurseries have seen their funding reduced. At present, 75% of Lancashire's maintained nurseries are in, or face, financial deficit, with some at risk of closure. Whilst supplementary funding has been provided until 2019-20, there are extreme concerns of a funding shortfall after this period has ended.

Yet Fairfield Nursery School is a fantastic nursery, and is one that we cannot risk to lose. It provides high quality education to children; it is rated 'outstanding' by Ofsted and has repeatedly received this classification. As a maintained nursery, it also gives priority to children who have Special Education Need or disability (SEND). Therefore, it is vital for providing education to local SEND children.

Maintained nurseries serve some of our most vulnerable and deprived children. Fairfield exemplifies this and it was recognised by Ofsted that the school provides excellent support to disadvantaged children. This is crucial to assisting social mobility within Hyndburn.

Therefore I am deeply concerned about the impact that the removal would have on Fairfield Nursery's budget, and the wider consequences that this would have on local children and families."

5.3 Lancashire Care NHS Foundation Trust

"Further to your email 8th June to inform the Trust that the Council are seeking views on a proposal to reduce the number of buildings where the Children and Family Wellbeing Service is based and to work more flexibly within the community.

The Trust has carefully considered the proposals put forward in the consultation and our response is set out in this letter. We will also be feeding these views directly into the online questionnaire, although that appears mostly geared to consultation with members of the public rather than organisations, and so we felt this letter would help capture our response more fully.

The following table illustrates those buildings proposed for cessation of the Children and Family Wellbeing Service where LCFT currently delivers services from and the activity in question.

Building	Current LCFT activity
Chai Centre, Burnley	Base for 0-19 staff Baby Clinic
Colne Children's Centre	Base for 0-19 staff Baby Clinic
Whitworth Children's Centre	Baby Clinic
Great Harwood Children's Centre	Baby Clinic
Whitegate Children's Centre	Baby Clinic

The following buildings would also be affected by the proposals but do not currently involve any direct service provision by LCFT or serve as staff bases for the Trust

Coppull Children's Centre
St John's Children's Centre, Skelmersdale
Ashton Young People's Centre
Sharoe Green Neighbourhood Centre
Sunshine Children's Centre, Preston
Ribblesdale Children's Centre, Clitheroe
Willows Park Children's Centre, Longridge
Earby Community Centre
Walton Lane Children's Centre, Nelson
Fairfield Children's Centre, Accrington

In addition to the above, 4 buildings from the 19 affected by the proposals are based in the North of the County, which is covered by Blackpool Teaching Hospitals 0-19 services – Apple Tree and Halton (Lancaster); Westview Children's Centre (Fleetwood) and Fleetwood Children's Centre

The proposals, if taken forward, would impact adversely on the Trust and more broadly to service provision for Children and Families as follows

1. **The Chai centre** management is overseen by a charitable body on behalf of the Trust, LCC and Calico Housing. The departure of LCC staff would result in a rental loss of £40K per annum, which could threaten the viability of other services operating from the Chai centre, reduce crucial joint working and create a financial pressure for the remaining occupants. The building is also subject to restrictive covenants on its

disposal and future use and the Trust therefore has very significant concerns about the proposed cessation of the Child and Family Wellbeing service from this building in terms of its financial and wider impact on our services and those in the VCFS. It would also be helpful to know if Calico have been consulted directly in relation to the proposals referred to in this letter

2. **Colne Children's Centre** is owned and managed by the Trust. The proposals you have put forward would result in a rental income loss of £56.5K per annum to the Trust as well as reducing collaborative joint work between services for vulnerable children and families.

3. The **potential wider impact on communities experiencing deprivation**. A number of the buildings in the proposals are located in such communities. There is therefore a potentially major adverse impact in ceasing the Children and Family Wellbeing Service bases from within specific neighbourhoods where health outcomes and life chances are particularly challenged and families may be hard to reach in the first instance. Furthermore, the ability and willingness of families to travel to alternative bases and engage with services could be further compromised.

4. **The impact on joint working with the Council** and other partners where there is existing co-location with the 0-19 service, particularly in relation to the Chai centre and Colne Children's Centre. Our view is that the proposals would prove counterproductive in terms of fostering further integration and collaborative, holistic approaches to health and social care support we believe that there is a potential impact on the Specification for Trust 0-19 services given the emphasis on joint working between LCFT and the Children and Family Wellbeing service.

5. The consultation does not say **how the risks associated with the proposals will be managed and mitigated**, so sight of the equality impact assessment undertaken for this work would be most welcome. Furthermore the consultation information does not include any information about how deprivation weightings and other factors, such as the potential for greater integrated working, have been specifically applied to reach the proposals. It would therefore be helpful if you could provide more information about the methodology used to reach the conclusions which form the basis of these proposals.

6. It is also noted that the Council will also commission a **12-19 years youth offer** through the voluntary, community and faith sector to support delivery of services to young people across Lancashire, although no specific are provided with regard to this so more information on this would be welcome."

5.4 Fulwood and North Preston Labour Party Branch

I am writing on behalf of Fulwood and North Preston Branch Labour Party regarding the proposed closure of Sure Start Centres.

Closing such centres unless amalgamated with another centre is a retrograde step in the socio-economic and educational development of young children and adults in deprived areas. On a personal level, I spent many years as a councillor actively working with Sure Start and was on the Board of the first tranche of Sure Start programmes. Over the years there have been many changes to services such as, Lad's and Dad's Clubs, Parenting classes, Healthy eating programmes to name a few. These community hubs are now outreach centres signposting people to other services for example, GPs, advice on Domestic Violence, Smoking and Drinking. In the past I have spoken to new mums who have overcome depression and mums who have taken further education courses to provide a better life style for them and their families, all due to Sure Start.

The outcomes of Early Years Learning are well documented with empirical evidence that children with pre-school education are better equipped to adapt socially and educationally into the school environment. Closing the door will create an uneven playing field where children in deprived areas will be denied access to a better start in life which is the right of every child in Preston and Lancashire.

As a group, we strongly urge you to reconsider your intention of closing Sure Start Centres.

5.5 Independent Chair – Lancashire Safeguarding Children Board

"Having read the consultation document and had a look at the "Have your Say" form – the document does not really work for my particular and unusual position – hence this brief response.

Without the underpinning research referred to, respondents have to trust that the rationale for which buildings to cease to use is sound – we cannot see this for ourselves!

In light of the above my only comment about the locations chosen is that it seems odd to be pulling out of buildings in some areas of high deprivation whilst staying in all the venues in, for example, South Ribble.

The consultation only refers to loss of locations but I had understood that a significant number of posts were also to be removed. Have I missed this in the document – if there are to be reduced posts then this should be explicit? I am aware that these may be vacant posts and as such will not lead to a reduction in the service per se but it does reduce service potential at a time when pressure on the delivery of Early Help has never been greater. Reducing the capacity to respond early is counter-productive and will very likely lead to a need for more costly services down the line. It reduces the capacity to offer strength based support to families early on.

Overall the work the LSCB does and the reports it receives all support increasing rather than decreasing access to early help."

5.6 Bretherton Parish Council

"The Parish Council feels that the County Council should be guided by the views and responses from those directly affected and organisation who work to support children and families."

5.7 Miles Parkinson, leader of Hyndburn Borough Council and County Councillor for the Great Harwood, Rishton & Clayton-le-Moors Ward

"As a District Council we want to work with Lancashire County Council (LCC) to help make the best possible decisions for the people of Hyndburn. We would like LCC to clarify their presence and intentions with the Copperhouse Centre in Rishton and the Civic Centre in Clayton-le-Moors.

We also have concerns about the Young People's Centre in Great Harwood (Lowerfold) and feel this is an important facility to the local community. With this in mind we would be keen for this building to be transferred over to Hyndburn Leisure who could make this facility an asset to the local community of Great Harwood and beyond.

However, as leader of Hyndburn Borough Council I am disappointed with the proposal to close the service at the Fairfield Centre in Accrington. This centre provides a valuable service to a large number of vulnerable people across Accrington situated in a deprived part of the town. The service also covers a large part of the town where Hyndburn and Lancashire County Council struggles with take up to services due to the diverse makeup of the community. We feel we should be encouraging people from this local community rather than taking services away. The alternative nearest centre is over two kilometres away which would put a large number of parents / children off from participating at these facilities resulting in a large number of vulnerable families missing out on all the important activities and services provided."

5.8 Preston City Council response to LCC consultation

"Lancashire County Council is inviting views to their proposal to reduce the number of buildings where the children and family wellbeing service is based across Lancashire. In Preston three out of the nine buildings offering the service will be affected.

Proposals for buildings to no longer deliver Children and Family Wellbeing services:

1. Ashton Children and Family Wellbeing Services (Ashton Young People's Centre)
Tulketh Crescent, Ashton-on-Ribble, Preston, PR2 2RH
2. New Hall Lane Children and Family Wellbeing Services (Sunshine Children's Centre (New Hall Lane Drop-in))
184 New Hall Lane, Preston, PR1 4DX

3. Sharoe Green Neighbourhood Centre (Sharoe Green Library and Cherry Tree Children's Centre)
8 Sharoe Green Lane, Fulwood, Preston, PR2 8ED

Councillor Nweeda Khan, Cabinet Member for Communities and Social Justice, Preston City Council:

“Preston City Council regrets Lancashire County Council’s proposal to close the three centres in Preston: Ashton Young People’s Centre; New Hall Lane Drop-in; and Sharoe Green Neighbourhood centre, and would urge LCC to reconsider the closure of these valued community centres.

The Ashton Young People’s Centre in Ashton-on-Ribble in particular is one of only two venues in Preston that caters for young people with disabilities and we understand that Lancashire County Council uses the Star Youth Club to deliver around half of all its services for 11-19 year olds with disabilities in Preston. This is undoubtedly a valued service that would be lost to the community or at the very least cause distress and disruption to current users should an alternative venue or way of delivery be proposed.

The centre has also recently undergone major work of around £50,000 in 2014 to improve its facilities, making its closure so soon after these improvements economically unsound.

I also understand that it used as an after school club and more recently as a holiday food market facility, something which will chime with both PCC’s and LCC’s fairness ambitions.

Local councillors are very keen for LCC to reconsider its proposal in this instance to allow them to continue to build on this kind of activity and to provide a real resource for the community in Ashton. There are real opportunities for a venue of this nature to be the focal point for many community activities covering health and wellbeing for all of the community in the area such as drop-in advice centres (eg financial inclusion), food clubs, work clubs, perhaps even on a co-operative basis.

As with all the centres, we are certain that the closure of these venues would be a huge loss to their communities and there is great opportunity to build on their usage to help LCC deliver its services in Preston.

Generally councillors have expressed their concerns to me saying closing down the three Children Centres in Preston would have a “devastating impact on the local communities they serve as the most vulnerable children and families will lose out the most.” Children Centres provide help to those families who need support in an environment local to them that they trust so they can raise their children to have the best chance to succeed in life. Closing these centres will exacerbate inequality in Preston and deny families and children the support they deserve and need. Keeping the centres open means that every child; no matter where they are born, has every chance to succeed.

