

Public Document Pack

Blackpool Council

28 June 2016

To: Councillors Callow, Mrs Callow JP, I Coleman, Elmes, Hobson, Hutton and Owen

The above members are requested to attend the:

HEALTH SCRUTINY COMMITTEE

Wednesday, 6 July 2016, 6.00 pm
Committee Room A, Town Hall, Blackpool FY1 1GB

A G E N D A

1 DECLARATIONS OF INTEREST

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

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

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

2 PUBLIC SPEAKING (Pages 1 - 4)

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

3 EXECUTIVE AND CABINET MEMBER DECISIONS

To consider the Executive and Cabinet Member decisions within the remit of the Health Scrutiny Committee. *Note - there have been no such decisions made in the period since the Resilient Communities Scrutiny Committee's last meeting in April 2016 when it was responsible for health scrutiny.*

4 FORWARD PLAN (Pages 5 - 10)

To consider the content of the Council's Forward Plan, July 2016 - October 2016, relating to Health Scrutiny Committee functions.

5 PUBLIC HEALTH SCRUTINY REVIEW - FINAL REPORT (Pages 11 - 34)

To consider the Public Health Scrutiny Review final report.

6 COUNCIL PLAN PERFORMANCE REPORT 2015-2016 (Pages 35 - 46)

To review performance against the Council Plan 2015-2020 for the period 1st April 2015 – 31st March 2016.

7 BLACKPOOL CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT (Pages 47 - 64)

To consider the 2015-2016 performance of the Blackpool Clinical Commissioning Group (CCG).

8 HEALTHWATCH BLACKPOOL - PROGRESS REPORT AND PRIORITIES (Pages 65 - 82)

This report details the work Healthwatch Blackpool has conducted throughout the 2015-2016 financial year, its key findings for each service review, and what changes have been made as a result of the involvement of the organisation.

9 DELAYED TRANSFERS OF CARE (Pages 83 - 94)

To brief the Health Scrutiny Committee on Delayed Transfers of Care from Blackpool Teaching Hospitals NHS Foundation Trust.

10 HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017 (Pages 95 - 106)

To review the Health Scrutiny Committee's Workplan for 2016-2017.

11 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Wednesday, 28 September 2016 commencing at 6pm in Committee Room A.

Venue information:

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

Other information:

For queries regarding this agenda please contact Sandip Mahajan, Democratic Services, tel: 01253 477211, e-mail sandip.mahajan@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	6 July 2016

PUBLIC SPEAKING

1.0 Purpose of the report:

1.1 The Committee to consider any applications from members of the public to speak at the meeting.

2.0 Recommendation(s):

2.1 To consider and respond to representations made to the Committee by members of the public.

3.0 Reasons for recommendation(s):

3.1 To encourage public involvement in the scrutiny process.

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

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

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 At the meeting of Full Council on 29 June 2011, a formal scheme was agreed in relation to public speaking at Council meetings. Listed below are the criteria in relation to meetings of Scrutiny Committees and the Health Scrutiny Committee.

5.2 **General**

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

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

5.3 **Request to Participate at a Health Scrutiny Committee Meeting**

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

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

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

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

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

Does the information submitted include any exempt information?

No

List of Appendices:

None.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

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

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	6 July 2016

FORWARD PLAN

1.0 Purpose of the report:

1.1 To consider the content of the Council's Forward Plan, July 2016 - October 2016, relating to Health Scrutiny Committee (HSC) functions.

2.0 Recommendations:

2.1 Members will have the opportunity to question the relevant Cabinet Member in relation to items contained within the Forward Plan relating to HSC functions.

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

3.0 Reasons for recommendations:

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

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

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

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

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

5.0 Background Information

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

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

5.3 Attached at Appendix 4 (a) is a list of items contained in the current Forward Plan. Further details appertaining to each item contained in the Forward Plan has previously been forwarded to all members separately.

5.6 Witnesses/representatives

5.6.1 The following Cabinet Member is responsible for the Forward Plan item in this report and has been invited to attend the meeting: Councillor Cain.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 4 (a) – Summary of items contained within Forward Plan
July - October 2016.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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EXECUTIVE FORWARD PLAN - SUMMARY OF KEY DECISIONS

(JULY 2016 TO OCTOBER 2016)

* Denotes New Item

Page No. (of FP)	Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
8	July 2016	Health and Wellbeing Strategy 2016-2019	12/2016	Council	CLlr Cain

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision Ref No. 12/2016	To approve the 2016-19 Health and Wellbeing Strategy
Decision making Individual or Body	Council
Relevant Portfolio Holder	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date on which or period within which decision is to be made	July 2016
Who is to be consulted and how	Health and Wellbeing Board – presentation and discussion Public Health Scrutiny Panel – presentation and discussion General Public (in collaboration with Healthwatch) – promotion, circulation, engagement activity, feedback forms Partner organisations – circulation and brief survey.
How representations are to be made and by what date	Through the above methods in time for the July meeting of the Health and Wellbeing Board
Documents to be submitted to the decision maker for consideration	Covering report – to approve the Health and Wellbeing Strategy 2016-19 Appendix: Health and Wellbeing Strategy 2016-19
Name and address of responsible officer	Dr Arif Rajpura, Director of Public Health e-mail: arif.rajpura@blackpool.gov.uk Tel: (01253) 476367

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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	6 July 2016

PUBLIC HEALTH SCRUTINY REVIEW FINAL REPORT

1.0 Purpose of the report:

1.1 To consider the Public Health Scrutiny Review final report.

2.0 Recommendation(s):

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

3.0 Reasons for recommendation(s):

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

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

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

3.3 Other alternative options to be considered:

Not applicable

4.0 Council Priority:

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

5.0 Background Information

5.1 At the Resilient Communities Scrutiny Committee on 17 September 2015, Members considered that there were a large number of issues raised in the Public Health Annual Report, which required more detailed consideration. Therefore, the Committee agreed to establish a Review Panel to consider the annual report in more

detail. The Panel would also consider the wider determinants of health and the targets and priorities moving forward.

- 5.2 An initial meeting of the Panel was held to establish a Chairman and to agree the scope for the review. It had initially been intended that the Panel would only require one meeting following the pre-meeting, in order to gather evidence and draw conclusions. However, during that meeting, the Panel was advised that an action plan covering the four overarching recommendations from the Due North report, upon which the Public Health Annual Report was based, was currently being drafted and would be incorporated into the Health and Wellbeing Board Strategy. It was also considered that findings within the Public Health Annual Report 2014 had formed a partial basis for the contents of the revised Joint Strategic Needs Assessment.
- 5.3 The Resilient Communities Scrutiny Committee therefore agreed to the widening of the Panel's remit to enable proper consideration of the draft Health and Wellbeing Board Strategy and the revised Joint Strategic Needs Assessment.
- 5.4 The final report attached as Appendix 5 (a) details the Panel's findings and recommendations.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 5 (a) – Public Health Scrutiny Review final report.

6.0 Legal considerations:

- 6.1 Contained within the body of the report.

7.0 Human Resources considerations:

- 7.1 Not applicable

8.0 Equalities considerations:

- 8.1 Not applicable

9.0 Financial considerations:

- 9.1 Contained within the body of the report.

10.0 Risk management considerations:

- 10.1 Not applicable.

11.0 Ethical considerations:

11.1 Not applicable.

12.0 Internal/ External Consultation undertaken:

12.1 Not applicable.

13.0 Background papers:

13.1 None

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Blackpool Council



PUBLIC HEALTH SCRUTINY REVIEW FINAL REPORT

CONTENTS

- 1.0 Foreword by Chairman**
- 2.0 Summary of Recommendations**
- 3.0 Background Information**
- 4.0 Methodology**
- 5.0 Detailed Findings:**
 - 5.1 Public Health Annual Report 2014
 - 6.0 Joint Strategic Needs Assessment
 - 7.0 Draft Health and Wellbeing Strategy
 - 8.0 Conclusion
- 9.0 Financial and Legal Considerations**

1.0 Foreword

- 1.1 The Resilient Communities Scrutiny Committee initiated the review following concern that there were a large number of issues raised by the Public Health Annual Report presented at the 17 September 2015 Committee meeting, which required more detailed consideration.
- 1.2 The Panel held an initial meeting to establish a Chairman for the review and to agree the scope for the review and identify the key areas for consideration. Following the initial meeting, two further meetings were held by the Panel in order to consider the Public Health Annual Report in appropriate detail and consider how progress could be made in addressing many of the recurrent public health issues identified in the report. Consideration was also given to the revised Joint Strategic Needs Assessment and the Draft Health and Wellbeing Board Strategy.
- 1.3 The Panel considered that there was a significant amount of work being planned and undertaken to adequately try to address the findings in the Due North Inquiry. However, it was acknowledged that improvements in reducing health inequalities will take time and should be an area for Scrutiny to keep under review.
- 1.4 I would like to thank everyone who contributed to the review and gave their time willingly. I freely acknowledge the help and assistance given to me by the other Councillors on the Panel and the officers from across Blackpool Council.

Councillor Benson
Chairman, Public Health Scrutiny Review Panel

2.0 Summary of Recommendations

	Timescale
<p>Recommendation One Public Health be recommended to explore avenues to connect more with children and their parents through sports clubs and activities being operated from parks within the town, in order to communicate public health messages.</p>	Ongoing commencing immediately.
<p>Recommendation Two Healthwatch be recommended to consider adopting a greater focus in its work in promoting public health and tackling health inequality.</p>	Request to be sent immediately to Healthwatch July 2016
<p>Recommendation Three A training session be provided by Public Health open to all Members explaining the Joint Strategic Needs Assessment process, demonstrating the website and explaining how it could be used by Councillors to assist in their roles.</p>	A date to be identified for the training session as soon as possible
<p>Recommendation Four</p> <ul style="list-style-type: none"> a) Appropriate consideration of single people in the Health and Wellbeing Strategy in regards to ensuring housing of a decent standard and ensuring adequate provisions to prevent social isolation. b) The Health and Wellbeing Strategy to incorporate considerations of how healthy behaviours could be encouraged through the planning of the built environment. 	To be immediately included within the Health and Wellbeing Strategy
<p>Recommendation Five The Council's approach to social action and volunteering be presented to the Resilient Communities Scrutiny Committee for consideration once it has been established.</p>	November 2016
<p>Recommendation Six Future performance against the Health and Wellbeing Strategy be considered by the Health Scrutiny Committee.</p>	Ongoing

3.0 Background Information

- 3.1 At the Resilient Communities Scrutiny Committee on 17 September 2015, Members considered that there were a large number of issues raised in the Public Health Annual Report, which required more detailed consideration. Therefore, the Committee agreed to establish a Review Panel to consider the annual report in more detail. The Panel would also consider the wider determinants of health and the targets and priorities moving forward.
- 3.2 The Scrutiny Review Panel comprised of Councillors Benson (Chairman), Humphreys, Galley, Singleton, O'Hara and Critchley.
- 3.3 A pre-meeting was held to scope the review and the following key areas for consideration were identified:
- Detailed scrutiny of the Public Health Annual Report.
 - The wider determinants of health across Blackpool.
 - The remit, priorities and targets of Public Health and the Health and Wellbeing Board and how targets are being acted upon and progress tracked.
 - The reasons why progress in improving health and wellbeing previously has been slow.
 - How progress could be made in addressing the recurrent health issues.
 - The context of local government budget cuts and its impact on public health.
- 3.4 It had initially been intended that the Panel would only require one meeting in order to gather evidence and draw conclusions. However, during that meeting, the Panel was advised that an action plan covering the four overarching recommendations from the Due North report, upon which the Public Health Annual Report was based, was currently being drafted and would be incorporated into the Health and Wellbeing Board Strategy. It was also considered that findings within the Public Health Annual Report 2014 had formed a partial basis for the contents of the revised Joint Strategic Needs Assessment.
- 3.5 The Resilient Communities Scrutiny Committee therefore agreed to the widening of the Panel's remit to enable proper consideration of the draft Health and Wellbeing Board Strategy and the revised Joint Strategic Needs Assessment.
- 3.6 The review relates to the Council priority 'Communities: Creating stronger communities and increasing resilience.'