Whilst we can sympathise with maintaining services with fewer resources, and that LCC states it is not reducing its frontline service in this respect, we would very much urge you not to view the centres merely as buildings, rather as much valued community facilities and therefore review your decision to close them."

5.9 Email 1

"Pilling will have a new village community centre at Taylors Lane, Pilling PR3 6AB in which we are expecting to provide space and accommodation to deliver such services. We would be interested in working with Lancss CC to serve any local need.

Besides being able to provide accommodation in our new premises we have a newly open Trim Trail and 1200m of Wheel Chair friendly pathways on our site along with extensive children's recreation and leisure facilities and two football pitches. We aim to provide a variety of services on site for all age groups.

We would be pleased to be kept abreast of developments and prepared to enter into discussions asap in order to explore collaborative working in this area."

5.10 Email 2

"I have no finger in this pie but heard of a charity (helps when money short!) called HENRY. Good talk on radio 4 re childhood obesity early prevention. You can find Henry on net & 8 Elm Place, Witney Rd Oxfordshire OX29 4BD. Good if helpful no bother if not Good wishes"

5.11 Email 3

"This consultation is meaningless without the list of buildings for closure. I fully understand the Council's financial position and assume that it is legally required to provide "a service". Why not close all the buildings and work from some of the school based former Children's Centres on a part time basis. This would support school budgets and utilise quality under used buildings."

5.12 Email 4

"I am very concerned to read of the possible closure of Cherry Tree Children Centre which currently provides a wide range of family support services. As a retired Health Visitor I am only too well aware of the importance of these facilities to family health and wellbeing. Toddlers benefit from shared play and socialising with other children and mothers are able to be supportive of one another.

The close proximity to the Library is another important benefit to young families. I feel concerned that whilst the service will remain in Brookfield this is not easily accessible for a mother with a baby and toddler and no car!! ----- particularly if she has been up during the night or has postnatal low mood!

It is important to bear in mind that the services offered provide the support that may prevent family problems requiring future Council support and funding.

I feel that this Neighbourhood Centre has a vital role in the wellbeing of the local community and that its closure would be a very retrograde action."

5.13 Email 5

"Sharoe Green Neighbourhood Centre - This centre organizes more than five essential parenting and learning courses. This is a crucial information and support service for young and old and in particular for parents of young babies. Closing this facility of basic needs would be disgraceful and a disappointment in the Lancashire County Council."

5.14 Email 6

"I write to express my objection to the closure of Childrens Centres in Preston and in particular Sharoe Green Neighbourhood Centre. These centres provide a much needed and utilised facility for children and families in Preston. They are local amenities for local communities providing essential input and support especially to vulnerable children. LCC are responsible for the welfare of the residents it purports to represent and would be failing miserably if it were to remove these services. You must reconsider this action and keep these centres open."

5.15 Email 7

"I am writing to state my concern that the County Council proposes to close the Cherry Tree Children Centre. This has provided a valuable local service for my family and other parents and their young children."

Council Leader Driver has stressed the importance of maintaining local services. It is regrettable that under his control the County Council devoted scarce resources to re-opening libraries closed as economy measures, but must now make savings by closing centres for health care instead.

Under the Government's continuing austerity measures, the County Council will have to make further substantial cuts to local services. Which services does Councillor Driver consider most important to the community - local libraries, health centres or another service? And which areas does he consider have the greatest need of council services? Where will he strike next?"

5.16 Email 8

"Proposed closure of Sharon Green Neighbourhood centre - I am sad and surprised to learn the future of our local Neighbourhood centre is under threat of closure. The facility is a great asset in our area for families to access health provision. I'd like to register my objection to this proposal."

5.17 Email 9

"I'm extremely shocked and surprised to hear of the proposed closure of cherry tree children's centre."

The baby led stay and play group was a massive advantage when I had my children. I used this in 2008 and 2014. I met some amazing mums and we all supported each other and still do. My husband accessed the dads group too! The breastfeeding support I received there was excellent which helped me give both children the best start in life! The sensory room was an added bonus as well as baby massage and weaning talks.

This children's centre has a real community feel. If anything it should be utilised more. With it being next door to the library it is a perfect location.

I believe if this children's centre closes down it would be extremely detrimental to the health and well being of new mums and dads who need support at such an important time."

5.18 Email 10

"I was so saddened to hear that Cherry Tree Children's Centre is due to close. I attended baby and toddler groups and it was a great comfort to be able to meet other mums there. As a first time mum, having somewhere local to meet other new mums was a great help to my mental health. I really looked forward to going to the groups and made friends for life there. It worries me that places like this will close and new mums won't have the same access I did to local services at a time when they are most vulnerable. I really do hope that this decision is reconsidered."

5.19 Email 11

"Cherry tree needs to stay open it's a lifeline for most people in the area!!"

5.20 Email 12

"Disappointed to hear of the proposed closure of Sharoe Green Neighbourhood Centre. Almost five years on I am close friends with a group of mum's I met at the centre. I turned up on my own and found friends and support that will last many years. The city is growing and this service should remain to help many many more families."

5.21 Email 13

"I am writing to complain about the proposed closure of the Sharoe Green Neighbourhood Centre. This is a vital local asset that provides support for the most needy in our community and it should remain open."

5.22 Email 14

"I am emailing about the proposed closure of Sharoe Green Neighbourhood centre.

I attended the Stay and Play sessions here on Tuesday mornings until I went back to work a couple of months ago. These free sessions are important for parents to meet other local parents of babies and toddlers, to get out of the house and to encourage their babies development. In these times of austerity, the fact that they are free also enables all local parents to attend. With better advertising for the centre and it's services I believe there would be many more local parents wishing to use it. The centre is in a good location with easy parking at the library and with nice, informative and friendly staff - it should stay open!"

5.23 Email 15

"I am writing in response to the proposal of closing cherry CC.

I feel strongly this should remain open for the following reasons:

The CC is in a neighbourhood with a high population of children and families which they can currently access with ease as it is in a central area of Fulwood, on a bus

route, has good parking facilities and it is some distance to access other childrens centre.

I have used childrens centres in the past to access baby groups, make other mums, meet health professionals, access health groups and resources and would intend to use this particular children centre in the future if I have another child. I feel childrens centres can be a valuable form of support and help reduce post natal depression which affects all mums regardless of their background.

If the facility is closed then not only the most vulnerable families in Fulwood will be significantly affected but also all families that require additional support and will be unable to access valuable groups, access health visitor and health professionals on a regular basis"

5.24 Email 16

"I am writing regarding the proposed closure of Sharoe Green children's centre. I have found it to be a fantastic centre with great staff. I have used it for baby clinics, stay and play, and parenting courses. I believe it is vital to have local services such as this in the community and feel that its closure would be a great loss to the local area."

5.25 Email 17

"I am writing to express my concerns regarding the proposed closure of the Sharoe Green Neighbourhood Centre. My son is older now, so it is some time since I have visited it, but I know how important it is for services to be provided locally for the parents of young children. Child development and education are essential to the creation and maintenance of a safe, stable and fair society and I would urge our councillors to consider carefully whether short-term savings will have far reaching costs."

5.26 Email 18

"I hear that you are considering closing the Sharoe Green Neighbourhood Centre, and I am writing to ask that you don't close the centre.

We all know that pre-school activities and health care are absolutely vital to ensuring that children aren't disadvantaged before they get to school. If we want to have any chance of a society where people can prosper regardless of their background, we need to be expanding such centres, not closing them down.

Financially, it must cost less to invest in pre-school facilities than pay the costs of dealing with kids who are disruptive in school, and worse, because they are so far behind their peers."

5.27 Email 19

"I am very concerned to hear about the proposed closure of the Sharoe Green Neighbourhood Centre.

During my pregnancy and as a new mum I have visited the Centre for Support and Guidance for specific issues I was going through at the time which were dealt with in an extremely positive manner to help me overcome my anxieties and worries.

In addition, it opened doors which I did not expect in meeting other people and I am very much still in touch with this support network to this day going through similar experiences, whereby I am now an Advocate to help others. This was as a direct result of visiting the Centre.

I believe, without this support I would not have coped and ultimately the strain would have been put on the NHS where services are already overstretched.

Please, please continue to keep the Centre open to help people like me."

5.28 Petition - Save Chai Centre services

1,067 signatories (138 online, 929 paper) in support of the following statement.

"We the undersigned, petition Leader of the Council and Lancashire County Council as follows:

We object to the proposed Conservative cuts to LCC Children and Family Wellbeing (CFW) services at the Chai Centre in Daneshouse and Stoneyholme ward, in Burnley Central East division."

Appendix 1 - Demographic breakdown

Table 2 - Are you...?

	%
A Lancashire resident	89%
An employee of Lancashire County Council	14%
An elected member of Lancashire County Council	<1%
An elected member of a Lancashire district council	1%
An elected member of a parish or town council in Lancashire	2%
A private sector company/organisation	5%
A member of a voluntary or community organisation	14%
Other	5%

Base: all respondents (695)

Table 3 - Are you...?

	%
Male	19%
Female	78%
Prefer not to say	2%

Base: all respondents (707)

Table 4 - Have you ever identified as transgender?

	%
Yes	1%
No	95%
Prefer not to say	4%

Base: all respondents (695)

Table 5 - What was your age on your last birthday?

	%
Under 16	3%
16-19	2%
20-34	40%
35-64	47%
65-74	5%
75+	1%
Prefer not to say	3%

Base: all respondents (706)

Table 6 - Are you a deaf person or do you have a disability?

	%
Yes	6%
No	91%
Prefer not to say	3%

Base: all respondents (700)

Table 7 - Which best describes your ethnic background?

	%
White	85%
Asian or Asian British	9%
Black or black British	1%
Mixed	1%
Other	1%
Prefer not to say	4%

Base: all respondents (702)

Table 8 - What is your religion?

	%
No religion	34%
Christian	47%
Buddhist	<1%
Hindu	<1%
Jewish	0%
Muslim	9%
Sikh	<1%
Any other religion	1%
Prefer not to say	7%

Base: all respondents (701)

Table 9 - What is your sexual orientation?

	%
Straight	87%
Bisexual	2%
Gay man	<1%
Lesbian/gay woman	0%
Other	1%
Prefer not to say	10%

Base: all respondents (698)

Table 10 - Are there any children or young people in your household aged under 20?

	%
Yes, aged under 5	50%
Yes, aged 5-8	24%
Yes, aged 12-16	19%
Yes, aged 9-11	17%
No children aged under 20	16%
Yes, aged 17-19	9%
Prefer not to say	5%
No, but expecting	3%

Base: all respondents (706)

Table 11 - Are there any disabled young people aged under 25 in your household?

	%
Yes	11%
No	85%
Prefer not to say	4%

Base: all respondents (701)

Table 12 - Does your household have access to the internet (dial-up, broadband or mobile internet)?