4.0 Methodology

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

Date	Attendees	Purpose
28 October 2015	<p>Councillors Benson (Chairman), Humphreys, Galley, O’Hara and Critchley.</p> <p>Chris Kelly, Senior Democratic Governance Adviser (Scrutiny)</p>	To elect a Chairman and agree the scope for the review.
8 January 2016	<p>Councillors Benson (Chairman), Humphreys, Galley, O’Hara and Critchley.</p> <p>Councillor Cain, Cabinet Secretary (Resilient Communities)</p> <p>Councillor Cross, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding</p> <p>Councillor Collet, Cabinet Member for School Improvement and Children’s Safeguarding</p> <p>Dr Arif Rajpura, Director of Public Health</p> <p>Mrs Lynn Donkin, Public Health Specialist</p> <p>Ms Liz Petch, Public Health Specialist</p> <p>Dr Tamasin Knight, Specialty Registrar in Public Health</p> <p>Chris Kelly, Senior Democratic Services Adviser (Scrutiny)</p>	To scrutinise the Public Health Annual Report in appropriate detail and consider how progress could be made in addressing many of the recurrent public health issues identified in the report.
22 April 2016	<p>Councillors Benson (Chairman), Humphreys and O’Hara.</p> <p>Dr Arif Rajpura, Director of Public Health</p> <p>Mrs Lynn Donkin, Public Health Specialist</p> <p>Ms Liz Petch, Public Health Specialist</p> <p>Mr Scott Butterfield, Corporate Development Manager</p> <p>Mrs Christine Graham, Senior Public Health Intelligence Analyst</p> <p>Mr Chris Kelly, Senior Democratic Governance Adviser (Scrutiny)</p>	To consider the revised Joint Strategic Needs Assessment and the Draft Health and Wellbeing Board Strategy.

5.0 Detailed Findings and Recommendation

5.1 Public Health Annual Report 2014

- 5.1.1 The Panel was advised that the theme of the 2014 Annual Health Report was Blackpool's response to the Due North report, which was an Inquiry on Health Equity for the North of England.
- 5.1.2 Members were provided with details of the difference in life expectancy between the north and south of the country, noting it was significantly lower in the north. The Panel was also advised that a baby boy born in Blackpool would be expected to live eight fewer years than one born in Kensington or Chelsea and his life expectancy would be 5.1 years less than national average. It was also explained to the Panel that there were differences in life expectancy within different areas of Blackpool, with there being a nine year difference between some areas.
- 5.1.3 It was reported to Members that the Due North Inquiry had demonstrated that cuts to local authority spending per head of population had been far greater in areas of increased deprivation and that local government expenditure had decreased by a far greater percentage in the north, as compared to other areas of the country.
- 5.1.4 The Panel was provided with data relating to child poverty and it was demonstrated that there was a trend linking child poverty and inequalities in infant mortality. Members were advised that on average, deprived areas in the North had experienced smaller increases in life expectancy than areas with similar levels of deprivation in the rest of England. It was considered that this could reflect different levels of investment or that determinants of poor health in the North were more intractable and therefore required different approaches.
- 5.1.5 The Panel was advised that the Due North report contained four overarching recommendations, which were:
- Tackle poverty and economic inequality.
 - Promote healthy development in early childhood.
 - Share power over resources and increase influence of the public.
 - Strengthen the role of health sector in promoting health equity.

Members considered each of the overarching recommendations in turn, with a focus on the work that was being undertaken or being planned to address issues in each area.

5.2 Tackle Poverty and Economic Inequality

- 5.2.1 With regards to tackling poverty and economic inequalities, it was considered that there were a number of areas for focus. Those areas were discussed by the Panel and included:
- Health equity – which included a range of measures from supporting a network of credit unions and other community finance initiatives to reduce the cost of credit for poor communities.

- Focus public service reform, which would involve establishing integrated support across the public sector to improve the employment prospects of those out of work.
- Adopt a common progressive procurement approach that would promote high quality local employment, improve working conditions and promote the Living Wage, as calculated by the Joseph Rowntree Foundation.
- Ensure that reducing economic and health inequalities were central objectives.
- Implement and regulate the living wage.
- Increase the availability of high quality affordable housing through stronger regulation of the private rented sector and where quality was poor, through investment in new housing.

5.2.2 The Panel was advised that work was already being undertaken in many areas to address the recommendations from Due North. It was noted that the work included implementing and regulating a living wage through the 'Suppliers Charter', increasing the availability of high quality affordable housing and stronger regulation through the Selective Licensing programme and training programmes for landlords, and through programmes like Chance2Shine that provided structured work experience placements for unemployed people.

5.2.3 The Panel considered the areas in which more could be done to address the recommendation and it was noted that the Public Health team would be working towards:

- Focusing public service reform on prevention of poverty and promote prosperity by reorienting services.
- Ensuring that reducing economic and health inequalities were central objectives of the local economic development strategy, so that growth and economic development should be sustainable and equitable and be focused on more than just economic output.
- Addressing the impact of changes in national economic and welfare policies on health inequalities.

5.3 Promote Healthy Development in Early Childhood

5.3.1 The Panel was provided with details of the health issues relating to early childhood in Blackpool, with it being reported that almost a third of children in Blackpool lived in poverty and the town had the highest levels of looked after children in England. The Panel was also advised that too many babies experienced unhealthy gestation and birth. Members noted the smoking rates amongst women during pregnancy and it was reported that 28% of women in Blackpool smoked during pregnancy, compared to 12% nationally, although it was also noted that the Blackpool figure had reduced in recent years from 42%.

5.3.2 It was explained to the Panel that the pattern of ill-health continued, with tooth decay being much more prevalent in Blackpool (17% of three year olds, compared to 12% nationally) and obesity rates were also high, with 26% of four/five years olds and 35% of 10-11 year olds being overweight or obese.

5.3.3 The Panel was also advised that children living in poverty and experiencing disadvantage in the UK were more likely to die in their first year, be born small, be bottle fed, breathe second hand smoke, become overweight, perform poorly at school, die in an accident, and become a young parent. As adults, they were also more likely to die earlier, be out of work, live in poor housing, receive inadequate wages and report poor health. It was considered that none of those outcomes should be considered inevitable and that providing better support early in children's lives was one of the most effective approaches to reduce inequalities in life chances.

5.3.4 Members were advised of the recommendations contained within the Due North report for local authorities in regards to promoting healthy development in early childhood, which were:

- Monitor and incrementally increase the proportion of overall expenditure allocated to early years.
- Ensure good quality universal early years education and childcare with greater emphasis on those with greater need.
- Maintain and protect universal integrated neighbourhood support for early child development, with a central role for health visitors and children's centres and clearly articulate the proportionate universalism approach.
- Collect better data on children in early years so that we can track changes and monitor effectiveness of programmes.
- Develop and sign up to a Charter to protect the rights of children to the best possible health.

5.3.5 The Panel was advised that many of the recommendations were already being acted upon, particularly through the work planned as part of Better Start.

5.4 Share Power over Resources and Increase Influence of the Public

5.4.1 Members were advised that the UK had one of the most centralised political systems, with 74% of public spending controlled by central government. The Panel discussed devolution of power and resources to local administrations and it was considered that devolution would need to be accompanied by greater public participation in local decision making. The Panel was advised that when community members acted together to achieve common goals, there were indirect benefits resulting from improved social support and supportive networks. It was noted that Due North report provided evidence that health was better in poor areas where people had more control over resources and decisions.

5.4.2 It was noted that some of the key recommendations in this area for local authorities from the Due North Report included:

- To establish deep collaboration between combined authorities in the North.
- To develop community-led systems for health equity auditing and accountability.
- To expand the involvement of citizens in shaping local budgets.
- To assess opportunities for setting up publicly owned mutual organisations for providing services where appropriate.

- To help communities develop the capacity to participate in local decision making and in developing solutions.
- Revitalise Health and Wellbeing Boards to become stronger advocates for health both locally and nationally, and to:
 - Establish a Health Equity North Board with high level political representation.
 - Collectively produce an annual report detailing how regional and national policy needs to change to reduce inequality.

5.4.3 The Panel was provided with details of the work that was already being undertaken in this area, which included helping communities develop the capacity to participate in local decision-making and in developing solutions. Examples of this type of activity included the Alcohol Inquiry held in 2014 and a number of Blackpool Fairness Commission projects, for instance the Dementia Network. Upon questioning from Members, the Panel was provided with details of the work of the Dementia Network and advised that it aimed to promote awareness and increase the number of people and organisations that were ‘dementia friendly’, which could help a dementia sufferer if required.

5.4.4 It was noted that work had been undertaken in relation to being ‘dementia friendly’ with a number of businesses, including Blackpool Transport Services and that training on dementia was planned with taxi drivers operating within the town. The Panel questioned how messages promoting dementia and other similar public health messages were communicated with families and younger people. Members were advised of the involvement of Public Health in schemes such as Fit2Go and Altogether Now, but it was considered that Public Health could do more to connect with children and their parents through sports clubs and activities being operated from parks within the town.

Recommendation One

Public Health be recommended to explore avenues to connect more with children and their parents through sports clubs and activities being operated from parks within the town, in order to communicate public health messages.

5.4.5 The Panel was also informed of the measures that were considered important to undertake in future to deliver against the recommendation. The measures included:

- Holding more inquiries and ensuring recommendations are enacted.
- Creating a culture of asset based community development.
- Establishing greater collaboration between combined authorities in the North of England to develop approaches to economic development and health inequalities.
- Involving citizens in shaping how local budgets are used.
- Developing community-led systems for health equity auditing and accountability.
- Assessing opportunities for setting up publicly owned mutual organisations for providing services where appropriate.

- 5.4.6 The Panel discussed the role of Healthwatch and was advised that The Due North report referred to Healthwatch being initially established to have ‘a role in promoting public health, health improvements and in tackling health inequalities’, but to date it had primarily focused on promoting consumer rights for users of health and social care. It was considered that to some extent, that had represented a missed opportunity. The Panel agreed that it should recommend that Healthwatch consider adopting a greater focus in its work in promoting public health and tackling health inequality.

Recommendation Two

Healthwatch be recommended to consider adopting a greater focus in its work in promoting public health and tackling health inequality.

5.5 Strengthen the Role of Health Sector in Promoting Health Equity

- 5.5.1 Members were advised that between 1999 and 2010, the government pursued a systematic strategy to reduce inequalities. It was noted that whilst the strategy fell short of fully achieving its objectives, the gap in mortality amenable to healthcare, infant mortality and male life expectancy between the most and least deprived areas, all reduced during this time. It was noted that the Due North report had made reference to the fact that a policy of allocating increasing levels of resources to poorer areas was associated with declining inequalities in mortality amenable to health care. However, a combination of funding constraints and the expansion of market reforms were jeopardising the capacity of the NHS to take effective action on health inequalities.
- 5.5.2 It was considered by the Director of Public Health that Clinical Commissioning Groups were yet to fulfil their role in improving public health and that their engagement with local authorities had been focused on the integration of health and social care services, rather than advocating for action on the social determinants of health.
- 5.5.3 The Panel was advised that the Due North report considered that the NHS could have an influence in reducing health inequalities through three main activities:
- Providing equitable high quality health care. Although improvements had been made in mortality amenable to healthcare, a large gap still remained between North and South.
 - Directly influencing the social determinants of health through procurement and as an employer.
 - Becoming a Champion and facilitator that influenced other sectors.
- 5.5.4 The Panel considered the work already being undertaken in regards to the recommendations, which included that Public Health was now working more effectively with the Department for Public Health and Public Health England to address social determinants of health. It was also reported to the Panel that work was being undertaken between the Local Authority and the Department for Work and Pensions to develop “Health First” type employment support programmes for people with chronic health conditions.

- 5.5.5 The Panel was advised that the Health and Wellbeing Board was being supported to integrate budgets and jointly direct health and wellbeing spending plans for the NHS and Local Authority, of which the Better Care Fund was an example. The Panel also noted the work ongoing in relation to the 'Vanguard' Programme, which aimed to reduce pressure on GPs and nurses and help to encourage people to use services in a more effective way.
- 5.5.6 Members were informed that an action plan covering the four overarching recommendations from the Due North report was currently being devised and would be incorporated into the Health and Wellbeing Strategy. It was also considered that findings within the Public Health Annual Report 2014 had formed a basis for the contents of the revised Joint Strategic Needs Assessment.

6.0 The Joint Strategic Needs Assessment

- 6.1 It was explained to the Panel that the Joint Strategic Needs Assessment (JSNA) described a process that identified current and future health and wellbeing needs and the causes of poor health and that it could be considered to provide the 'story' of the area in terms of health and wellbeing. It contained comprehensive information relating to the health of the population. It was noted that local authorities and Clinical Commissioning Groups had an equal and joint duty to prepare a JSNA and a Health and Wellbeing Strategy and that as part of the JSNA production, third sector organisations had also been consulted.
- 6.2 Members noted that the JSNA was not a static document and that strategic planning identified how resources would be allocated and improvements would be made to achieve the vision of "TOGETHER we will make Blackpool a place where ALL people can live long, happy and healthy lives". It was reported that the JSNA process informed all strategic plans related to health in the area, such as the Health and Wellbeing Strategy, the Clinical Commissioning Group's Commissioning Plan and the Blackpool Council Plan.
- 6.3 The Panel was provided with details of how the JSNA informed the prioritisation process by comparing the health and wellbeing characteristics of Blackpool against other areas and examined how the characteristics changed over time. Members were advised that the JSNA was also used to determine where inequalities existed between different communities within the town and to identify communities with specific health needs. The Panel was informed that, as part of the JSNA process, the views of the public and service users would be gathered to determine the expressed needs of the community and the strengths and assets found within the community.
- 6.4 Members were provided with a demonstration of the new JSNA website and were advised that it had gone live in March 2016 and would be continually updated. It was demonstrated to Members that the website was split into various sections relevant to age groupings, which were Starting Well, Developing Well, Living and Working Well and Ageing Well. Members were also advised that there was a Blackpool Profile and a People and Places sections, which would consider wider determinants of health and would link to other areas of work undertaken by different departments of the Council.
- 6.5 It was reported that the creation of the new website had involved a much more inclusive process, which involved all local stakeholders, to identify health and wellbeing needs in

Blackpool and to provide simple to use outputs that could be widely used by partners. It was noted that the new website was easier to use and navigate around and that it had moved away from pdf reports, towards web based content and contained embedded links.

6.6 Members noted the various pages of the website, witnessing that the content of each sub-section followed a template where possible that included:

- An Introduction.
- Facts, figures and trends.
- National and local strategies (current best practices) – evidence of effectiveness.
- What were the inequalities/unmet needs/service gaps?
- Views of the local community.
- Recommendations for consideration by key partners.

6.7 The future plans for the website were discussed with the Panel. It was noted that there would be an offer of regular briefing sessions with partners to explain the JSNA process and demonstrate the JSNA website, which would involve smaller hands on sessions with Public Health officers visiting key users to provide the demonstration, where appropriate.

Recommendation Three

A training session be provided by Public Health open to all Members explaining the Joint Strategic Needs Assessment process, demonstrating the website and explaining how it could be used by Councillors to assist in their roles.

7.0 Draft Health and Wellbeing Strategy

7.1 The Panel considered the draft Health and Wellbeing Strategy and was advised that there was a statutory requirement to have a Health and Wellbeing Strategy in place, which must be based on evidence from the Joint Strategic Needs Assessment. It was explained that the Health and Wellbeing Board would be responsible for the delivery of the Health and Wellbeing Strategy.

7.2 The Panel was presented with information relating to the background context that had informed the revised Strategy and was advised that the draft Strategy was based on the four overarching recommendations from the Due North Inquiry. Members noted that the draft Strategy also linked to the Council Plan priority to create stronger communities and increase resilience.

7.3 It was reported to the Panel that there were four priorities proposed within the Draft Health and Wellbeing Strategy 2016-2019, which were:

- Stabilising the Housing Market.
- Substance misuse – alcohol, drugs and tobacco.
- Social isolation and Community Resilience.
- Early intervention.

7.4 Stabilising the Housing Market

- 7.4.1 The tourism trade in Blackpool has resulted in Blackpool having a significantly different housing stock compared to other local authority areas. It was noted that there were issues relating to the decency and standard of accommodation and it was reported that the draft Strategy contained the aim to reduce the number of houses of Multiple Occupation and linked to the Selective Licensing programme to improve standards in the private rented sector.
- 7.4.2 Members were informed that further aims included within the Strategy related to stabilising the housing market, redeveloping Queen's Park and finishing new housing projects at Foxhall village. Members queried where the residents of Queen's Park had moved and were advised that Blackpool Coastal Housing had employed a decanting policy for residents in order to ensure housing for those that required it.
- 7.4.3 Members noted the work being undertaken to remodel the housing stock, which was considered to be particularly focused on housing for families. Members noted the high numbers of single people in the town and challenged what provision there would be for that group of people. The Panel considered that there was a requirement to properly consider single people as part of the Health and Wellbeing Strategy, with specific regards to housing and social isolation. Members noted the work being undertaken through the Selective Licensing programme and considered that it was important that the Housing Strategy aimed to continue work to ensure that accommodation for single people was of a decent and appropriate standard. Members also discussed changes that were made to communities, as a result of the implementation of actions identified in the Housing Strategy. For example, it was noted that following the demolition of housing in Queen's Park, residents had moved to various other locations within Blackpool, resulting in the break-up of an existing community. Members therefore considered that there was a requirement to ensure the Health and Wellbeing Strategy contained adequate provisions to prevent single people becoming isolated following changes to their communities.
- 7.4.4 The Panel also questioned the considerations that were given to the proximity of playgrounds and takeaways to new housing developments and discussed s106 requirements for planning applications. The Panel considered that the built environment could be planned and shaped to encourage healthy behaviours, which should be incorporated into the Health and Wellbeing Strategy.

Recommendation Four

a) Appropriate consideration of single people in the Health and Wellbeing Strategy in regards to ensuring housing of a decent standard and ensuring adequate provisions to prevent social isolation.

b) The Health and Wellbeing Strategy to incorporate considerations of how healthy behaviours could be encouraged through the planning of the built environment.

7.5 Substance misuse – alcohol, drugs and tobacco

7.5.1 Members were advised that substance misuse in Blackpool was the biggest cause of reduced life expectancy and considered the key elements of the draft Health and Wellbeing Strategy that related to substance misuse. The areas of focus in the draft Strategy were to:

- Supporting drug, alcohol and tobacco education programmes.
- Develop suitable policy interventions to reduce harm in key groups.
- Deliver the Horizon treatment service to support people with recovery.

7.5.2 Upon questioning from Members, the Panel was advised that Public Health was currently developing an Alcohol Strategy, which, amongst other things, aimed:

- To develop and deliver a targeted alcohol awareness campaign to influence behaviour change amongst working age adults.
- To develop and deliver a campaign aimed at women planning pregnancy, women who are pregnant and women at risk of unplanned pregnancy using co-participatory action.
- To ensure the ‘promotions and advertising code of practice’ continued to be implemented through planning, licensing, marketing, media and working with the wider industry.
- To change the nature of alcohol displays in off-licence premises so alcohol was not in direct view of children.

7.6 Social isolation and community resilience

7.6.1 The Panel noted that the main areas of focus in relation to social isolation and community resilience in the draft Health and Wellbeing Strategy concerned:

- Increasing volunteering and social action.
- Neighbourhood Navigators.
- Community Orientated Primary Care.

7.6.2 It was reported to the Panel that work was being undertaken to consider the Council’s approach to social action and volunteering, alongside Councillor Kirkland, Cabinet Member for Third Sector Engagement and Development, with a view to exploring ways of encouraging more people in Blackpool to become ‘active citizens’ and providing the required levels of support to help develop community action.

Recommendation Five

The Council’s approach to social action and volunteering be presented to the Resilient Communities Scrutiny Committee for consideration once it has been established.

7.6.3 It was also explained to Members that work would be undertaken to develop Community Orientated Primary Care, which would entail discussions with all stakeholders in a locality in order to gain additional intelligence to what was provided in the JSNA. There would then be a jointly planned response to wider social issues.

7.7 Early Intervention

7.7.1 Members were informed of the work that was ongoing or planned in relation to Early Intervention that was included within the Draft Health and Wellbeing Strategy, noting the key areas, which were:

- Deliver Better Start from birth to three year olds
- Deliver Head Start for 10-16 year olds
- Implement Blackpool's Healthy Weight Strategy

7.7.2 It was explained that the intention of the priority was to prevent problems before they escalated. It was explained to the Panel that research demonstrated that from birth to three intervention worked in regards to preventing issues escalating and that the 10-16 programme was focused on developing mental resilience before young people reached adulthood. Upon further questioning from Members, the Panel was advised that both Better Start and Head Start were externally funded programmes, which was the reason for defined age ranges and that Children's Services did provide services for all from birth to 19 years.

8.0 **Conclusion**

8.1 The Panel considered that there was a significant amount of work being planned and undertaken to adequately try to address the findings in the Due North Inquiry. It noted the aim to have the draft Health and Wellbeing Strategy approved by the Health and Wellbeing Board in July 2016 and considered that future performance against the Health and Wellbeing Strategy should be scrutinised by the Health Scrutiny Committee.

Recommendation Six

Future performance against the Health and Wellbeing Strategy be considered by the Health Scrutiny Committee.

9.0 Financial and Legal Considerations

9.1 Financial

9.1.1 There are no financial implications arising from the recommendations contained within the report.

9.2 Legal

9.2.1 Local Government and Public Involvement in Health Act 2007 (as amended). The Act introduced a requirement on responsible local authorities to undertake a joint strategic needs assessment of the health and social care needs for the area of the responsible local authority to determine need in terms of the discharge of health and social care functions in relation to the area of the local authority. A further assessment of relevant needs may be prepared at any time. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies has been issued.

Public Health Scrutiny Action Plan

Recommendation	Cabinet Member's Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes
<p>Recommendation One Public Health be recommended to explore avenues to connect more with children and their parents through sports clubs and activities being operated from parks within the town, in order to communicate public health messages.</p>						
<p>Recommendation Two Healthwatch be recommended to consider adopting a greater focus in its work in promoting public health and tackling health inequality.</p>						
<p>Recommendation Three A training session be provided by Public Health open to all Members explaining the Joint Strategic Needs Assessment process, demonstrating the website and explaining how it could be used by Councillors to assist in their roles.</p>						

<p>Recommendation Four a) Appropriate consideration of single people in the Health and Wellbeing Strategy in regards to ensuring housing of a decent standard and ensuring adequate provisions to prevent social isolation. b) The Health and Wellbeing Strategy to incorporate considerations of how healthy behaviours could be encouraged through the planning of the built environment.</p>						
<p>Recommendation Five The Council’s approach to social action and volunteering be presented to the Resilient Communities Scrutiny Committee for consideration once it has been established.</p>						
<p>Recommendation Six Future performance against the Health and Wellbeing Strategy be considered by the Health Scrutiny Committee.</p>						

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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Ruth Henshaw, Corporate Development Officer
Date of Meeting	6 July 2016

COUNCIL PLAN PERFORMANCE REPORT 2015/16

1.0 Purpose of the report:

1.1 To review performance against the Council Plan 2015-20 for the period 1 April 2015 – 31 March 2016.

2.0 Recommendation(s):

2.1 The Committee is asked to consider the contents of the report and highlight any areas for further scrutiny.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

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

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

3.3 Other alternative options to be considered: N/A

4.0 Council Priority:

4.1 The relevant Council Priority is “Communities: Creating stronger communities and increase resilience”.

5.0 Background information

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

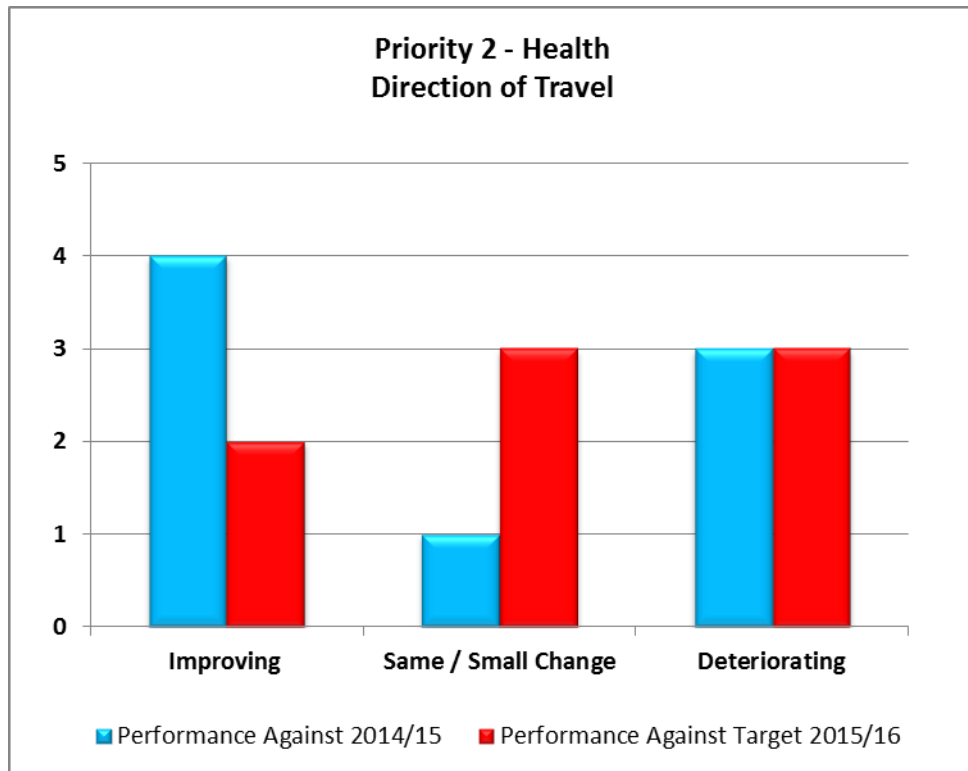
5.2 Previously performance against the health indicators had been reported to the Resilient Communities Scrutiny Committee but from 2016-2017, performance will be

reported on a quarterly basis to the Health Scrutiny Committee.