	%
Yes	93%
No	4%
Don't know	2%
Prefer not to say	1%

Base: all respondents (708)

Table 13 - Respondent postcode by district

	%
Burnley	15%
Chorley	4%
Fylde	3%
Hyndburn	7%
Lancaster	14%
Pendle	20%
Preston	12%
Ribble Valley	8%
Rossendale	4%
South Ribble	2%
West Lancashire	7%
Wyre	3%

Base: all respondents (673)

Children's Services Scrutiny Committee

Meeting to be held on Wednesday, 5 December 2018

Electoral Division affected:
(All Divisions);

Report of the Supporting Pupils at Special Schools with Medical Conditions Task and Finish Group

(Appendix 'A' refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny),
gary.halsall@lancashire.gov.uk

Executive Summary

Provided at appendix 'A' is the report of the Supporting Pupils at Special Schools with Medical Conditions Task and Finish Group.

Recommendation

The Children's Services Scrutiny Committee is asked to:

1. Support the recommendations of the Task and Finish Group, as set out in the report at Appendix A;
2. Consider the appropriate mechanism for reviewing the responses to the Task and Finish Group's recommendations.

Background and Advice

On 6 September 2017, the Children's Services Scrutiny Committee received a report on school nursing provision across Lancashire. From the discussion, it was agreed that a task and finish group be established to review the equality of service provision. The request to establish a task and finish group was approved by the Internal Scrutiny Committee at its meeting held on 22 September 2017.

Membership of the Task and Finish Group

The task and finish group was made up of the following County Councillors drawn from both the membership of the Children's Services and Education Scrutiny Committees:

- Ian Brown (chair)
- Anne Cheetham
- Sobia Malik
- John Potter
- Jayne Rear

- Peter Steen
- Cosima Towneley

The following co-opted member was appointed to the task and finish group:

- Janet Hamid (Representing Parent Governors (Secondary) on the Education Scrutiny Committee).

Scope of the scrutiny review

The focus of the review sought to:

- Gain a further understanding on the implementation of the Department for Education's statutory guidance on supporting pupils at school with medical conditions in the context of special school settings;
- Further understand the range of school nursing provision and commissioning arrangements from a cross section of special schools within Lancashire; and
- Formulate recommendations on supporting pupils at special schools with medical conditions.

The task and finish group's draft report is set out at **Appendix 'A'**.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications including financial.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Tel
N/A		
Reason for inclusion in Part II, if appropriate		
N/A		



Supporting Pupils at Special Schools with Medical Conditions

Overview and Scrutiny Review – May 2018

For further information regarding this report, please contact

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Executive summary

The review identified how over time roles and responsibilities of Education and Health professionals in the support of pupils who attended special schools had become unclear. There was no line in the sand on what should be deemed a basic care intervention and a clinical intervention. Concerns were expressed by special schools on who the responsibility and accountability for clinical interventions should fall on.

Statutory guidance was felt to be unclear when applied to special school settings. In addition the county council's guidance to support schools was outdated and subsequently removed.

Clinical commissioning groups (CCGs) across Lancashire are responsible for commissioning school nursing and clinical support within special schools. Following the creation of the clinical commissioning groups in Lancashire, long term contracts were awarded to the two current providers. However, an increase in demand had not been reflected in the commissioned resource. Funding for support from Health was not ring fenced and service specifications had not been updated. Services delivered by the providers also differed.

In considering these points the task and finish group determined that school nursing and clinical support within special schools were both inequitable and unsustainable.

The review also highlighted issues relating to transition, communication, premises, equipment and school transport.

How are we supporting children and young people with medical conditions in special school settings across Lancashire?

Background and scope of the review

On 6 September 2017, the Children's Services Scrutiny Committee received a report on school nursing provision across Lancashire. From the discussion, it was agreed that a task and finish group be established to review the equality of service provision.

The request to establish a task and finish group was approved by the Internal Scrutiny Committee at its meeting held on 22 September 2017.

At the start of the review, the task and finish group determined that the focus should be on school nursing provision within special school settings only with a view to extending any recommendations made for consideration with mainstream provision as well. Shortly after the first meeting, the task and finish group learned that the county council had awarded the Healthy Child Programme contract to a private sector organisation to deliver services such as health visitors and school nursing from April 2018. The original providers subsequently lodged an appeal against this decision. It was noted that the same providers were also commissioned by all six of the Clinical Commissioning Groups (CCGs) operating within the council's administrative boundary to provide school nursing and clinical support within special schools across Lancashire. In view of the circumstances the task and finish group corresponded with the providers in writing.

The review therefore sought to:

- Gain a further understanding on the implementation of the Department for Education's statutory guidance on supporting pupils at school with medical conditions in the context of special school settings;
- Further understand the range of school nursing provision and commissioning arrangements from a cross section of special schools within Lancashire; and
- Formulate recommendations on supporting pupils at special schools with medical conditions.

Membership of the Task and Finish Group

The task and finish group was made up of the following County Councillors drawn from both the membership of the Children's Services and Education Scrutiny Committees:

- Ian Brown (chair)
- Anne Cheetham
- Sobia Malik
- John Potter

- Jayne Rear
- Peter Steen
- Cosima Towneley

The following co-opted member was appointed to the task and finish group:

- Janet Hamid (Representing Parent Governors (Secondary) on the Education Scrutiny Committee).

Methodology

The task and finish group considered documentary evidence from a variety of sources both through internal services and external sources. Key lines of enquiry were developed in advance of members meeting and liaising with head teachers.

Meetings were held with senior officers from the county council, CCGs, head teachers and parents of children who attended special schools. In addition the task and finish group heard from a representative of the School and Public Health Nurses Association (SAPHNA) and one of the founding members of the Health Conditions in School Alliance.

Key lines of enquiry were also issued to the current providers who provided written submissions to the review.

A separate meeting was held on 9 May 2018, whereby all parties had the opportunity to help inform and shape the task group's draft recommendations.

This report reflects the views and recommendations of Overview and Scrutiny. It does not necessarily reflect the views of the county council. In many cases, suggestions are made for further consideration to be given to issues, and this would need to include a full assessment of the legal and financial risks and implications.

Officers

The following people were either consulted with or attended meetings of the task and finish group:

Lancashire County Council

- David Graham, Head of SEND;
- Stephen Martin, Senior Manager SEND;
- Dave Carr, Head of Service: Policy, Information and Commissioning (Start Well);

- Karen Gosling, Senior Public Health Practitioner; and
- Lee Girvan, Public Health Specialist.

Special school head teachers and Chairs of Governors

- Russ Bridge, head teacher at The Rose School, Burnley and Chair of LSSHTA (Lancashire Special Schools Head Teachers' Association);
- County Councillor Tony Martin, Chair of Governors at The Rose School;
- Gail Beaton, head teacher at Acorns Primary School, Preston;
- Mandy Howarth, Chair of Governors at Acorns Primary School;
- Fran Clayton, head teacher at Pendle View Primary School;
- Ian Carden, head teacher at Ridgewood Community High School, Burnley;
- Karen Alty, head teacher at Holly Grove School, Burnley;
- Sarah Seddon, head teacher at The Coppice School, Bamber Bridge;
- Dave Mullen, assistant head teacher at West Lancs Community High School, Skelmersdale;
- Kairen Dexter, head teacher at Bleasdale School, Lancaster;
- Lesley Sullivan, head teacher at Kirkham Pear Tree School, Kirkham;
- Bev Hennefer, head teacher at Royal Cross Primary School, Preston

Parents

- Christine Anderson;
- Miranda Hyman; and
- Donna McGovern

School and Public Health Nurses Association (SAPHNA)

- Sharon White OBE, Professional Officer, SAPHNA

NHS

- Lesley Tiffen, Fylde and Wyre CCG;
- Vicky Webster and Carl Ashworth, Midlands and Lancashire CSU (Commissioning Support Unit);
- Steve Winterson, Lancashire Care Foundation Trust (LCFT);

- Sarah Derbyshire and Carol McCabrey, West Lancashire CCG;
- Kirsty Hamer, East Lancashire CCG;
- Diane Booth and Val Baxter, Blackpool Teaching Hospitals NHS Foundation Trust; and
- Hilary Fordham, Morecambe Bay CCG.

Documents

1. [Supporting pupils at school with medical conditions \(Department for Education Statutory guidance, December 2015\)](#)
2. [Statutory framework for the early years foundation stage: Setting the standards for learning, development and care for children from birth to five \(Department for Education, 3 March 2017\)](#)
3. [Joint local area SEND inspection in Lancashire \(Ofsted and Care Quality Commission, 8 January 2018\)](#)

It was noted that the statutory guidance, 'Supporting pupils at school with medical conditions' from the DfE was due for review in autumn 2017. It was confirmed that this had not been undertaken.

Websites

Besides researching special school websites, the following useful websites were also visited:

1. [Lancashire County Council: Special educational needs and disabilities – local offer](#) and [Medicine safety](#) pages
2. [Gov.uk: Children with special educational needs and disabilities \(SEND\)](#)
3. [Health conditions in school alliance](#)
4. [School and public health nurses association \(SAPHNA\)](#)
5. [Health careers](#)
6. [NHS Jobs](#)

A glossary of terms and abbreviations is set out at **appendix 'A'**.

Findings

Context

❖ **Special school provision in Lancashire**

Within its administrative boundary Lancashire County Council maintains thirty special schools which are just for children and young people with Education, Health and Care Plans (EHC Plan). Children with medical needs also have Individual Healthcare Plans. There are a range of specialisms that special schools in Lancashire provide for including:

- SEMH - Social, Emotional and Mental Health
- Generic SEND - Special educational needs and disabilities
- GLD - Generic Learning Difficulties
- HI - Hearing Impairment
- MLD - Moderate learning difficulties
- MSI - multi-sensory impairments
- PD - Physical difficulties
- PMLD - Profound and multiple learning difficulties
- SLCN - Speech language and communication needs
- SLD - Severe learning difficulties
- SpLD - Specific learning difficulties
- VI - Visual impairment

Some children and young people who attend special schools have complex life limiting or life threatening conditions. Their health needs can be unstable or unpredictable and may require support every day throughout the day. For instance, at one secondary generic learning difficulties school, they were required to support;

- 28 children with medical related individual healthcare plans – 25 were for epilepsy and 22 were specific protocols for pupils on rescue medication which required a member of staff to be aware of signs and symptoms, follow protocols set out by health professionals and administer controlled drugs and monitor for any side effects;
- 22 asthma related individual healthcare plans;
- 1 insulin dependent diabetic;
- 1 emergency tracheostomy change protocol;

- 4 oral suction protocols;
- 8 gastrostomy plans; and
- Manage occupational therapy (OT), physiotherapy and speech and language therapy (SaLT) programmes for 44 children. On a daily basis pupils are moved into specialist equipment, changing beds for intimate care routines, and other therapy programmes.

On average each pupil is moved up to 6 times each day, with 2 staff carrying out the moves. These procedures support the health care of these pupils, in the long term reducing the onset or development of contractures, respiratory conditions, and digestive problems.