- 5.3 At the 21 January 2016 Tourism, Economy and Resources Scrutiny Committee and the 4 February 2016 Resilient Communities Scrutiny Committee, Members agreed to establish a Scrutiny Panel to consider in more detail how performance information was presented to scrutiny committees and to further consider the Council's approach to target setting.
- 5.4 The Target Setting Scrutiny Panel was held on 27 June 2016 and included Members from all three scrutiny committees, namely Councillors Hunter, Mrs Callow, P Callow, O'Hara, Scott and L Williams.
- 5.5 The Panel was provided with information regarding the establishment of the 'Corporate Delivery Unit' to implement challenging and supportive action to strengthen delivery and the development of performance trajectories, which would be incorporated into performance reporting during 2016/2017. It was noted that the performance trajectories would be able to be used as a tool to challenge performance and would provide a link between the actions services took and their performance in that area. The Panel endorsed the Corporate Delivery Unit approach to target setting.
- 5.6 The Panel also considered the Council Plan indicators and noted that the performance trajectories would be incorporated throughout 2016/2017. The Panel made recommendations relating to which indicators each Committee should initially focus on in terms of performance trajectories, for the reports to be produced in the first quarter of 2016/2017.
- 5.7 With specific regard to Health Scrutiny, the Panel recommended that the Committee first received the performance trajectories on the below indicators:
- % of non-opiate drug users successfully completing treatment who do not re-present to treatment within six months.
 - Prevalence of excess weight in Year 6 children (10-11 years).

6.0 Overview of Performance

- 6.1 There are eight indicators within the performance basket for Health which have been developed in consultation with the Council's Corporate Leadership Team. The graph below shows the direction of travel against performance in 2014/15 and against target for 2015/16.



6.2 The three indicators where performance deteriorated in 2015/16 were:

- % of non-opiate drug users successfully completing treatment who do not re-present to treatment within 6 months;
- Prevalence of excess weight in Year 6 children (10-11 years); and
- % take-up of NHS Health Checks per year amongst the eligible population (aged 40-74)

Further information on these indicators can be found in **Appendix 6b – End of Year (EoY) Exception Reports.**

7.0 Witnesses/representatives

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

Ruth Henshaw, Corporate Development Officer

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 6 (a): EoY - Key Performance Indicators (KPIs)

8.0 Legal considerations:

8.1 None

9.0 Human Resources considerations:

9.1 None

10.0 Equalities considerations:

10.1 None

11.0 Financial considerations:

11.1 None

12.0 Risk management considerations:

12.1 None

13.0 Ethical considerations:

13.1 None

14.0 Internal/ External Consultation undertaken:

14.1 A Target Setting Scrutiny Panel meeting with Members from all three scrutiny committees was held on 27 June 2016.

15.0 Background papers:

15.1 None

Appendix 6 (a) - Key Performance Indicators

Performance as at 30th April 2016

KEY - Direction of Travel Icons:

↑✓	Performance is improving or on target
↓✓	Performance is improving or on target
↑↓	Small deterioration in performance / slightly off target
↔	No change
↑✘	Performance is deteriorating or off target
↓✘	Performance is deteriorating or off target

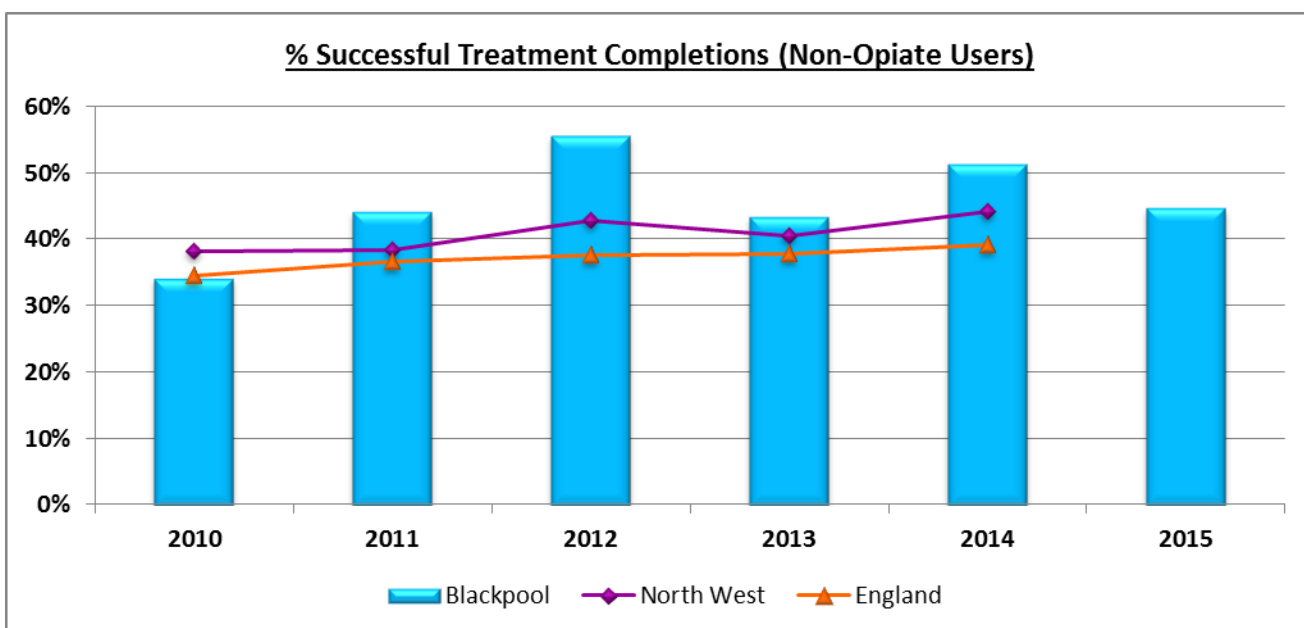
Lead Cabinet Member	Indicator	Outturn 2013/14	Outturn 2014/15	DoT (13/14 v 14/15)	2015/16				Outturn 2015/16	Target 2015/16	Direction of Travel		Notes	Dept	
					Q1	Q2	Q3	Q4			Against Previous	Against Target			
Cabinet Secretary (Health)	Cllr Cross	% of opiate drug users successfully completing treatment who do not re-present to treatment within 6 months	9.38%	5.75%	↓✘	5.7%	6.4%	5.4%	6.3%	6.3%	Increase on last year	↑✓	↑✓		PH
	Cllr Cross	% of non-opiate drug users successfully completing treatment who do not re-present to treatment within 6 months	43.43%	51.22%	↑✓	51.2%	46.9%	39.5%	44.7%	44.7%	Increase on last year	↓✘	↓✘	Please see App B - Exception Reports for more details.	PH
	Cllr Cross	% of successful completions of alcohol treatment	54.6%	44.5%	↓✘	44.6%	41%	44%	45.5%	45.5%	Increase on last year	↑✓	↑✓		PH
	Cllr Cross	Smoking prevalence in adults aged 18 or over	29.47%	26.5%	↓✓	A	A	A	A	26.93%	25%	↑	↑		PH
	Cllr Cross	Smoking status at the time of delivery	30.84%	27.48%	↓✓	A	A	A	A	27.19%	25% or less by end of 2017	↓✓	↑		PH
	Cllr Cross	Prevalence of excess weight in Reception children (4-5 years)	25.54%	26.79%	↑✘	A	A	A	A	25.72%	25%	↓✓	↑		PH
	Cllr Cross	Prevalence of excess weight in Year 6 children (10-11 years)	34.72%	35.67%	↑	A	A	A	A	37.98%	34.4%	↑✘	↑✘	Please see App B - Exception Reports for more details.	PH
	Cllr Cross	% take up of NHS Health Checks per year amongst the eligible population (aged 40-74)	76.08%	73.14%	↓✘	A	A	A	A	52%	Increase on last year	↓✘	↓✘	Please see App B - Exception Reports for more details.	PH

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CABINET SECRETARY (HEALTH)

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

2013/14	2014/15	2015/16					Target 2015/16	
		Q1	Q2	Q3	Q4	EoY	Increase on last year	
43.43%	51.22%	51.2%	46.9%	39.5%	44.7%	44.7%	Increase on last year	↓ x



Commentary:

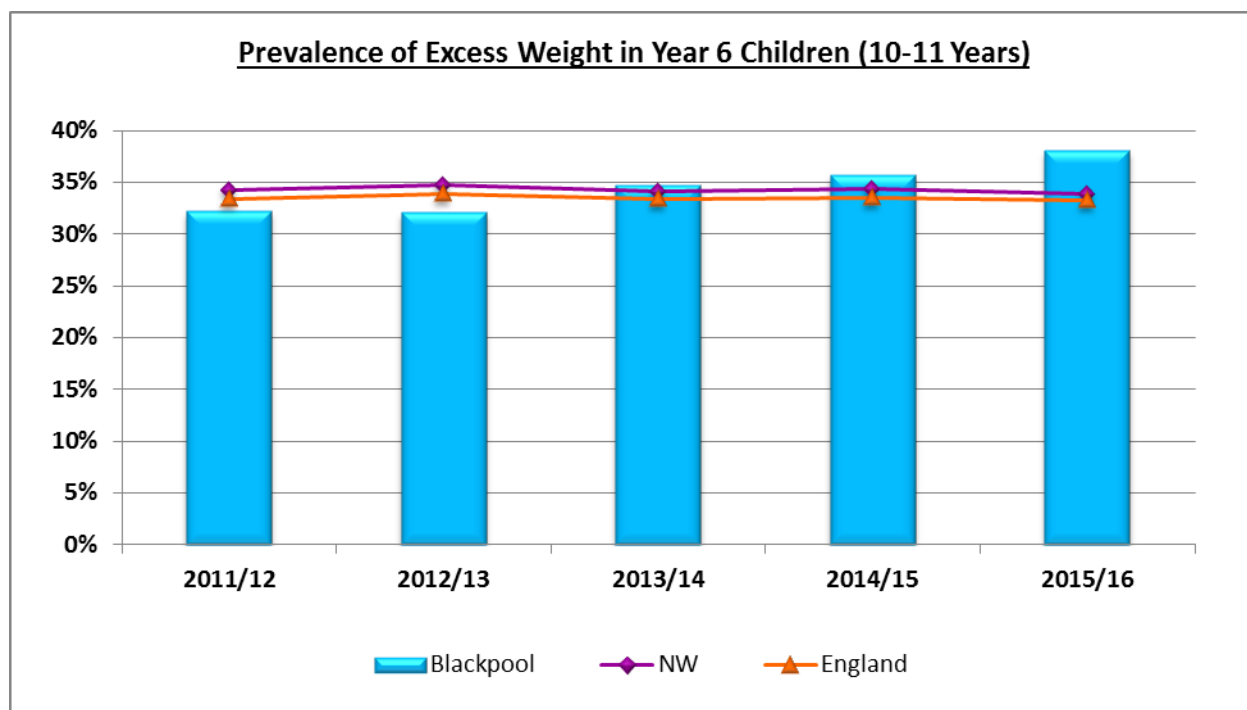
The percentage of non-opiate clients who successfully completed treatment and did not represent within 6 months in Quarter 4 has increased from 39.5% in Q3 to 44.7% in Q4, but continues to be below the baseline. The percentage needs to be read with caution as the number of non-opiate clients in treatment is low and therefore any small reduction in numbers shows a large percentage drop. Blackpool is still performing within the top quartile range for comparator local authorities and is considerably higher than the national average of 39%.

The treatment services are increasing awareness and referrals into service through promotional material and social media and implementing more satellite services in the local community to increase access and engagement for non-opiate clients.

Appendix 6 (b) - Exception Reports (End of Year 2015/16)

Indicator Description	Better to be?
Prevalence of excess weight in Year 6 children (10-11 years)	Low

2013/14	2014/15	2015/16	Target 2015/16	
34.72%	35.67%	37.98%	34.4%	↑*



Commentary:

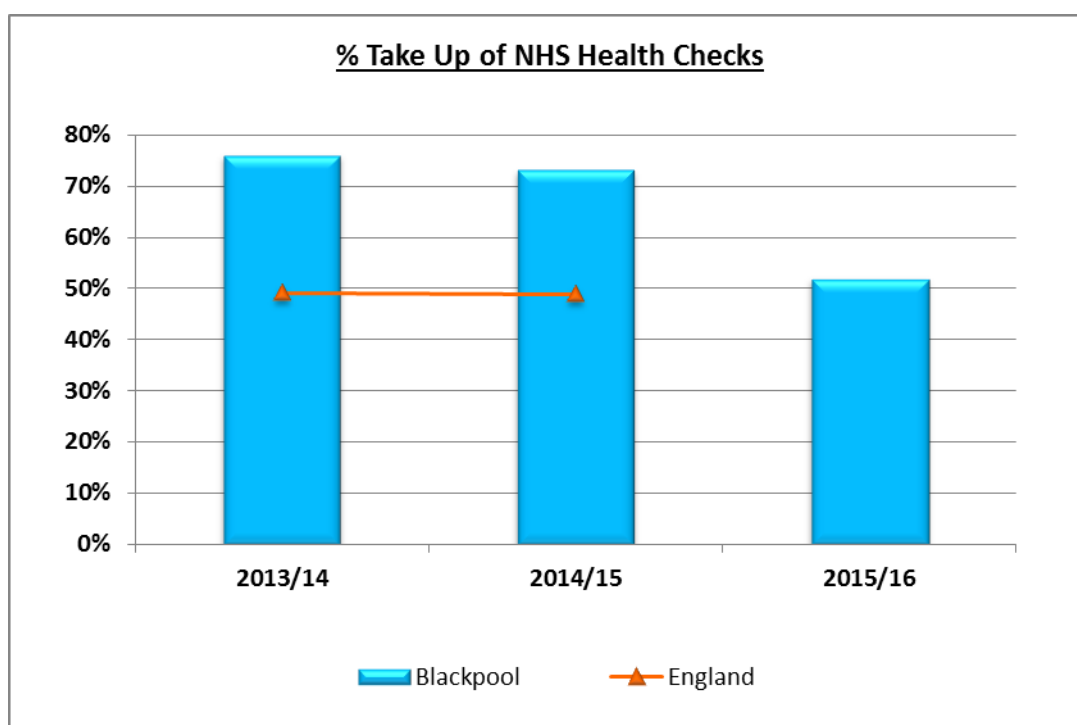
Child obesity rates in Blackpool are rising against an apparent levelling off nationally. We understand that Blackpool is not alone in this phenomenon and that other deprived areas are seeing similar patterns. Not only are overweight/obesity levels unacceptable but this is an area of widening inequalities that appears to have accelerated in the last couple of years. The National Child Measurement Programme (NCMP) for Blackpool shows that the prevalence of excess weight in Year 6 Children in 2014/15 was 35.67% and has increased to 37.98% in 2015/16.

The Healthy Weight Strategy has been refreshed, and the key focus of this is to improve the nutrition and diets of young people. In addition, the Council has recently signed up to the Local Authority Declaration on Healthy Weight to address the issues of obesity. The focus of the declaration will strive to protect children from inappropriate marketing by the food and drink industry, provide easy access to fresh drinking water, improve the quality of packed lunches by developing a local agreement with schools to implement guidance, and continue to work with schools to increase the number of children who walk to school. Public Health continue to commission Early Years Physical Activity, which is aimed at 0-4 year olds, and the Fit2Go programme for Year 4 children as well as working with Leisure Services to develop a new Child and Family weight management programme which is aimed at 5-10 year olds.

Appendix 6 (b) - Exception Reports (End of Year 2015/16)

Indicator Description	Better to be?
% take up of NHS Health Checks per year amongst the eligible population (aged 40-74)	High

2013/14	2014/15	2015/16		DoT Against Target
		EoY	Target	
76.08%	73.14%	52%	Increase on previous year	↓ x



Commentary:

There has been a change of data processor as part of the NHS Health Checks process which means we have implemented new data templates. We were aware that this may affect our performance but believe that the quality of the data we now receive is an accurate record of the true number of NHS Health Checks that take place in Blackpool.

During 2015/16 we also introduced a new GP Provider Service Specification. The emphasis of this specification is the quality of health checks, not quantity. This includes ensuring that all mandated aspects of the NHS Health Check are undertaken and appropriately recorded onto the GP system (EMIS). This has caused our numbers to look lower, as we now do not recognise activity as an NHS Health Check unless all mandated fields are completed and recorded on EMIS – this includes discussion and measurements for alcohol, weight and dementia (as appropriate).

We are in the process of undertaking a Health Equity Audit which will look in detail at performance and outcomes, and will report the findings of this audit back to the Health & Wellbeing Board as soon as they have been finalised.

APPENDIX 6 (c) – COUNCIL PLAN PROJECTS 2015-20

PRIORITY - The Economy: Maximising growth and opportunity in Blackpool

THEME	KEY PROJECTS OVER THE NEXT 5 YEARS
Tourism	<ul style="list-style-type: none"> ▪ Open the Blackpool Museum ▪ Attract world class events and shows ▪ Deliver a major new leisure attraction ▪ Develop cultural tourism ▪ Provide modern conference facilities ▪ Deliver the new Tourism Academy
Infrastructure	<ul style="list-style-type: none"> ▪ Deliver the tramway extension to Blackpool North ▪ Improve access to the town through three “green corridors” ▪ New Business District – more professionals working in the town centre ▪ Deliver the new Energy College ▪ Complete sea defence works
Employment	<ul style="list-style-type: none"> ▪ Expand apprenticeship schemes ▪ Enterprise education at schools ▪ Specialist job schemes for the most vulnerable and disadvantaged people ▪ Promotion and delivery of the living wage
Enterprise	<ul style="list-style-type: none"> ▪ Enterprise Zone at Blackpool Airport ▪ Business start-up support ▪ Increase the use of local contractors across the Public Sector ▪ Business Champions to offer mentoring support
Housing	<ul style="list-style-type: none"> ▪ Reduce transience and stabilise communities by supporting quality public and private homes ▪ Establish a big new private sector landlord ▪ Deliver a home energy efficiency scheme ▪ Lobby for benefits changes to reduce the number of HMOs
Community Safety	<ul style="list-style-type: none"> ▪ Strong management of the night time economy ▪ Adopt Public Space Protection Orders ▪ Extend selective licensing and transience projects across the town ▪ Behaviour management in the town centre

PRIORITY – Communities: Creating stronger communities and increasing resilience

THEME	KEY PROJECTS OVER THE NEXT 5 YEARS
Community	<ul style="list-style-type: none"> ▪ Asset-based community development bringing people together through the arts café, food growing and farm scheme ▪ Improve access to community activities ▪ Create neighbourhood navigators to help the isolated access activities
Health	<ul style="list-style-type: none"> ▪ New active health referral programme ▪ Improve the wellness service ▪ Increase the number of people accessing NHS health checks ▪ Healthier Catering Award scheme

THEME	KEY PROJECTS OVER THE NEXT 5 YEARS
Safeguarding	<ul style="list-style-type: none"> ▪ Adult and Children’s Safeguarding Boards ▪ Increase the number of foster carers ▪ Wider “Corporate Parent” offer for Looked After Children
Social Care	<ul style="list-style-type: none"> ▪ Better Care Fund programme ▪ Integration of health and social care ▪ Support for people to manage their own care ▪ Ensure quality non-residential and residential care ▪ Neighbourhood-centred models of care based on local need
Young People	<ul style="list-style-type: none"> ▪ Implement Centre for Early Child Development ▪ Implement Head Start programme ▪ Continue the Free School Breakfast scheme ▪ Increase the number of pupils attending Good or Outstanding schools ▪ Improve pupil attainment and the standard of secondary education

Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Date of Meeting	6 July 2016

BLACKPOOL CLINICAL COMMISSIONING GROUP PERFORMANCE REPORT

1.0 Purpose of the report:

- 1.1 To consider the 2015-2016 performance of the Blackpool Clinical Commissioning Group (CCG).

2.0 Recommendations:

- 2.1 To receive and scrutinise the report.
- 2.2 To make any recommendations to the Clinical Commissioning Group.
- 2.3 To determine any future reporting from the Clinical Commissioning Group on the issues / identify any topics for further consideration by the Committee.

3.0 Reasons for recommendations:

- 3.1 To ensure constructive and robust scrutiny of the annual health performance report in relation to commissioned hospital services.

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

3.2b Is the recommendation in accordance with the Council's approved budget? Not applicable (N/A)

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

- 4.1 The relevant Council Priority is "Communities: Creating stronger communities and

increasing resilience”.

5.0 Background Information

5.1 Mr David Bonson, Chief Operating Officer will be in attendance at the meeting to present the 2015-2016 performance and answer any questions on performance against the key national NHS measures including NHS Constitution Measures such as Referral to Treatment and Cancer waiting times and NHS Constitution Support Measures such as mixed sex accommodation breaches and cancelled operations.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 7 (a): Blackpool CCG performance report, month 12 and end of year, 2015-2016

6.0 Legal considerations:

6.1 Not applicable (N/A)

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

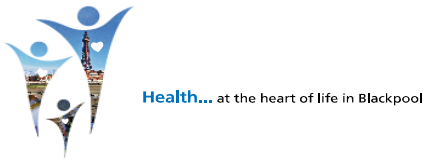
12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13. None

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Blackpool Clinical Commissioning Group
Performance Report 2015/16
Month 12: March 2016

Introduction

This report is to provide the Health Scrutiny Committee with assurance in relation to the indicators within the national Clinical Commissioning Group (CCG) Assurance Framework that are deemed to be performance related. The report includes a summary position of all the relevant indicators as of March 2016 or Quarter 4, as published by NHS England, with an exception narrative for any indicators not meeting the requisite target or where there is an early warning of a change in performance against any particular indicator. The report includes detailed reporting and trend analysis for each performance indicator.

Summary for March 2016

Metric		Exception	Page No.
NHS Constitution Measures			
Referral to Treatment (RTT) Incompletes (c)	↓		4
Diagnostic Test Waiting Time (c)	↓		4
A&E waits (c)	↑	*	4
Cancer waits (c)	↑	*	5
Category A Ambulance Calls (p)	↓	*	6
NHS Constitution Support Measure			
Referral to Treatment waiting times for non-urgent care consultant led treatment (c)	↓	*	4
A&E waits 12 hour trolley waits (p)	↔		5
Mixed sex accommodation breaches (c)	↑	*	6
Cancelled Operations (p)	↔		6
Mental Health (c)	↑	*	7
Dementia (c)	↓	NEW	7
Incidence of Healthcare Associated Infection (c)	↑	*	7
Financial Sanctions			
Possible Sanctions excluding Admitted and Non-Admitted RTT*	March 2016 position	£348,620 (M12)	£1,703,150 (YTD)

* In month 12 there have been 1,476 excess A&E breaches recorded at the Trust resulting in penalties of £177,120 and 248 (30mins) and 76 (60mins) Ambulance Handover breaches which result in penalties of £125,600, all show a reduction from month 11.









Key						
	■	Failing target	↑	Improving and within target	↑	Improving and below target
	■	Target Achieved	↓	Deteriorating and within target	↓	Deteriorating and below target
	(c) / (p)	Commissioner level / Provider level	↔	No change and within target	↔	No change and below target

Achievements

- The constitution measures for Cancer, 2 week waits and 31 days for Blackpool CCG residents in March (and year end) have been met. The 62 day measures have also been met with one exception “the percentage of patients waiting no more than 62 days from urgent GP referrals to first definitive treatment”
- The Trust reported zero MRSA breaches in March, this is 4 months with no reported breaches
- Blackpool CCG performance for Improving Access to Psychological Therapies (IAPT) is improving.
- Blackpool CCG has met the trajectory for Clostridium Difficile Infections (CDI), with **57** cases April 2015 to March 2016 (*trajectory 58*)

Areas for focus / information

- Accident and Emergency 4 hour waits have not been achieved in March. An NHSE (Lancashire) escalation process continues with daily and weekly updates being followed which include local and regional teleconferences.
- Ambulance call response rates for Red 1, Red 2 and 19 minutes have not been met for March.
- Blackpool CCG continues to monitor performance at Lancashire Teaching Hospitals.
- Blackpool Teaching Hospitals NHS Foundation Trust had 66 cases of CDI during 2015/16, 43 of which were identified as a “lapse in care or avoidable”. The trajectory in 2015/16 for BTH was 40.

Key		Failing target		Improving and within target		Improving and below target
		Target Achieved		Deteriorating and within target		Deteriorating and below target
	(c) / (p)	Commissioner level / Provider level		No change and within target		No change and below target

NHS Constitution for period ending March 2016

RTT (c)		Organisation	Target	Mar 16	YTD	Performance (Current Period)	Performance (Last Period)
Patients on incomplete pathways treated within 18 weeks		CCG	≥ 92%	93.00 %	94.81%	↓	↓
Patients waiting for more than 52 weeks	Incomplete pathway	CCG	0	0	1	↔	↑
Admitted patients treated within 18 weeks		N/A	N/A	N/A	N/A		
Non admitted patients treated within 18 weeks		N/A	N/A	N/A	N/A		

Blackpool CCG (BCCG) has met the RTT target for March 2016 for incomplete pathways. *The Committee should note the 52 week plus wait for BCCG will deteriorate by the next report due to 4 BCCG patients waiting for Plastic / ENT at Lancashire Teaching Hospitals NHS Foundation Trust.*

Diagnostic Test Waiting Time (c)		Organisation	Target	Mar 16	YTD	Performance (Current Period)	Performance (Last Period)
% of patients waiting 6 weeks or more		CCG	≤ 1%	0.62%	0.63%	↓	↑

BCCG has met the “Diagnostic Test Waiting Time” target for March 2016.