It was noted in one school on one particular occasion that it took staff 1 ½ hours to administer all medicines.

Feeding regimes usually entailed two members of education staff to carry out and often took between 40 and 45 minutes to carry out. The concern from head teachers was that other children then missed out on education.

In the 2017/18 academic year there were a total of 2838 places available for both pre and post 16 provision. Details of place numbers and movement for all special schools is set out at **appendix 'B'**. The appendix also sets out which special schools share a site with mainstream provision. It was noted that some parents and carers chose a specific special school for their child to attend on the basis of its close proximity to a hospital.

The task and finish group was informed that 92% of special schools in Lancashire were rated as either good or outstanding by Ofsted.

❖ Guidance

In 2009, the County Council issued a document titled "Medicine Safety and other health related topics - A Guidance Document for Services Working with Children and Young People".

The Guidance document was produced by the council in consultation with partners from the then Primary Care Trusts (PCTs), schools and support services and was published via the council's Schools' Portal.

The guidance was designed to assist schools and other settings in:

- Reviewing policies and procedures which involved children and young people with medical needs to ensure that everyone, including parents and carers, were clear about their respective roles;
- Putting in place effective management systems to help support individual children and young people with medical needs;
- Making sure that medicines were handled responsibly; and

- Ensuring that all staff were clear about what to do in the event of a medical emergency.

The council's guidance document was produced with reference to national guidance that existed at the time including; Managing Medicines in Schools and Early Years Settings (DoH - Department of Health 2005), the National Service Framework for Children, Young People and Maternity Services, Standard 10 (DoH, 2004) and Including Me, Managing Complex Health Needs in School and Early Years Settings (DfES – Department for Education and Skills 2005).

In May 2017, a query was raised by Morecambe Bay Clinical Commissioning Group (CCG) who stated they had come across a number of schools insisting that all medication on school premises for use by pupils should be labelled by a pharmacy. The clinical commissioning group asserted that whilst this was the case for prescribed medication (i.e. medication being taken at the request of a general practitioner (GP) or other prescriber), it did not apply to medicines that parents bought over the counter (OTC) for their children. A similar query and observation was also made by East Lancashire Clinical Commissioning Group.

Following this notification, the council undertook a brief review of its 2009 guidance and identified that the content had not been refreshed since its issue and did not reflect the more recent, Statutory Guidance - Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England as issued by the Department for Education (DfE) in 2014 (revised December 2015).

On 1 September 2014, a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance was intended to help governing bodies meet their legal responsibilities and set out the arrangements they would be expected to make, based on good practice. The aim was to ensure that all children with medical conditions, in terms of both physical and mental health, were properly supported in school so that they could play a full and active role in school life, remain healthy and achieve their academic potential.

This statutory guidance set out what schools and others must do to comply with the law and as a consequence, the Head of Service took the decision to remove the outdated guidance from the schools' portal and the council's website. The decision was arrived at from discussion with officers from across the council.

A communication was then issued to schools through the schools' portal on the 20 November 2017, requesting that they should follow current national statutory guidance issued by the Department for Education. A bulletin on medicines management issued by East Lancashire Clinical Commissioning Group was also

included in the communication. The communication has since expired on the schools' portal. However, both the schools' portal and County Council's website now direct schools to the Department for Education statutory guidance.

It was noted that all schools are required to have a medical conditions policy and for this to be reviewed on a regular basis and be readily accessible to parents and school staff. However, it is not a statutory requirement for schools to publish their medical conditions policy on their website.

❖ **Commissioning arrangements, providers and demand**

In Lancashire, school nursing and clinical support within special school settings is commissioned by the six CCGs operating within the council's administrative boundary. Between the CCGs, two separate providers had been awarded contracts to provide this service. One provider covered those schools situated in the Morecambe Bay and Fylde and Wyre CCG areas, whilst the other provider covered the rest of the county.

On the whole the task and finish group was informed that CCGs monitored contracts on either a monthly or quarterly basis and reviewed contracts on an annual basis. Contract variations were quite common, however written notification of any in-year modifications would need to be issued to the provider. If CCGs were required to decommission a service, they would need to give a year's notice and withdraw funding.

The task and finish group was informed by one of the providers that services had been commissioned historically and had not been reviewed for a number of years. The service had also not been re-commissioned since the disestablishment of the PCTs and the creation of the CCGs, but that contracts were signed by the existing providers which retained the status quo. It was reported that the majority of these contracts were awarded on a long term basis.

The review highlighted that some special schools received either targeted support via special school nursing service or from universal public health school nursing services via the Healthy Child Programme as commissioned by the council. In addition, not all special schools had access to public health universal services. The task and finish group was informed that there was no commissioned special needs school nursing service in the West Lancashire area which resulted in children with complex health needs attending special schools in the Chorley and South Ribble areas.

It was noted that nurses came from a variety of backgrounds and disciplines. It was also noted that in some areas health professionals had been removed by one provider from schools, whereas in other areas a decision had been taken by the other provider to not only retain provision but to adjust and skill-up the provision in-

line with the needs of schools through the introduction of assistant practitioners supported by staff nurses.

On demand for the service, one provider stated that "due to improvements in medical technology and in the care of children with complex medical conditions, the number of children on roll at the special schools had increased significantly. Since 2014 a 12% increase in the number of children at such schools has been noted... as well as an increase in the numbers of children, the medical conditions children are dealing with have become more complex which has led to an increase in the health needs of these children e.g. children attend school that require ventilation".

In essence the profile of children and young people has changed but arrangements to support them in school hasn't.

Details of the current offer from the two providers is also set out at appendix 'B'.

The task and finish group also noted that as part of the system change for health and social care throughout Lancashire and South Cumbria via the Integrated Care System (formerly Sustainability and Transformation Partnerships) there was a dedicated work stream on reviewing commissioning arrangements across the footprint.

Roles and responsibilities

A common theme from special schools was that the statutory guidance, whilst it made reference to SEN and common conditions such as asthma, diabetes and epilepsy, did not cover the complexities of needs required in specialist provision. Head teachers therefore felt that the statutory guidance was written primarily with mainstream schools in mind.

For instance, within the statutory guidance there was non-statutory advice in respect of CCGs commissioning arrangements which fell outside of local authority commissioned school nurses on matters such as gastrostomy, tracheostomy care and postural support to provide "ongoing support essential to the safety of these vulnerable children whilst in school". Head teachers from the east and central parts of Lancashire reported concerns that roles and responsibilities of health professionals were being pushed down onto education support staff who were not medically trained beyond basic training courses. Head teachers reported their staff were being expected to make medical judgements about complex pupils on a daily basis.

According to NHS Health Careers website, "school nurses are qualified and registered nurses or midwives many of whom have chosen to gain additional experience, training and qualifications to become specialist community public health nurses (SCPHN - SN). Their additional training in public health helps them to support children and young people in making healthy lifestyle choices, enabling them to reach their full potential and enjoy life.

School nurses work across education and health, providing a link between school, home and the community. Their aim is improve the health and wellbeing of children and young people. They work with families and young people from five to nineteen and are usually linked to a school or group of schools. The school nurse's day-to-day role varies greatly from area to area, and depending on the type of school. Typically, it includes:

- carrying out health assessments
- home visits to families in need
- providing health education, advice, and signposting to other sources of information
- providing immunisation clinics
- advising and supporting schools with their public health agendas for example healthy eating advice, stop smoking programmes
- safeguarding and service coordination."

In reviewing current school nursing provision the task and finish group was informed that a number of school nurses worked term time only and did not work full time, with some being responsible for more than one school. On one occasion a school nurse was due to go on planned long term leave with no like for like replacement being provided for the school other than sharing a nurse with another school for a small number of hours per week. It was confirmed that one provider employed two full time nurses and 16 part time nurses of which eight were term-time only. Comparisons were also made in respect of pay between school nurses and teaching assistants with school nurses receiving considerably more pay.

In addition and during the course of this review head teachers stated that they did not have the security of a Designated Medical Officer/Designated Clinical Officer to seek advice from.

The task and finish group was informed by the CCGs that the implementation of a Designated Medical Officer/Designated Clinical Officer was their commissioning responsibility. CCGs in Lancashire initially felt that this role could be achieved differently through a provider forum. However, it was recognised that this concept did not work. Subsequently, funding in the region of £242k was agreed to recruit three Designated Clinical Officers to work as a group across the county.

Nevertheless, it was felt there was no clear line in the sand or definition of what should be expected from Health and what should be expected of Education in the care of these children and young people. Furthermore, the review highlighted a need for consideration on what should be deemed a basic care intervention and a clinical intervention.

The review also highlighted the need for increased support for emotional health and the wider social needs of not only children and young people but their parents and carers as well. The task and finish group was told of incidents where parents and carers had failed to medicate children before school, provided medication with an outdated prescription label or did not follow a child's care plan which presented health and safety risks for school staff. Head teachers reported delays in accessing relevant services such as CAMHS (child and adolescent mental health services). The task and finish group noted these points.

Basic care and clinical interventions

This matter formed a key line of enquiry with all parties who contributed to the review. It was clear from the outset of this review that in some areas of the county there was no clear line of separation on who the responsibility should sit with on clinical interventions. Whilst schools had a duty of care towards the needs of children and young people in their care, there was no requirement placed upon school staff to carry out clinical interventions. It was reported that over in the east of the county some tasks were being written into job descriptions for teaching assistants to close this gap.

Head teachers are reliant on the goodwill of their staff to sign up, receive training at the cost of the school's budget and deliver the required support in accordance with each child's individual healthcare plan. Experience had shown that some school staff were not comfortable with invasive medical procedures and often "resigned" from their goodwill on the grounds that they were unable to carry out clinical interventions due to the stress caused. Head teachers were then left to seek the goodwill of another member of staff to be trained up and deliver the support. In some cases head teachers were reporting that retention of school staff in particular teaching assistants was being affected. From conducting exit interviews it was confirmed that the reasons included the stress of responsibility, whilst others had chosen to change career and enter the NHS to train as a nurse. Head teachers were reporting that they were having to manage stress more in their schools. In one case, it was reported that the school had employed an extra member of staff who chose to take on more responsibility, received appropriate training was then promoted but resigned due to the demands of the role.

One head teacher stated that;

"school staff are required to administer a very wide range of medications including controlled drugs; administer rescue medications such as Buccal Midazolam (epilepsy), Epipen (anaphylaxis) etc; provide feeds via gastrostomy / jejunostomy ports and also medications through these tubes; suctioning; provide oxygen and change levels according to a pupils SATS...

We could be asked to do anything. I will not allow my staff to replace... anything that I feel is invasive".

Clarity was also required on personal and health boundaries.

From the parent's perspective, it was felt that responsibility of clinical interventions should rest with the school nurse who can liaise with their team or manager or specialist/children's hospital (tertiary care) if necessary. Anyone could receive basic training, but to think outside the box or change tact would require the skill, training and experience over a number of years of a health professional and not an education professional who attended a one-off or short series of training courses. One particular procedure – changing buttons for gastrostomy fed children if not carried out within five minutes could result in that child having to undergo unnecessary surgery.