A&E Waits (c)		Organisation	Target	Mar 16	YTD	Performance (Current Period)	Performance (Last Period)
4 Hour A&E Waiting Time Target	Provider - BTH	≥ 95%	86.69%	92.37%	↑	↓	
	CCG	≥ 95%	85.60%	92.93%	↓	↓	

Blackpool Teaching Hospitals NHS Foundation Trust (BTH) did not achieve the 4 Hour A&E Waiting Time target in March 2016. An NHSE (Lancashire) escalation process remains in place with daily and weekly updates being followed and in addition local and regional teleconferences.

Key	Color	Description	Icon	Category	Icon	Category
	Red	Failing target	↑	Improving and within target	↑	Improving and below target
	Green	Target Achieved	↓	Deteriorating and within target	↓	Deteriorating and below target
	(c) / (p)	Commissioner level / Provider level	↔	No change and within target	↔	No change and below target

12 Hour Trolley waits in A&E (p)	Organisation	Target	Mar 16	YTD	Performance (Current Period)	Performance (Last Period)
12 Hour Trolley waits in A&E	Provider - BTH	0	0	0	↔	↔

There have been no 12 Hour Trolley Wait breaches recorded in A&E at BTH during April 2015 to March 2016.

Cancer Waits (c)		Organisation	Target	Mar 16*	YTD	Performance (Current Period)	Performance (Last Period)
% seen within 2 weeks of referral		CCG	≥ 93%	93.09% (20)	94.62%	↓	↑
% seen within 2 weeks of referral – breast symptoms		CCG	≥ 93%	100% (0)	95.49%	↑	↑
31 Days	% of patients receiving definitive treatment	CCG	≥ 96%	100% (0)	98.37%	↑	↑
	% of patients waiting no more than 31 days for subsequent treatment – surgery	CCG	≥ 94%	93.75% (1)	98.18%	↓	↔
	% of patients waiting no more than 31 days for subsequent treatment - drug therapy	CCG	≥ 98%	100% (0)	100%	↔	↔
	% of patients waiting no more than 31 days for subsequent treatment – radiotherapy	CCG	≥ 94%	100% (0)	99.45%	↑	↓
62 Days	% of patients waiting no more than 62 days from urgent GP referrals to first definitive treatment	CCG	≥ 85%	86.27% (4)	83.97%	↓	↑
	% of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment.	CCG	≥ 90%	100% (0)	91.30%	↑	↑
	% of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade.	CCG	≥85%	88.24% (6)	91.42%	↓	↑

* The figures in brackets reflect the number of BCCG residents seen or treated outside the respective cancer waiting time target. The one (1) patient who missed the 31 day indicator was due to inadequate elective capacity at LTH. The four (4) patients who missed the 62 day indicator are made up of 2 complex cases, 1 late referral and 1 delay for medical reasons.

Key		Failing target	↑	Improving and within target	↑	Improving and below target
		Target Achieved	↓	Deteriorating and within target	↓	Deteriorating and below target
	(c) / (p)	Commissioner level / Provider level	↔	No change and within target	↔	No change and below target

Category A Ambulance Calls (p)	Organisation	Target	Mar 16	YTD	Performance (Cur' Period)	Performance (Last Period)
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	Provider – NWAS	≥ 75%	67.34%	74.81%	↓	↑
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	Provider – NWAS	≥ 75%	58.88%	70.35%	↓	↓
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	Provider – NWAS	≥ 95%	86.66%	92.57%	↓	↓

The March 2016 figures show a continued downward trend, this is also reflected in the number of delayed handovers (see also page 20 & 21).

Mixed Sex Accommodation Breaches (c)	Organisation	Target	Mar 16	YTD	Performance (Cur' Period)	Performance (Last Period)
Breaches of same sex accommodation	BCCG	0	2	6	↓	↓
	Provider - BTH	0	4	18	↓	↓
	Provider - Spire	0	0	0	↔	↔

There have been 2 reported MSA breaches for BCCG in March. Both breaches occurred in the Intensive Care Unit (ITU) patients identified for transfer to ward 12 and ward 24, but beds not available for 24 / 48 hours. The two remaining patients were residents of other CCG's.

Cancelled Operations (p)	Organisation	Target	Position	QTR	Performance (Cur' Period)	Performance (Last Period)
Patients whose operations are cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.	Provider - BTH	0	0	(QTR 4 2015/16)	↔	↔

Key		Failing target	↑	Improving and within target	↑	Improving and below target
		Target Achieved	↓	Deteriorating and within target	↓	Deteriorating and below target
	(c) / (p)	Commissioner level / Provider level	↔	No change and within target	↔	No change and below target

Mental Health (c)	Organisation	Target	QTR 4	YTD	Performance (Cur' Period)	Performance (Last Period)
% of Mental Health patients on Care Programme Approach (CPA) discharged from hospital and followed up within 7 days	Provider - LCFT	≥ 95%	98.10%	97.25%	↑	↑

NEW - Dementia (c)	Organisation	National	Mar 16	YTD	Performance (Cur' Period)	Performance (Last Period)
CCG's estimated prevalence for people over 65 with dementia against the CCG's actual dementia diagnosis rate	CCG	≥ 67%	88.50%		↓	↑

Rationale: A timely dementia diagnosis can facilitate the provision of post diagnostic support to people with dementia and their carers.

Incidence of Healthcare Associated Infection (c)	Organisation (assigned)	Threshold	Mar-16	YTD	Performance (Cur' Period)	Performance (Last Period)
Incidence of MRSA bacteraemia	CCG	0	1	2	↓	↔
	Provider	0	0	6	↑	↓
Incidence of Clostridium difficile* (CDI)	CCG	58 (2015/16)	3	53		
	BTH (apportioned to the Trust)	40 (2015/16)	2	66		

*Data source; Public Health England HCAI Monthly Report Cumbria and Lancashire, March 2016

In March 2016 there have been zero (0) **MRSA** breaches recorded against the Trust. This shows no recorded MRSA cases for four consecutive months. BCCG had one (1) **MRSA** assigned in March but no cause could be found through the Post Infection Review (PIR) process.

Blackpool Teaching Hospitals have recorded two (2) new cases of **Clostridium Difficile** (CDI) in March 2016; cases involved Blackpool (1) and Fylde & Wyre (1) CCG residents. Cases identified in March are under review using the joint Post Infection Panel. From the BTH year-end position of 66 cases, 23 were deemed unavoidable and 43 were deemed avoidable or a lapse in care.

Key	■	Failing target	↑	Improving and within target	↑	Improving and below target
	■	Target Achieved	↓	Deteriorating and within target	↓	Deteriorating and below target
	(c) / (p)	Commissioner level / Provider level	↔	No change and within target	↔	No change and below target

Supplementary Measures

The NHS England publication “Supplementary Information for Commissioner Planning 2015/16” has highlighted in paragraph 29 under “Developing 2015/16 Plans” that Commissioners are expected to demonstrate active monitoring of constitution and “other” measures to help underpin operational planning in 2015/16.

Mental Health (c) IAPT	Organisation	Expectation	Mar 16	Performance (Cur' Period)	Performance (Last Period Q1)
IAPT access proportion rate (3.75% quarterly, suggested 1.25% monthly)	CCG	≥ 1.25% monthly	1.07%	↓	↑
IAPT recovery rate (50% monthly)	CCG	50%	35.5%	↓	↔
The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment	CCG	75% per month	54%	↑	↑
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment.	CCG	95% per month	94%	↑	↑

Improving Access to Psychological Therapies (IAPT) Recovery Rate

A full update was reported in the month 10 summary. Although the above indicators are below target they all show improving performance (except for access – this month only). Blackpool CCG continues to work closely with Provider(s) to improve the outcome for this group of residents. Commissioners are confident that the IAPT indicators will be achieved.

Key		Failing target	↑	Improving and within target	↑	Improving and below target
		Target Achieved	↓	Deteriorating and within target	↓	Deteriorating and below target
	(c) / (p)	Commissioner level / Provider level	↔	No change and within target	↔	No change and below target

Performance Scorecard



Staffordshire and Lancashire
Commissioning Support Unit

CCG Summary Report - NHS Constitution

Metric	Level	Period	Target	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016	YTD
NHS Constitution measures																
Referral To Treatment waiting times for non-urgent consultant-led treatment																
61: Referral to Treatment (Adjusted Admitted) (61)	CCG	Nov 2015	90%	95.54%	94.82%	94.86%	92.93%	92.58%	92.75%	88.53%	80.76%	N/A	N/A	N/A	N/A	93.80%
62: Referral to Treatment (Non-Admitted) (62)	CCG	Mar 2016	95%	95.66%	96.04%	95.08%	95.24%	95.18%	95.56%	93.91%	94.23%	94.51%	94.62%	94.27	94.37%	94.82%
129: Referral to Treatment (Incomplete) (1291)	CCG	Mar 2016	92%	95.63%	95.28%	95.27%	94.82%	95.35%	94.71%	93.56%	95.52%	94.33%	93.81%	93.79%	92.96%	94.66%
Diagnostic test waiting times																
1828: % of patients waiting 6 weeks or more for a diagnostic test (1828)	CCG	Mar 2016	1%	0.90%	1.12%	0.81%	0.75%	0.58%	0.28%	0.29%	0.64%	0.56%	0.71%	0.46%	0.62%	0.63%
Cancer waits – 2 Week Wait																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) (191)	CCG	Mar 2016	93%	93.90%	92.80%	93.50%	94.76%	96.98%	95.75%	95.16%	95.23%	94.44%	95.82%	94.51%	93.09%	94.62%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) (17)	CCG	Mar 2016	93%	95.00%	94.34%	94.85%	92.18%	92.50%	86.54%	95.5%	98.85%	92.31%	100%	100%	100%	94.72%

Metric	Level	Period	Target	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016	YTD
NHS Constitution measures																
Cancer waits – 31 days																
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) (535)	CCG	Mar 2016	96%	96.47%	98.57%	97.64%	95.65%	97.94%	97.40%	98.60%	98.67%	100%	100%	100%	100%	98.37%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) (26)	CCG	Mar 2016	94%	100%	100%	100%	100%	94.12%	100%	90.00%	100%	100%	100%	100%	93.75	98.18%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) (1170)	CCG	Mar 2016	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) (25)	CCG	Mar 2016	94%	100%	100%	100%	100%	100%	96.67%	100%	100%	100%	96.30%	100%	100%	99.44%
Cancer waits – 62 days																
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) (539)	CCG	Mar 2016	85%	83.33%	75.00%	75.60%	86.04%	83.05%	92.11%	87.87%	85.29%	87.50%	74.36%	91.67%	86.27%	83.97%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) (540)	CCG	Mar 2016	90%	75.00%	100%	100%	100%	80.00%	100%	100%	75%	100%	83.33%	100%	100%	91.30%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) (541)	CCG	Mar 2016	85%	78.57%	88.89%	90.00%	96.55%	93.33%	94.12%	90.91%	85%	95.83%	90.48%	100%	88.24%	91.42%

Metric	Level	Period	Target	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016	YTD
NHS Constitution measures continued																
Category A ambulance calls																
1887: Category A Calls Response Time (Red1) (1887)	CCG	Mar 2016	75%	86.46%	88.20%	90.80%	90.90%	84.00%	94.60%	88.89%	94.87%	87.00%	90.10%	77.78%	88.30%	88.52%
1887: Category A Calls Response Time (Red1) (1887)	NWAS	Mar 2016	75%	71.22%	81.55%	79.82%	79.29%	77.65%	78.40%	75.85%	73.42%	74.95%	69.29%	70.47%	67.34%	74.81%
1889: Category A (Red 2) 8 Minute Response Time (1889)	CCG	Mar 2016	75%	81.60%	88.90%	85.70%	86.60%	83.40%	86.70%	85.70%	86.09%	86.11%	80.30%	74.17%	77.00%	83.66%
1889: Category A (Red 2) 8 Minute Response Time (1889)	NWAS	Mar 2016	75%	72.12%	79.43%	78.17%	75.96%	75.42%	74.87%	72.45%	68.45%	69.50%	63.49%	61.06%	58.88%	70.35%
546: Category A calls responded to within 19 minutes (546)	CCG	Mar 2016	95%	94.31%	97.50%	96.10%	95.60%	94.70%	95.60%	95.52%	96.22%	96.12%	93.80%	89.39%	90.80%	94.69%
546: Category A calls responded to within 19 minutes (546)	NWAS	Mar 2016	95%	93.28%	96.38%	95.87%	94.56%	95.11%	94.60%	94.08%	91.99%	92.68%	89.85%	88.80%	90.80%	94.69%
NHS Constitution support measures																
Mixed Sex Accommodation Breaches																
1067: Mixed sex accommodation breaches - All Providers (1067)	CCG	Mar 2016	0	0	0	0	1	0	1	0	2	0	0	2	2	8
Mental Health																
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days (138)	CCG	QTR 4 2016	95%	100%	100%	100%	100%	96.4%	100%	100%	92.9%	94.83%	96.30%	96.30%	96.30%	97.56%