Parents and carers are required to learn high level skills to support their children at home. However, they have access to specialists and consultant teams at children's hospitals and grow in knowledge and experience with their child and know the point at which they can call on for support.

From one of the provider's perspective it was felt that establishing clear lines of separation on basic and clinical interventions would be difficult to reach in some circumstances as each child is individually assessed for their needs. School nurses would normally discuss the needs of children with school staff to determine if they can safely meet the needs. Should any school feel that they could not meet the needs of a child with a complex condition, a health needs assessment might be requested to assess if additional support would be required.

During the review process, the task and finish group was provided with a copy of a Protocol for managing children with complex health care needs in community settings (including schools, children's centres and other settings) – a multi-agency guidance document published by Milton Keynes Council. Within this protocol, the various partners involved in its production had come to an agreement and established a framework for a consistent response to the needs of children and young people in their area. The framework had identified and allocated procedures that broadly fell into three levels of skill and risk. Level 1 was routine and easily acquired skills; level 2 was tasks requiring training from health personnel (usually qualified nurses); and level 3 which was for more complex clinical procedures. In considering this framework, the task and finish group felt that procedures allocated to level 2 could present a difficult task for Health and Education to reach an agreement on. Indeed, head teachers had stated in their response to this key line of enquiry that there should be two clear definitions. Nevertheless, the task and finish group felt this framework could represent a sufficient start to begin this task.

During the review, it was reported that across the county there was no consistent approach with existing assessment tools for nursing/clinical needs. The task and finish group was provided with a copy of Sussex Community NHS Foundation Trust's Nursing Needs Assessment tool/risk management matrix and their caseload complexity scoring and monitoring tools. It was felt by the task and finish group that these tools could be used to assist all parties in Lancashire to finalise a consistent approach.

During the review, the task and finish group was also provided with a copy of a recent service specification produced by the six CCGs located within Staffordshire County Council's administrative boundary. Within the specification there was an acknowledgement and desire to commission a service to deliver integrated clinical services for children educated in Staffordshire Special Schools. Furthermore on recruitment and workforce development it was stated that the "provider will... ensure that the skill mix within the workforce reflects the needs of the service including any administrative staff". Overall, the task and finish group felt this specification represented an excellent model. Indeed comments from parents included; "during a school day, children need a strong team around them with care carried out discreetly and efficiently with minimum withdrawal from the class."

Northumbria Healthcare NHS Foundation Trust has recently piloted a scheme to implement the National Child Measurement Programme (NCMP) in a special school setting with positive outcomes. It was concluded that the small pilot:

- Demonstrated how the National Child Measurement Programme and bespoke follow up support can be adapted for children with learning disabilities attending special schools;
- Provided structured intervention which had helped 50% of families who accepted the support; and
- Had resulted in the provision of a comprehensive toolkit for special school nurses to roll out across other schools, which was also appropriate for use in mainstream schools.

It was noted that Public Health England had not made the National Child Measurement Programme a statutory requirement for special schools.

Training and competency

Training of special school staff is delivered by the providers unless highly specialised training is required (usually for specialist equipment). Training courses provided on an annual basis include asthma and epilepsy. Child specific competency based

training, with annual updates for named school staff is also delivered on matters such as:

- Administration of rescue medication;
- Oxygen;
- Suction;
- Tracheostomy;
- Ventilation;
- Nebuliser;
- Enteral feeding (Naso gastric/gastrostomy/jejunostomy); and
- Diabetes.

Head teachers reported that most if not all staff were first-aid trained and in some cases a number of senior staff had gained enhanced first-aid qualifications. Other courses provided to special schools included safe eating and drinking, Manual handling, Mental Health First Aid and Suicide prevention training. The type of courses attended also differed depending on the specialism of the school.

Head teachers also reported that one of the challenges for them was allocating time during training/inset days to cover all the required in-year training alongside other essential training as well as training on education and the curriculum. In one case, a school had to commission additional training as a result of a change in provider for medical nutrition. It was reported that in such instances a child's needs change or they have an adverse reaction, in other instances it might be because products discontinue or companies change their consumables.

As part of the review, the task and finish group requested head teachers to carry out an audit of training detailing the number of school staff involved, hours used and the cost to the school budget.

From the responses received, the number of school staff involved ranged from one person attending to the entire staff on the payroll (70+ for a school with 76 pupils on roll). Depending on the type of course, the length of time taken up in a given school year ranged from one hour for oral suction training and signing off to five or six days on manual handling. The costs of courses ranged from £30 for two hours on stoma care to as much as £4,800 p.a. on epilepsy/asthma/diabetes/medicines awareness.

In one school it was noted that their budget paid for a Health Support Worker (HSW) at a cost of £15,600 p.a. However, in another school it was noted that they had received funding from the clinical commissioning group to pilot the AMBIT (Adolescent Mentalization-based integrative treatment) approach which funded two mental health support workers at a combined cost of £40,827 p.a.

Total training costs ranged from £1390p.a. at a hearing impairment special school with 26 pupils on roll to £43,624p.a. at a Social, emotional and mental health special school with 60 pupils on roll.

In addition to training costs, schools also provided a schedule of procedural costs which demonstrated the equivalent cost per year to the school for their staff to carry out all the necessary procedures. Whilst the equivalent cost would be intrinsic to each school and the pupils on roll, time spent per day on procedures ranged from approx. 28 minutes on stoma care to 11 hours on pump/bolus feeds. Over the course of the school year these figures equated to approx. £732 to £31,350 (equivalent to two teaching assistants at level 2b salary) respectively.

Total cost of school staff time carrying out procedures ranged from £1982p.a. at a Social, emotional and mental health school with 60 pupils on roll to £126,138p.a. at an all age Profound and multiple learning difficulties and Severe learning difficulties school with 76 pupils on roll.

On competency, head teachers reported that this was monitored by the school nurse who also maintained such records on an NHS database. However, the task and finish group was informed that during training, the number of competency assessments carried out for school staff was considerably less by comparison with school nurses.

It was felt by some head teachers that competency should be measured and maintained through theory, practical work and observations by qualified staff and that this process was not always as thorough as it should be. The task and finish group heard that in one particular children's hospital they had established a health passport system to show the competencies gained by parents and carers to support their child.

Communication, information sharing and data

The review highlighted a clear need for improved communication and information sharing between the NHS, special schools and parents. Head teachers reported that they didn't always receive clinical letters and when they did it wasn't in a timely manner which meant that children's care plans were not current. Parents reported that they were under the assumption schools received copies of clinical letters. For those schools where school nurse support was not on a full time basis, this caused an element of uncertainty around the care of a number of children as staff were unsure of what to do especially in the circumstances of children whose conditions and medication had changed or had returned to school after surgery. Head teachers also reported that they didn't want letters written with NHS jargon and having to interpret meaning.

The providers also reported that there can be time delays in school nurses receiving up to date information following hospital appointments which could be up to eight weeks from local hospitals. In some cases nurses were chasing up information which was not an effective use of clinical time. One provider stated that tertiary level services did not always provide them with clinical letter, but would send them to the GP. Nevertheless, it was reported that some community paediatricians held paediatric clinics within special schools which allowed for information to be shared in a timely and effective manner.

Medical records of children including clinical letters are stored in a locked cupboard on school premises. The nurses retain the keys to these cupboards. On this point, one of the providers reported that the Special Needs Nursing team did not routinely provide schools with the child or young people's clinical letters due to the sensitive nature of the information contained within them, which was not always pertinent for the school to receive. This was due to the child or young person's rights to privacy under the Data Protection Act and professional codes of conduct. It was confirmed that the team reviewed every clinic letter and that nurses would use their professional judgement to determine what information was shared with school staff with parental consent. They would subsequently advise the school staff of changes to the individual child or young person's health and care. It was reported that schools can make requests via the parent/carer to receive copies of the paediatrician/clinical letters which requires written consent from the parent /carer.

The review also highlighted a need for partners to share data on children and young people in order to plan support effectively. The CCGs recognised a need to engage with special schools and to acquire intelligence for their respective areas whilst also recognising the need for strategic oversight or joint commissioning to help address issues relating to where children lived, school attended and transition between schools. It was clear there was a need for a regular refresh of data. However, it was reported that in some parts of the county there was no communication or working relationship between the CCGs and special schools.

Funding

It was noted that CCGs are under pressure to make savings. Whilst certain funding streams are ring fenced, there was scope for flexibility beyond this. However, for the CCGs the problem was finding where flexibility could come from without affecting other aspects and arrangements. With the aid of intelligence and regular dialogue with special schools, CCGs recognised that support in some special schools might not require a dedicated school nurse. It was suggested by one parent that "if we are investing long term we need adequate funding for full time support, training links to tertiary hospitals and instant access to support for school staff."

During the review, the task and finish group heard that personalised health budgets could empower parents and carers by giving them control over what is commissioned and by whom. Parents and carers could even commission a provider jointly. However, the task and finish group whilst recognising the concept, felt that this could be an administrative burden and fragment the system further. One parent even suggested that they wouldn't need or ask for a personalised budget if the system worked effectively in the first place.

The task and finish group also heard that the council had provided funding for a health care assistant to support a pupil with complex medical needs in a primary generic learning difficulties school. Head teachers reported that they do not always know what has been commissioned in local or pan Lancashire area and that they would need to know this in order to utilise resources efficiently and avoid duplication of funding.

Another school reported that occupational therapy (OT) was "no longer commissioned to carry out sling or toileting assessments for pupils with EHC Plans who have physical difficulties.

- This means that schools are managing risk on a daily basis for pupils who need sling assessments and toileting assessments.
- These assessments are still being carried out at home but not in schools and sometimes equipment in the two settings is not the same.
- We have then tried to commission OT directly out of school budget to undertake this role and there is no capacity for them to do this.
- We are left with the option of buying in reps from sling companies to do sling assessments without any knowledge of pupils physical needs, hip displacements, contractures etc.
- We have just this week been able to ask for a 'spot purchase' from OT to carry out one sling assessment.
- This situation is not sustainable or safe."

Transition

Head teachers confirmed that there was a comprehensive system during admissions and if relevant paperwork is not in place pupils cannot start school. One head teacher confirmed that the process of transition was carefully co-ordinated with visits to previous settings and a clear transition document completed. Another head teacher also confirmed that schools liaised with previous and potential new schools to ensure that the necessary information and documentation is received or passed on. It was acknowledged that school nurses also liaised prior to transition and that

education staff shared their knowledge and understanding of their most vulnerable and complex children.

However, it was reported by one school that transitioning post 16 presented challenges for providers not being able to meet complex needs. The school confirmed that they were working with partners to improve these issues and had established a transition team.

Head teachers reported that they had positive working relationships with the council around placements but often a place will lack sufficient funding through Weighted Pupil Number/SEN Banding allocated which can cause transition difficulties. Even if the placement offers a significant cost saving to the council through bringing back into Lancashire an out of county/Independent place.

Premises, equipment and ICT

One provider reported that in some schools there was no designated space for the school nurse which can affect service delivery. It was acknowledged that a number of special school buildings had limited space to accommodate school nurse and therapy staff and the resources they would need to carry out their duties.

Providers confirmed that nurses either tended to have access to a computer on site or all staff had access to information and communications technology (ICT) and had a mobile phone. However, for therapy staff access to a computer and mobile phone was more problematic. In addition one provider reported that there were issues with ICT when trying to connect to their network whilst on site at the school and or the firewalls of the school affecting wi-fi connectivity. It is noted that one provider relied on wi-fi connectivity in most schools. Furthermore, when updates on NHS systems had been rolled out, school nurses would encounter problems in using their systems on special school computers.

The cost of specialist equipment for children and young people attending special schools varied. Initially, the task and finish group felt that to alleviate pressures on school budgets a medical equipment supplies service/directory published on the council's website/schools' portal to enable special schools the opportunity to pass on equipment to other schools who might be in need. However, it was reported that there was an equipment store. Although, it was not clear whether this facility was widely known or publicised.

Education, Health and Care Plans (EHC Plans) and Individual Healthcare Plans

On the production of education, health and care plans head teachers stated that EHC Plans mainly consisted of information from Education and that there was little

input from Health. It was also reported that Health was rarely in attendance at meetings where EHC Plans would be discussed. In one case a parent reported that they had to pay for private assessments in order to get support written into EHC Plans. Another parent referenced their child was 1 in 13 million and that health professionals were not certain of their child's needs. The task and finish group was also informed that on pre-discharge recommendations from hospitals, the views of health professionals in the community either differed or were unable to meet the recommendations.

On the production of individual healthcare plans, one of the providers confirmed that as a minimum they reviewed plans on an annual basis, but the timely review of those plans was often subject to the engagement of the parents. Some schools took part in these reviews and plans were signed by all three parties (school, parent and nursing service) whereas in other schools plans were only signed by parents and the special needs school nursing team. It was suggested by one provider that a more integrated approach would be beneficial for all.

Transport Healthcare Plans and School Transport

Under 'other issues for consideration' the statutory guidance provides non-statutory advice which states the following:

"Governing bodies may want the school's policy to refer to:

- *Home-to-school transport – this is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans... for pupils with life-threatening conditions:"*

From responses received, there was no confirmation that schools had developed transport healthcare plans for those children who were eligible for school transport. However, activity in this respect was found to be happening in the form of risk assessments being completed based on information from children and parents and one school providing their own transport to support young people getting to school and back, thereby negating incidents on taxis and to improve attendance.

One head teacher reported that healthcare needs were shared with transport providers by the council and that transport providers arranged their own training. Concern was expressed in relation to the level of training and competency during the journeys for children with complex/vulnerable needs such as suction, epilepsy and tracheostomy. The task and finish group was alerted to an incident where a child during a journey to school who was on school transport and required suction had stopped breathing. The passenger assistant reported the incident on arrival at school, CPR (Cardiopulmonary Resuscitation) was given until the ambulance/first

responder arrived. It was reported that the head teacher had since released a trained member of staff to replace the passenger assistant, which affected their time in class and attendance at training events. Other head teachers raised concerns in relation to the suitability of trained passenger assistants and felt there needed to be improved liaison between schools and transport providers.

Reasonable adjustments and risk assessments - school trips and sporting activities

Head teachers reported that where possible they include all of their pupils in all aspects of school life, although this can be challenging. On occasion they may need to leave pupils on site if their conditions are unstable or if no qualified staff can go out with them. Head teachers confirmed that they took copies of individual healthcare plans on all school visits. Medicines are always signed in and out with any rescue medication being carried by staff. Site visits and risk assessments are always made ahead of any trip by an educational visit co-ordinator. In one case, staff were encouraged to report anything that could be done to improve school visits. Parents reported that schools need to enable children "to go on school trips, residential and after school activities with their peers, without being made to feel they're a problem and causing extra work."

Do not resuscitate (DNR)

During the review, one head teacher stated that they wanted an agreed 'do not resuscitate' protocol with which they could follow for those children with a life limiting condition. They mentioned that there was a difference in practice between Education and Health in terms of how do not resuscitate protocols were managed in school settings. Advice from the council was that Education should not follow do not resuscitate protocols in school. However, it was reported that one school carried out CPR until medical help arrived. In discussion with the clinical commissioning groups on this point, it was reported that such protocols should be recorded in a child's plan. It was noted that there were some children with end of life plans that had 'do not resuscitate' protocols, however it was likely that children at this stage would not be in school. Advice on this matter was to ring 999.

Complaints

Whilst no complaints were referenced during the course of the review, head teachers were not clear on how they could lodge a complaint about a service provided. The task and finish group was informed that schools can and should lodge complaints directly with the provider in the first instance. If they were not satisfied with the

outcome then a complaint could be lodged via the schools respective clinical commissioning group.

Ofsted

The only matter brought to the attention of this review in respect of Ofsted was their assessment of pupil attendance in special schools. Head teachers felt they could be questioned about why a specific pupil was absent and the impact this was having on their progress. It was highlighted that for some pupils it would be due to hospital admissions. However, one head teacher stated that for one particular child they didn't feel supported enough by health professionals in providing enough explanation to the changing condition and complexity of the child's condition. This also meant that the child's individual healthcare plan was not accurate in order to ensure their safety wouldn't be compromised in school.

Parents stated that they were having to ask hospitals for cancelled appointments during half-terms/end of term holidays to ensure their children didn't record any absences at school. Time off for hospital appointments were recorded by schools as absences on children's records.

Supply teachers and agency staff

The majority of head teachers who responded to the review's key lines of enquiry stated that they tended not to employ supply teachers or agency staff. Reasons for this included:

- They are not adequately trained and do not know the children well enough;
- The difficult and varied medical conditions of children and young people; and
- Strain on the system.

If such people are utilised to provide cover it was confirmed that they would never be asked to intervene if a medical incident occurred. However, they may be asked to assist a trained member of staff on tasks such as operating a timer or to find additional help.

A point was however raised by one head teacher who did not employ supply teachers or agency staff that this sometimes led to shortages of staff in some classes, or if a specific teaching assistant was unable to attend work who oversaw the medical interventions for a specific child, then that child may not be able to be in school. In this particular instance the head teacher stated that they tried to avoid this from happening by having more than one member of staff trained for their pupils with complex needs.

Nevertheless, one school reported that they provide a detailed induction process for agency staff and a team of highly skilled teaching assistants ensured that health needs were always well managed.

Conclusions

From the review it was concluded that school nursing and clinical provision in large parts of the county had become both inequitable and unsustainable which left children and young people, parents/carers and special schools in a vulnerable position. This occurred at a time when there was an increase in demand which had not been reflected in the commissioned resource.

The council's guidance on medicine safety and other health related topics had been left unchanged since its implementation in 2009. Since then Clinical Commissioning Groups were established following the Health and Social Care Act in 2012, with no ring-fenced funding for special school nursing. New statutory guidance was published by the Department for Education (DfE) in 2014 (updated December 2015), which special schools, CCGs and one provider felt did not cover the complexities of needs required in specialist provision. The council in November 2017, then withdrew its guidance on medicine safety as it had been superseded by the DfE statutory guidance. Due to a lack of funding and commitment from Health, it was felt that roles and responsibilities were being undermined with no clear definition of what should be deemed a basic care intervention by comparison to clinical interventions. Training and competency of school nurses was felt to be superior to that delivered to education professionals. Ownership of funding for support was not defined.

The task and finish group felt the introduction of assistant practitioners by one provider was a welcome addition to support children and young people and alleviate pressures on school staff and release them to focus on children's cognitive/learning needs.

Given the circumstances the task and finish group felt that all partners should take the opportunity and aspire to modify the current service specifications to not only benchmark against other areas, but to establish a proactive and equitable specification that reflects the needs of children and young people in Lancashire.

Recommendations

This report reflects the views and recommendations of Overview and Scrutiny. It does not necessarily reflect the views of the county council. In many cases, suggestions are made for further consideration to be given to issues, and this would need to include a full assessment of the legal and financial risks and implications.

Clinical Commissioning Groups

The task and finish group recommends that Clinical Commissioning Groups (CCGs) give consideration to:

1. Collaboration with all special schools in Lancashire to review the current offer with a view to establishing a single proactive and equitable commissioning service specification reflecting the needs of pupils attending all special schools, taking account of their specialisms.
2. Facilitate needs led discussions by ensuring appropriate representation must attend all special school EHC Plan meetings.
3. Jointly review existing assessment tools for nursing/clinical needs in school with a view to developing a consistent approach.
4. Collaboration with providers to identify where needed and in addition to registered nurses, the option of establishing mixed skilled teams of health professionals (including roles such as assistant practitioners) to deliver integrated clinical services in special schools.
5. Collaboration with providers to review and establish a single equitable and proactive training offer for special schools.
6. Collaboration with providers to ensure that all health professionals/clinical support receive appropriate training for the special school setting(s) in which they work and to explore any opportunity for joint training with educational professionals/support. Consideration should also be given to determine how joint training should be funded.
7. Identify where there are co-situated sites (special schools on the same site as mainstream schools) to ensure and enable all relevant health professionals receive the appropriate training and therefore the relevant competencies to work across both sites and for this to be referenced in those job descriptions.
8. Give all special schools in Lancashire, the county council, Lancashire Parent Carer Forum and POWAR (the county council's participation council group for children and young people with special educational needs and disabilities - Participate, Opportunity, Win, Achieve and Respect) the opportunity to have their say on any new commissioning service specification before it is signed off.

9. Managing expectations of education professionals by informing all special school governing bodies of the provision that is in place, confirming roles and responsibilities (including Designated Clinical Officers), where they can go for information and advice and how they can lodge a complaint. Furthermore, any variation in contract should be reported to all relevant special school governing bodies.