Metric	Level	Period	Target	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016	YTD
NHS Constitution support measures																
Referral To Treatment waiting times for non-urgent consultant-led treatment																
1839: Referral to Treatment - No of Incomplete Pathways Waiting >52 weeks (1839)	CCG	Mar 2016	0	0	0	0	0	0	0	0	0	0	2	0	0	2
A&E waits																
1928: 12 Hour Trolley waits in A&E (1928)	Hospital Provider (BTH)	Mar 2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Activity Measures																
Elective																
77: Number of G&A elective ordinary admission FFCEs in the period (77) (Inpatient)	CCG	Mar 2016	Target	TBC	This data set is no longer available through the Monthly Activity Report. In future, this will be a NHS England report based on SUS data. The timetable for the publication of this data set has not been published by NHS England.											TBC
			Actual	322												322
71: Number of G&A elective FFCEs in the period - Day Cases (71) (Day cases)	CCG	Mar 2016	Target	TBC												TBC
			Actual	2516												2516
Non Elective																
72: Number of G&A non-elective FFCEs in the period - Total (72)	CCG	Mar 2016	Target	TBC	This data set is no longer available through the Monthly Activity Report. In future, this will be a NHS England report based on SUS data. The timetable for the publication of this data set has not been published by NHS England.											TBC
			Actual	2027												2027
Outpatients																
73: All first outpatient attendances (consultant-led) in general and acute specialties (73)	CCG	Mar 2016	Target	TBC	This data set is no longer available through the Monthly Activity Report. In future, this will be a NHS England report based on SUS data. The timetable for the publication of this data set has not been published by NHS England.											TBC
			Actual	5326												5326

Metric	Level	Period	Target	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016	YTD
A&E waits																
1926: A&E Attendances: Type 1 (1926)	BTH	Mar 2016	Actual	8,096	6314	6647	7491	7467	7210	7536	6905	6940	7048	6890	7486	86,030
1927: A&E Attendances: All Types (1927)	BTH	Mar 2016	Actual	19,258	15075	14869	16853	16916	16518	16902	15751	15917	16501	16119	17773	198,452

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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Steven Garner, Service Manager, Healthwatch Blackpool
Date of Meeting	6 July 2016

HEALTHWATCH BLACKPOOL – PROGRESS REPORT AND PRIORITIES

1.0 Purpose of the report:

- 1.1 To consider the work of Healthwatch Blackpool in 2015-2016 including key findings from service reviews and changes made as a result of the involvement of the organisation.

2.0 Recommendation(s):

- 2.1 To review work undertaken in 2015-2016 by Healthwatch Blackpool and consider its programme of work for 2016-2017.
- 2.2 To consider how to undertake effective scrutiny of Healthwatch Blackpool in the future.

3.0 Reasons for recommendation(s):

- 3.1 Health Scrutiny functions are set up by law and guidance, and this includes duties to work with local Healthwatch.

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

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

3.3 Other alternative options to be considered: None

4.0 Council Priority:

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

5.0 Background Information

- 5.1 The work of Healthwatch Blackpool is subject to scrutiny by the committee as the guidance says: “While continuing to be independent organisations able to decide their own priorities and programmes of work, (local Healthwatch) will account to the local authority for their effectiveness and use of public funds”¹
- 5.1.2 The Committee is therefore asked to consider their arrangements for receiving the reports and recommendations of Healthwatch Blackpool, and its preferred method for reviewing Healthwatch Blackpool’s effectiveness.
- 5.2 What is happening at Healthwatch Blackpool?

In April/May 2015 Healthwatch Blackpool undertook a wide public consultation asking Blackpool residents what they thought were the biggest health and social care issues. Based on the results of this survey a plan of work was designed and carried out.

Over the 12 month period the attached report details the services which have been reviewed and research Healthwatch has undertaken:

Adult Mental Health Services
Maternity Services
Outpatients Departments
Dentistry Services
Young People’s Mental Health and Wellbeing research
Domiciliary Care
End of Life services fact-finding
Children and Adolescent Mental Health Services (CAMHS)
Care Homes
Urgent Care
The Harbour
Substance Misuse Services

- 5.2.1 Throughout each piece of work Healthwatch Blackpool consulted with those using the services, before producing a report with findings and (where relevant) recommendations. These were put to the service managers and local Council / Clinical Commissioning Group (CCG) governing bodies for comment and shared with the Care Quality Commission (CQC), Healthwatch England, and NHS England.
- 5.2.2 As the appended report details, Healthwatch Blackpool has published 22 reports, consulted with 2,000 individuals and reached over 20,000 people through social

¹ Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

media engagement.

5.2.3 As a result of Healthwatch Blackpool's involvement, services have made the following changes:

- Care homes have made changes including extending food rotas and choice, employing activities co-ordinators and updating staff training.
- The Hub has established a young people's drug and alcohol recovery group.
- The Emergency Department have held staff meetings regarding the supplying of food and drink, and pressure area relief for those waiting for long periods of time in Accident and Emergency.
- The Outpatients Departments will work with low-vision services to ensure their materials are accessible, and have given information regarding their redesigns to keep patients up to date with waiting times.
- CAMHS have said that the report would be used to form part of its on-going engagement with children, young people and families who use its services.
- Maternity services responded by explaining that Midwifery teams are now cohesive with four to six midwives, and time is allocated for clinics. Community Midwives will ensure all options for antenatal and intrapartum care are discussed to ensure appropriate information is given, and the postnatal options are being extended to include clinics. Also the discharge process has been reviewed, and a discharge co-ordinator has been employed on a substantive basis.
- In Adult Mental Health Services, a joint response was submitted to Healthwatch from Blackpool Council and Blackpool CCG. The CCG has a waiting list initiative in place to reduce waiting times for Improving Access to Psychological Therapies (IAPT); Blackpool Teaching Hospitals (BTH) is aiming to meet the targets by April 2016. A Blackpool mental health alliance board was established, at which BTH, LCFT and the council are represented at a senior level monthly meeting chaired by the Blackpool CCG Chief Operating Officer. In addition to this several new initiatives are being piloted in Blackpool to reduce the strain on emergency services.

5.2.4 As a result of the body of work completed over the 2015-2016 financial year, Healthwatch Blackpool also holds seats at the following groups:

- Blackpool Health and Wellbeing Board
- CCG Governing Body and Primary Care Commissioning Group Meetings
- Patient and Carer Experience and Involvement Committee

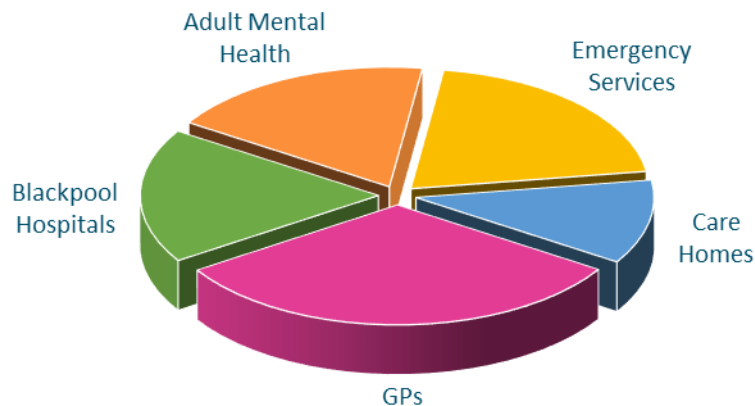
- Patient Participation and Involvement (PPI) Forum
- Blackpool Patient Participation Networking Group (PPNG)
- Joint Strategic Needs Assessment (JSNA) steering group
- Blackpool Fylde and Wyre Mental Health Foun
- Dementia Action Alliance
- Alcohol Strategy Group
- Drug Strategy Group
- Public Health Tobacco Alliance

5.2.5 Healthwatch Blackpool has requested a response from each service it has reviewed.

- Three out of eleven Care Homes did not respond.
- A response has not been given to the Dentistry consultation.
- Healthwatch Blackpool is awaiting a response from the Council on the Domiciliary Care consultation.
- Although The Hub responded to the Substance Misuse review, the adult service provider Horizon did not provide a response.
- The Harbour Review has been sent to Dee Roach for a response.

5.2.6 2016/17 Consultation

Healthwatch Blackpool has been consulting the public on what they think are the biggest concerns in Blackpool around health and social care, and what they think Healthwatch Blackpool’s priorities should be over the next year. The full report is still in draft form, however the results below are a snapshot of the biggest five areas of concern, which will form Healthwatch Blackpool’s plan of work for 2016-2017.



Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 8 (a). Healthwatch Blackpool 2015-2016 Impact Report and Timeline

6.0 Legal considerations:

6.1 As outlined above – see paragraph 3.1.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 No Equalities Impact Assessment required – differential impact of health and care will be considered throughout Healthwatch’s work, and Empowerment is committed to extending membership of Healthwatch across the local community.

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 If Health Scrutiny does not fully engage with the work of Healthwatch Blackpool they will be in breach of regulations defining their role and operation.

11.0 Ethical considerations:

11.1 Empowerment is a sustainable local charity with clear ethical policies. The provision of Healthwatch is entirely in line with the Nolan principles and high standards of accountability for public services.

12.0 Internal/ External Consultation undertaken:

12.1 Included in the report.

13.0 Background papers:

13.1 None

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The background of the slide is a photograph of Blackpool Pier and the Great Wheel at sunset. The sky is a mix of orange, yellow, and blue. The pier is a long wooden structure extending into the sea, with several buildings on top. The Great Wheel is a large Ferris wheel on the right side of the image.

healthwatch

Blackpool

Impact report & Timeline 2015 - 2016

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Healthwatch Blackpool - Who are we?

Healthwatch Blackpool listens to people’s concerns of health and Social care in Blackpool, and provides the public feedback to service providers and commissioners in order to make positive change. Through local engagement we collect vital data on how and why people use services in the area, and our place on the Health and Wellbeing Board means we can represent the voices of people in decision making. Healthwatch Blackpool directly supports people in their community by giving them information or signposting them to the local services they need.

We are an independent, statutory organisation and we are commissioned directly by the local authority.

Healthwatch is delivered by Empowerment, a health and social care charity based in Blackpool.

When Empowerment first took over the contract in April 2015 we surveyed over 450 people asking which services they think we should be looking into. We formed a plan of work based on the results.

This timeline and impact report reflects the work we have undertaken in the last year.

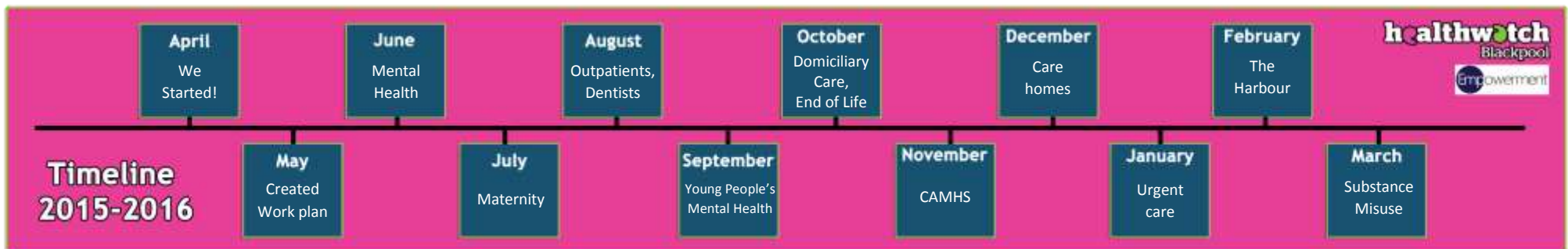
We couldn’t have done it on our own!

Healthwatch Blackpool would like to extend a massive thank you to all the service providers, commissioners, focus groups, charities and organisations who worked with us over the past year enabling us to visit these services and get independent service user feedback. We would also like to thank all of those services who responded to our reports and are making changes as a direct result of the findings.

We’d like to thank the public for answering our questions and trusting us to speak on their behalf and make their voices **LOUDER**.

In order to understand how well a service operates and can improve, the fundamental way to do this is by listening to those who have been through them. We believe that some of the impacts we have had over the past year are a testament to championing the service user voice.