Lancashire County Council

The task and finish group recommends that where applicable the Cabinet Members for 'Children, Young People and Schools'* and 'Health and Wellbeing'** give consideration to:

1. Writing to the Secretary of State for the Department for Education (DfE) to request that the statutory guidance on "Supporting pupils at school with medical conditions" be reviewed and that the grounds for review be determined collectively with all special schools and CCGs. *
2. Collaborating with special schools through Lancashire Special School Headteachers' Association (LSSHTA) to produce supplementary guidance to compliment the DfE's statutory guidance and to assist special school settings in producing their medical conditions policies and for this to be published on the Schools' Portal. In addition for the supplementary guidance to clarify who funds specific aspects of care. Furthermore, to ensure that it receives legal clearance.*
3. Collaborating with the CCGs, providers, all special schools, parents and carers to produce a multi-agency protocol to clarify the roles and responsibilities and accountability of both education and health professionals on what is deemed to be a basic care intervention and a medical/clinical intervention when supporting pupils with medical conditions in special school settings. Taking into account the findings of this review and for the protocol to form a part of the county council's supplementary guidance.*
4. Collaborating with the CCGs, providers, all special schools, parents and carers to review the supplementary guidance on an annual basis.*
5. Enabling the sharing of intelligence and a consistent refresh of data (from SEND and children's social care) to help inform CCGs and providers the needs of children including those who are transitioning across schools, across boundaries, age groups and leaving education, and to also inform training requirements of both health and education professionals.*
6. Incorporating public health universal services within all special school settings, to meet the holistic health needs of those children and young people.**

7. Addressing the issue of work space to accommodate school nurses and health professionals including therapy staff and their needs in special schools.
8. Enabling all health professionals to access a computer with access to relevant systems with sufficient connectivity (firewall/Wi-Fi) to assist them and ensuring that upgrades from the NHS are co-ordinated with the county council.*
9. Promoting existing equipment stores via the Schools' Portal. *
10. The creation of transport healthcare plans and for these to be based on pupils' individual healthcare plans [and EHC Plans] and to include emergency contacts. In addition to ensure that mechanisms are put in place to share intelligence between the SEND team and the county council's transport team. Furthermore, enable passenger assistants and drivers to have the relevant training (CPR), skills, knowledge and access to transport healthcare plans for the relevant journeys to and from school.*
11. The report of the task and finish group be passed to the Lancashire Health and Wellbeing Board to note and consider those recommendations highlighted for the Cabinet Member for Health and Wellbeing to respond.**
12. The possibility of incorporating the task and finish group's recommendations within mainstream school settings once the outcome of the healthy child programme appeal is known.* and **

Lancashire and South Cumbria Sustainability and Transformation Partnership/Integrated Care System

The task and finish group recommends that Healthier Lancashire and South Cumbria could give consideration to:

1. Provide assurance from the children's champion and SEN lead within the Integrated Care System/Sustainability Transformation Partnership governance structure, that should emergency/secondary support be moved from their current locations to ensure the location of all special schools in Lancashire will be taken into account.
2. Review and implement improved methods of sharing clinical information (including tertiary care) in a timely manner with special schools and providers and removing NHS jargon.

The task group is grateful for the support and advice of those who provided information and evidence to support its work.

Appendices

❖ A - Glossary of terms and abbreviations

AMBIT	Adolescent Mentalization-based Integrative Treatment – "AMBIT is a mentalization based team approach for teams working with young people with severe and multiple needs, who do not tend to access mainstream services." – <i>source Anna Freud National Centre for Children and Families (May 2018)</i>
AP	Assistant Practitioner
CAMHS	Child and Adolescent Mental Health Service – "help and treatment for children, young people and their families, who are experiencing emotional and behavioural difficulties, including mental health problems or disorders." – <i>source Lancashire County Council's website (May 2018)</i>
CCG	<p>Clinical Commissioning Group – CCGs "commission most of the hospital and community NHS services in the local areas for which they are responsible" – <i>source NHS England website (May 2018)</i></p> <p>The six CCGs across Lancashire are:</p> <ol style="list-style-type: none"> 1. Chorley and South Ribble; 2. East Lancs; 3. Fylde and Wyre; 4. Greater Preston; 5. Morecambe Bay; and 6. West Lancs.
Controlled drug (Medicine)	"Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs." – <i>source NHS Choices website (May 2018)</i>
CPR	Cardiopulmonary Resuscitation
CSU	Commissioning Support Unit – "CSUs provide a wide range of commissioning support services that enable clinical commissioners to focus their clinical expertise and leadership in securing the best outcomes for patients and driving up quality of NHS patient

	services." – <i>source NHS England website (May 2018)</i>
DCO or DMO	Designated Clinical Officer of Designated Medical Officer – "The Designated Medical Officer or Designated Clinical Officers play a key role in implementing the Children and Families Act reforms and supporting joined up working between health services and local authorities." – <i>source Council for Disabled Children website (May 2018)</i>
DNR	Do Not Resuscitate
EHC Plans	Education, Health and Care Plans – "An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs." – <i>source gov.uk website (May 2018)</i>
Epipen/ EpiPen®	"EpiPen® auto injectors are automatic injection devices containing adrenaline for allergic emergencies." – <i>source EpiPen® website (May 2018)</i>
EV	Educational Visits
EVC	Educational Visit Co-ordinator
Gastrostomy	"A gastrostomy is a surgical opening through the abdomen into the stomach. A feeding device is inserted through this opening. This allows your child to be fed directly into their stomach, bypassing the mouth and throat." – <i>source Great Ormond Street Hospital for Children website (May 2018)</i>
Generic SEND	Generic special educational needs and disabilities
GLD	Generic Learning Difficulties
GP	General Practitioner
HCW / HCA / HCP	Health Care Worker / Health Care Assistant / Health Care Practitioner
HI	Hearing Impairment
HLTA	Higher Level Teaching Assistant
HT	Head Teacher
ICS	Integrated Care System – "Advanced local partnerships taking shared responsibility to improve the

	<p>health and care system for their local population." – <i>source NHS England website (May 2018)</i></p> <p><i>In Lancashire the ICS was previously referred to as the Sustainability and Transformation partnership (STP).</i></p>
IHP	<p>Individual Healthcare Plans – "Every child with a medical condition will need an IHP. An IHP is an agreement between parents/ guardians, the school and healthcare professionals about what care a child needs and how it will be carried out. Headteachers, school governors and responsible bodies should make sure each child has an IHP and that it is being carried out." – <i>source Health Conditions in School Alliance website (May 2018)</i></p>
Jejunostomy	<p>"A soft tube which is inserted into your small bowel, jejunum at the beginning of your small intestine just below your stomach." – <i>source Hull and East Yorkshire Hospitals NHS Foundation Trust website (May 2018)</i></p>
LA	Local Authority
LSSHTA	Lancashire Special School Head Teachers' Association
MLD	Moderate learning difficulties
MSI	Multi-sensory impairments
Nasogastric tube	<p>"a tube passed through your nose and down into your stomach" – <i>source NHS Choices website (May 2018)</i></p>
NCMP	<p>National Child Measurement Programme – "Is a nationally mandated public health programme.</p> <p>It provides the data for the child excess weight indicators in the Public Health Outcomes Framework, and is part of the government's approach to tackling child obesity." – <i>source gov.uk website (May 2018)</i></p>
OT	Occupational Therapist
OTC	<p>Over the counter medicines – "can be bought from pharmacies, supermarkets and other retail outlets without the supervision of a pharmacist and without a prescription.</p> <p>OTC medicines include those used to treat minor illnesses that you may feel aren't serious enough to see your GP or pharmacist about." – <i>source NHS Choices website (May 2018)</i></p>

PA	Passenger Assistant
PD	Physical difficulties
PMLD	Profound and multiple learning difficulties
POWAR	Participate, Opportunity, Win, Achieve and Respect - the county council's participation council group for children and young people with special educational needs and disabilities.
Primary/Secondary/Tertiary Care	<p>"The NHS is divided into primary care, secondary care, and tertiary care. Primary care is often the first point of contact for people in need of healthcare, and may be provided by professionals such as GPs, dentists and pharmacists.</p> <p>Secondary care, which is sometimes referred to as 'hospital and community care', can either be planned (elective) care such as a cataract operation, or urgent and emergency care such as treatment for a fracture.</p> <p>Tertiary care refers to highly specialised treatment such as neurosurgery, transplants and secure forensic mental health services." – <i>source NHS Providers website (May 2018)</i></p>
SaLT	Speech and Language Therapy
SAPHNA	School and Public Health Nurses Association
SATS [see page 16 of this report for use]	Refers to the monitoring of blood oxygen saturation levels.
Schools' Portal	An information service provided to schools, giving a whole host of information for head teachers, clerical staff, teaching staff, non-teaching staff and governors.
SCPHN	Specialist Community Public Health Nurse – Further registration and qualification codes are available from the Nursing & Midwifery Council website.
SEMH	Social, Emotional and Mental Health
SEN banding	Assessment criteria used by SEND Officers to determine EHC Plan and level of SEN support against the Code of Practice's four areas of need being: cognition and learning; communication and interaction; physical and sensory; and social, emotional and mental health.

SEND	Lancashire Special Educational Needs and Disabilities service provides support for children with identified additional educational needs.
SLCN	Speech language and communication needs
SLD	Severe learning difficulties
SPLD	Specific learning difficulties
TA	Teaching Assistant
Tracheostomy	"An opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe." – <i>source NHS Choices website (May 2018)</i>
VI	Visual impairment
WPN	Weighted Pupil Number – threshold values within SEN banding document which determine the amount of SEN provision a child or young person receives.

❖ B - Lancashire maintained special schools provision

Lancashire Maintained Special Schools Pre 16 Provision

School Name	2017/18 Place Numbers	2018/19 Place Numbers	Movement in Place Numbers	% Change	CCG	Joint site with Mainstream	Current provider	Nursing/ health offer
Acorns Primary School (Primary GLD)	70	74	4	6%	GP	No	LCFT	SNSNS
Bleasdale School (All Age PMLD)	29	40	11	38%	MB	No	BTHFT	SSN
Broadfield Specialist School For Sen (Cognition And Learning) (Secondary GLD)	101	110	9	9%	EL	No	LCFT	SNSNS
Brookfield School. Poulton-Le-Fylde (Secondary SEMH)	39	52	13	33%	FW	No	BTHFT	US
Chorley Astley Park School (All Age MLD)	165	176	11	7%	CSR	No	LCFT	UTS
Elm Tree Community Primary School (Primary SMEH)	78	84	6	8%	WL	No	LCFT	UTS
Great Arley School (All Age GLD)	99	99	0		FW	No	BTHFT	US
Hillside Specialist School and College (All Age ASD)	75	75	0		GP	No	LCFT	UTS
Holly Grove School (Primary GLD)	92	113	21	23%	EL	Yes	LCFT	SNSNS
Hope High School (Secondary SEMH)	56	64	8	14%	WL	No	LCFT	UTS
Kingsbury Primary School (Primary GLD)	74	80	6	6%	WL	No	LCFT	UTS
Kirkham Pear Tree School (All Age PMLD & SLD)	76	76	0		FW	No	BTHFT	SSN

School Name	2017/18 Place Numbers	2018/19 Place Numbers	Movement in Place Numbers	% Change	CCG	Joint site with Mainstream	Current provider	Nursing/ health offer
Mayfield Specialist School (All Age PMLD & SLD)	74	91	17	23%	CSR	No	LCFT	SNSNS
Moor Hey School - A Specialist Mathematics And Computing College (All Age MLD)	100	120	20	20%	CSR	No	LCFT	UTS
Moorbrook School (Secondary SEMH)	40	45	5	11%	GP	No	LCFT	UTS
Morecambe And Heysham Morecambe Road School (All Age GLD)	150	150	0		MB	No	BTHFT	US
Oswaldtwistle White Ash School (Primary GLD)	94	97	3	3%	EL	No	LCFT	SNSNS
Pendle Community High School And College (Secondary GLD)	105	105	0		EL	Yes	LCFT	SNSNS
Pendle View Primary School (Primary GLD)	105	105	0		EL	No	LCFT	SNSNS
Rawtenstall Cribden House Community Special School (Primary SEMH)	50	55	5	10%	EL	No	LCFT	TCO
Ridgewood Community High School (Secondary GLD)	95	95	0		EL	Yes	LCFT	SNSNS
Royal Cross Primary School (Primary HI)	26	35	9	35%	GP	No	LCFT	UTS
Sir Tom Finney Community High School (Secondary GLD)	100	105	5	5%	GP	No	LCFT	SNSNS
The Coppice School (All Age PMLD & SLD)	55	57	2	4%	CSR	No	LCFT	SNSNS

School Name	2017/18 Place Numbers	2018/19 Place Numbers	Movement in Place Numbers	% Change	CCG	Joint site with Mainstream	Current provider	Nursing/ health offer
The Loyne Specialist School (All Age SLD)	76	76	0		MB	No	BTHFT	SSN
The Rose School (Secondary SEMH)	60	63	3	5%	EL	No	LCFT	HCP
Thornton Cleveleys Red Marsh School (All Age SLD)	62	62	0		FW	No	BTHFT	SSN
Tor View Community Special School (All Age GLD)	126	129	3	2%	EL	No	LCFT	SNSNS
Wennington Hall School (Secondary SEMH)	80	80	0		MB	No	BTHFT	US
West Lancashire Community High School (Secondary GLD)	96	96	0		WL	No	LCFT	UTS
Total Maintained Special Schools Pre 16 Place Numbers:	2,448	2,609	161	7%				

Key:**CSR** - Chorley and South Ribble CCG**EL** - East Lancs CCG**FW** - Fylde and Wyre CCG**GP** - Greater Preston CCG**MB** - Morecambe Bay CCG**WL** - West Lancs CCG**BTHFT** – Blackpool Teaching Hospitals NHS Foundation Trust**LCFT** – Lancashire Care Foundation Trust**HCP** – Health Care Practitioner**SNSNS** – Special Needs School Nursing Service**SSN** – Targeted support via Special School Nurses**TCO** – Target Contact Only**UTS** – Universal Targeted Service**US** – Universal Support (via school nursing to children who live in the area)

Lancashire Maintained Post 16 Special School Provision

School Name	2017/18 Place Numbers	2018/19 Place Numbers	Movement in Place Numbers	% Change
Bleasdale School (PMLD)	5	5	0	
Hillside Specialist School and College (ASD)	23	23	0	
The Loyne Specialist School (SLD)	38	43	5	14%
Thornton Cleveleys Red Marsh School (SLD)	21	21	0	
Kirkham Pear Tree School (PMLD and SLD)	20	20	0	
Sir Tom Finney Community High School (GLD)	50	55	5	11%
The Coppice School (GLD)	18	18	0	
West Lancashire Community High School (GLD)	36	36	0	
Mayfield Specialist School (GLD)	25	25		
Broadfield Specialist School For Sen (Cognition And Learning) (GLD)	35	35	0	
Ridgewood Community High School (GLD)	40	40	0	
Pendle Community High School And College (GLD)	43	43	0	
Tor View Community Special School (GLD)	36	36	0	
Total:	390	400	10	3%

Children's Services Scrutiny Committee

Meeting to be held on Wednesday, 5 December 2018

Electoral Division affected: (All Divisions);
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Children's Services Scrutiny Committee Work Programme 2018/19

(Appendix 'A' refers)

Contact for further information:

Samantha Parker, Tel: 01772538221, Senior Democratic Services Officer,

sam.parker@lancashire.gov.uk

Executive Summary

The work programme for the Children's Services Scrutiny Committee is attached at Appendix 'A'.

The topics included were identified at the work planning workshop held on 10 July 2018.

Recommendation

The Children's Services Scrutiny Committee is asked to:

- i. Note and comment on the report and work programme;
- ii. Consider topics not yet scheduled;
- iii. Discuss and confirm any further topics required and reasons for scrutiny.

Background and Advice

A statement of the work to be undertaken and considered by the Children's Services Scrutiny Committee for the 2018/19 municipal year is set out at Appendix 'A'.

The work programme will be presented to each meeting for consideration. The new work programme includes topics to be discussed at committee meetings, events, task groups, rapporteur work, briefing notes and training for members.

To support mechanisms to report back on actions and progress of recommendations, members are requested to note that two further columns have been included in the programme to enable more effective monitoring.

Members are requested to note and comment on the report, consider topics not yet scheduled and to discuss and confirm any further topics.

Consultations

NA

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Tel
NA	NA	NA

Reason for inclusion in Part II, if appropriate

NA

Children's Services Scrutiny Committee Work Programme 2018/19

The Children's Services Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled Committee meetings, task group, events and through use of the 'rapporteur' model.

The items on the work programme are determined by the Committee following the work programming session at the start of the municipal year in line with the Overview and Scrutiny Committees terms of reference detailed in the County Councils Constitution. This includes provision for the rights of County Councillors to ask for any matter to be considered by the Committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the Chair and Deputy Chair of all of the Scrutiny Committees to avoid potential duplication.

In addition to the terms of reference outlined in the [Constitution](#) (Part 2 Article 5) for all Overview and Scrutiny Committees, the Children's Services Scrutiny Committee will:

- Scrutinise matters relating to services for Children and Young People delivered by the authority and other relevant partners
- Review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate
- Invite interested parties when reviewing any matter relating to the planning, provision and operation of the health service in the area, to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
- Review and scrutinise any local services planned or provided by other agencies which contribute towards the health improvement and the reduction of health inequalities in Lancashire and to make recommendations to those agencies, as appropriate
- Take steps to reach agreement with NHS body, in the case of contested NHS proposals for substantial service changes
- Refer a matter to the relevant Secretary of State in the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS
- Refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation

- Scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under Section 31 of the Health Act 1999
- Draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders
- Acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter
- Require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence
- Invite any officer of any NHS body to attend before the Committee to answer questions or give evidence

The Work Programme will be submitted to and agreed by the Scrutiny Committees at each meeting and will be published with each agenda.

The dates are indicative of when the Children's Services Scrutiny Committee will review the item, however they may need to be rescheduled and new items added as required.

Topic	Scrutiny Purpose (objectives, initial outcomes)	Scrutiny Method	Lead Officers/ Organisation	Proposed Date(s)	Recommendations	Progress
Meeting						
SEND – Lancashire Parent Carer Forum	Progress on the establishment of the Lancashire Parent Carer Forum	Meeting	Sophie Valinakis Catherine Ratcliffe (Contact)	4 July 2018	<p>A letter be sent from the Chair of the Committee to the Regional Manager at Contact with a copy to the Department for Education highlighting the concerns raised on the progress in Lancashire on the establishment of a Lancashire Parent Carer Forum.</p> <p>An action plan be drafted on delivery and timescales by Contact.</p> <p>A further update on progress from Contact be provided to the Committee later in the autumn.</p> <p>Members attend engagement events in their areas and report back to the Committee.</p>	Response received. Update to be presented at December meeting

Appendix A

Ofsted Report	To receive report and to discuss any further items to be included in the work programme	Meeting	Sally Allen	10 October 2018	An invite be extended to the Social Work Academy and Leadership Academy to attend the January meeting of the committee to provide an update to members on the progress made.	
Children's Health	Overview of current challenges across Lancashire	Meeting	Clare Platt Judith Gault Karen Gosling CC Shaun Turner	10 October 2018	A report be presented to the committee in six months on the progress and improvements being made.	
Task Group Report	Receive the Supporting Pupils at School with Medical Conditions task group report	Meeting	CC Ian Brown	5 December 2018		
Child and Family Wellbeing Service	Service provision update following outcome of consultation on budget saving proposal. Report from Cllr Brunskill – mobile resources	Meeting	Debbie Duffell Cllr Stella Brunskill	5 December 2018		
Lancashire Parent Carer Forum	Progress of forum establishment and engagement with parents	Meeting	Contact David Graham Sophie Valinakis	5 December 2018		

Appendix A

Children's Services Development Plan	Overview of the Development Plan following Ofsted inspection for member feedback	Meeting	Sally Allen	5 December 2018		
Social Work and Leadership Academy	Progress update	Meeting	TBC	16 January 2019		
Children's Partnership Board	Update following review	Meeting	Dave Carr Executive Director Children's Services	27 February 2019		
Task Group Report	Supporting Pupils at School with Medical Conditions task group report – response to recommendations	Meeting	TBC	27 February 2019		
Children's Health Update	Update on programmes/projects discussed at October meeting	Meeting	Clare Platt Sakthi Karunanithi	17 April 2019		
0-19 Healthy Child Programme	Service provision following change of service provider	Meeting	TBC	TBC		
Inquiry Day						

SEND (joint Education and Children's Services)	Social skills/connections between YOT and teen suicide Transition from primary to high school	Inquiry Day	David Graham	TBC		
Task Group						
Teenage Suicide	TBC	Task Group	TBC	TBC		
Rapporteur						
Children and Family Wellbeing	Mobile resources to challenge pockets of deprivation and rural isolation	Rapporteur	Cllr Stella Brunskill	TBC		
Bite Size Briefing						
Online Safeguarding	Overview of training provided by LSCB	Bite Size Briefing	LSCB	27 February 2019		
Ofsted report	Overview of report detail	Bite Size Briefing	Amanda Hatton	4 October 2018	NA	Completed
Risk Sensible Model	Overview of training provided by LSCB	Bite Size Briefing	LSCB	11 December 18		
Domestic Abuse Perpetrator Programme	Overview of programme	Bite Size Briefing	Debbie Thompson	13 March 19		

Child and Adult Mental Health Service	Overview of service provision	Bite Size Briefing	TBC	TBC		
Briefing Note						
Secure units	Update following inspection and recommendation from Cabinet	Briefing Note	TBC	November 2018		
Children's Social Care	New models of delivery following overspend	Briefing Note	TBC/Neil Kissock	November 2018		
YOT	Budget savings proposal	Briefing Note	Barbara Bath	November 2018		
SCAYT+	Budget savings proposal	Briefing Note	TBC	November 2018		
Domestic Abuse	Update following conclusion of the cabinet working group	Briefing Note	John Readman CC Williamson	TBC		
National Troubled Families Programme	Update on data system and recruitment	Briefing Note	Debbie Duffell	November 2018		Completed
Children Looked After	Breakdown of Lancashire children looked after placed outside of Lancashire	Briefing Note	Sally Allen	TBC		
Forced Marriage	Annual briefing note	Briefing Note	TBC	TBC		

Additional potential topics:

- Corporate Parenting Strategy and Local Offer
- Neglect – strategy review
- Workforce strategy and impact
- Oral Health
- Childhood obesity
- Mental health
- Road safety
- Teenage pregnancy
- Total Neighbourhood programme
- Teenage suicide