“Healthwatch Blackpool is fully independent and committed to seeking out voices from the seldom heard.”



healthwatch Blackpool

What did we do? April 2015

healthwatch Blackpool

What did we do? May 2015

On the 1st of April 2015 Empowerment took over the contract for Healthwatch Blackpool from Groundwork. As no staff came from Groundwork to Empowerment, the transition was going to be difficult in that a lot of the initial creating of the service was required. The new services manager Claire Powell set out the initial priorities for Healthwatch Blackpool:

.....

- New staff were required to fulfil the roles of Information officer and the Involvement officer. Interviews were held in April.
- Some members of the board moved on leaving a small number to continue strategic oversight. There was to be a planned push for recruiting board members.
- More volunteers were also required to assist in Healthwatch Blackpool's day to day activities.
- A plan of work was needed to be formulated for the year ahead, through public engagement.

In order to formulate a plan of work the aim was to conduct listening events, speak to local people about the issues they are concerned with and ask where Healthwatch's efforts should be focussed. We surveyed over 450 individuals in April and held listening events at local hotels and groups.

The work programme consultation finished and Healthwatch Blackpool collated the results. Using these findings we developed a work plan and Healthwatch Blackpool was taking shape thanks to the direction and input from the diverse communities of Blackpool.

The main issues people told us about were:

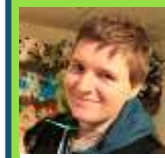
- Hospital Services (maternity, A&E, outpatients ETC)
- Mental Health for adults and children
- Care homes
- The effects of social care cuts
- Dementia

Healthwatch Blackpool also recruited 2 new staff.



Steven Robinson

Steven Robinson filled the post of Involvement Officer. His background within charity work and marketing brought a unique perspective and focus. His primary role was to be in charge of community engagement and volunteer co-ordination.



Steven Garner

Steven Garner filled the Information Officer role. He brought years of health and social care knowledge and experience with him, and it was his role to ensure all information about Healthwatch was up to date and available to the public in order to offer a valuable service.



healthwatch
Blackpool
What did we do?
June 2015



healthwatch
Blackpool
What did we do?
July 2015

Mental Health Consultation –This first piece of work was aimed at getting an understanding of what mental health services were available for adults and how they were perceived. We received 86 responses to our survey through either direct face to face interviewing, completed on-line or paper based surveys. This was the first time many people had been consulted about mental health and we spoke too many of those who had long term conditions. This report created a lot of interest from some key stakeholders and was responded to later on in the year.

The key results were:

- Only 30% of the people we surveyed reported to have had an assessment with a mental health professional within 3 weeks. 52% of respondents had to wait up to 3 months.
- 70% of the people we spoke to didn't know that they could have a trained advocate or other appropriate person to support them at meetings and appointments.

Healthwatch Blackpool also made progress reaching out and involving ourselves with the local communities and groups. We began attending the Mental Health Forum and have been asked to have a seat at the group so we can contribute.

We also met with Healthwatch Lancashire. We discussed the potential of future working on joint projects, and learned about a Macmillan event aimed at talking to seldom heard groups and speaking to them about their experiences of cancer.

Maternity review –As well as visiting the facilities at the hospital we also spoke with 90 new mums who had given birth within the last 12 months. This was done in several children's centres in Blackpool and was a relative success. Overall the findings were really positive, with 84% reporting a good/very good overall experience.

The key findings were:

- 90% felt that having a named midwife was important, yet only 44% reported seeing their named midwife consistently throughout their pregnancy.
- 27% of new Mum's felt they were in hospital too long.
- 73% did not know they could have or were offered a choice of where their antenatal appointment could be held.

.....

We also attended the Healthwatch annual conference in Manchester and spoke to others and shared our experience around research, engagement and enter and views.

We also received invites to patient groups. We attended the Patient and Carer Involvement and Experience meeting at the Hospital, which is a meeting we have attended ever since and provided feedback to.

healthwatch Blackpool What did we do? August 2015

healthwatch Blackpool What did we do? September 2015

Outpatients review – We conducted a review of Blackpool Victoria Hospital Outpatients department. The review took place in Ear, Nose & Throat, Orthopaedics, Maxillofacial, Gastroenterology, ophthalmic, neurology outpatient's clinics and we spoke to people waiting for patient transport on the morning of 17th and afternoon of 18th of August 2015. We spoke with 64 people and collected 47 fully completed responses. The questions were around referral processes, choose and book systems, waiting times and accessibility.

Key points:

- 36% of appointments were running late but the majority of people were not kept informed of the reasons why this was or how long they were expected to wait.
- People feel the staff work hard and are respectful and treat them with dignity.

Dentist Consultation – During August we conducted an on-line survey regarding dentists. We received 99 responses which were largely positive.

Key points

- People praised their dentist and said they didn't have major issues with them, it was just being able to find one that was the biggest barrier.
- 100% of people say their dentist accommodates their physical needs.
- Dentists also do a good job alleviating the fears and anxiety of patients.

Children & Young People Emotional Wellbeing Report – Our aim was to identify issues that affect the emotional wellbeing of the children and young people of Blackpool; the coping strategies that they adopt, the support mechanisms in place and their suggestions on how we can improve the support available. We spoke to over 200 individuals face to face and via surveys on the internet.

Key Points:

- The biggest issue that was identified was around body image. An issue affecting almost 70% of the females that we spoke to.
- Just over half of the young people we spoke to said bullying was a concern.
- Many young people said that they were concerned about school, exams and the future.
- 77% of C&YP reported feeling angry and 79% of those felt angry because of bullying that they had experienced.
- 72% of C&YP said that they had experienced sleep issues.
- Almost a 3rd of all the children that we spoke to said that they found it difficult to concentrate at school due to problems at home.

We also launched our new website. This was key for us to connect with people using social media. The website was created in house. The website was built to be used as a tool for signposting. We wanted somewhere people could go to be heard. To date (March 2016) we have had over 20 individual concerns registered using our site and around 4000 visitors.



End of Life Care – Healthwatch Blackpool wanted to understand more about the services and support for people who are nearing the end of their life. Due to the sensitivity of the subject it was felt that a survey would be an inappropriate way to gather people’s views and experiences. It was decided that research done in partnership with the End of Life team and other key stakeholders would give us an overview and allow us to understand more. Healthwatch Blackpool talked with key stakeholders to gain a better understanding. We also have a webpage dedicated to End of Life information.

Our report has been a result of 6 months of research and gathering, with much information supplied by the End of Life stakeholders about their transformation plan.

Domiciliary Care – We consulted over 150 elderly individuals about the care they received at home. These surveys were sent to several care companies and also sent out via the social care team at Blackpool council.

Key points:

- 82% of Respondents said that they were with a Care Agency that suited them
- 10% of Respondents didn’t know who to contact if their Carer failed to arrive
- 92% of Carers filled in the log book, recording the visit and work done
- 87% of Respondents said that the service received “met their needs”
- Some families did not feel the care staff and agency engaged with them
- Service users who pay the council reported not receiving refunds for care that goes undelivered

CAMHS review – It was felt that a review of CAMHS would be appropriate to complement our research on Young People’s wellbeing in September and adult mental health services in June.

Key Points:

- Most people were happy with the service and support they received from CAMHS/Connect once they were accepted into the service.
- Parents told us that it is easy to forget about advance appointments
- Parents felt their concerns were not always acted upon or taken seriously
- 50% of appointments were not attended during our 2 day visit
- Some felt unsupported during the time they had to wait to get access to CAMHS (which could be months).

Service provider response:

“CAMHS would like to thank Healthwatch for carrying out this review capturing some of the experiences of those using CAMHS & Connect during the visits, and thank the children, young people, parents and carers who took part. We welcome this feedback and the learning that can be taken from it. It’s good to hear the positive comments made about the services, and acknowledge there is further work that we need to do. Our local CAMHS & Connect Services are engaged in a number of local and national development’s together with our partners organisations, that will see much needed investments in children’s and young people’s emotional health and wellbeing and their mental health needs. This will involve transforming the way we deliver children’s and young people’s emotional health and mental health services across Blackpool. This report helps to capture some of the experiences of our current service users and will form part of our on-going engagement with children, young people and families who use our services.”

David Eaton, Service Manager Blackpool CAMHS

healthwatch Blackpool What did we do? December 2015

healthwatch Blackpool What did we do? January 2016

Page 78

Care Home Reviews – Healthwatch Blackpool created a “Residents Voice” survey aimed at gathering information about the experience of living in a care home in Blackpool, including quality of life factors such as activities and choices. Working alongside the CQC (Care Quality Commission) Healthwatch Blackpool contacted 11 Residential Care Homes in Blackpool. We asked if we could come into their homes and speak to the residents. Overall, the quality of care (from the resident’s perspective) was very good in all of the homes that we visited and no major issues were identified. The homes we visited were;

- | | |
|----------------------|---------------------|
| Annacliffe Care Home | Belgravia Care Home |
| Broadway Care Home | Chaseley Care Home |
| Feng Shui Care Home | Haddon Court |
| Highcroft Care Home | Hollins Bank |
| Langdales | Layton Lodge |
| Waterside Care Home | |

All the full reviews are published on our website. Many of the homes responded to us and told us they were making changes based on the information the residents told us:

“The residents commented that the visit by Healthwatch Blackpool was extremely positive. The team were more courteous they felt than any other coming into the home.”

Feng Shui House

Urgent care - Healthwatch Blackpool wanted to learn why people chose to attend A&E when there are other alternatives available. There are many reasons why A&E isn’t always the most appropriate place for medical emergencies and the campaign ‘Think! Why A&E?’ by the NHS reflects this. Healthwatch Blackpool and Healthwatch Lancashire teamed up to visit A&E and ask people over 3 days why they decided to choose A&E.

Key points:

- It was felt that 111 send too many people to A&E and also that people were put off contacting them because they felt they knew that they would be advised to visit hospital.
- People expect waiting times and so they do not wish to come to A&E. They would like information on other services and options.
- People with additional care needs and pre-diagnosed conditions such as diabetes were waiting long times without food or drink and didn’t have money for vending machines.
- Many people attended requiring x-rays, and there appeared to be a lack of knowledge around other services which provide them and when they are available.

We’re currently awaiting a response to be included within our report from Blackpool Teaching Hospitals but will publish this report on our website soon.

The services manager Claire Powell left her post at Healthwatch at the end of January, with the Chief Executive of Empowerment Dee Conlon overseeing the service until a new manager was sought.



healthwatch
Blackpool
What did we do?
February 2016



healthwatch
Blackpool
What did we do?
March 2016

The Harbour conversation - Healthwatch Blackpool attended The Harbour over 3 days to speak with patients about the care they receive and to listen to their concerns. Together with Healthwatch Lancashire we went into the wards and spoke to the people receiving the care. We asked how they felt about the staff, asked if they felt safe, and if there was anything that was concerning them. This report is being prepared by Healthwatch Lancashire and is due to be published soon.

.....

Looking ahead to 2016/17 - February was also a time where we began to look into the future and in particular 2016/17. We've spoken to over 2000 individuals about health and social care in Blackpool. We'd joined multiple strategic and operational networks, and provided feedback at multiple level meetings in health and social care. More importantly we held service providers to account and gave the residents of Blackpool a voice. We wanted to continue this work and we set about asking residents to tell us what they thought of our work and what we should be looking into for the next 12 months.

New board – Healthwatch Blackpool underwent a recruiting process for board members to provide strategic oversight and support. Those successful took part in an induction process in February and all 5 signed up to become part of Healthwatch Blackpool's history and we wish them well and look forward to working with them into 2016/17.

Substance misuse – When Healthwatch Blackpool contacted the commissioners at Blackpool Council they told us they were about to conduct a review into drug and alcohol services and would we like to get involved. We spoke to over 40 individuals who were in various stages in their recovery and asked them 3 questions. What did they like, what wasn't helping and what could be improved from their perspective?

Key points:

- The work done by all staff members and services has a huge positive impact on the people who use the services. They were overwhelmingly positive of all the treatment and the attitude and dedication of the staff.
- Many clients, friends and family have no awareness of the services that are available before they are referred to them.

Macmillan – We facilitated a cancer awareness event for adults with learning disabilities. Together with Macmillan Cancer Support, Aftathought (an events company) and other local Healthwatch Lancashire and Blackburn and Darwen we worked with a local learning disability group called The Friendship Club. The Friendship Club is run by Empowerment and the wider learning disability community was invited. The event was a huge success with fantastic engagement. One service user who was affected by cancer said: *"I enjoyed it, it helped me to let it all out."*

A new Healthwatch Blackpool manager was sought, and Steven Garner would be taking over as manager of Healthwatch Blackpool from April 2016.

Our volunteers have given:

Over 116 hours



That's 4.8 days!



They could've driven on all of the motorways in the UK over 3 and a half times

At 70mph of course!

We've had over 2000 individual responses to our surveys

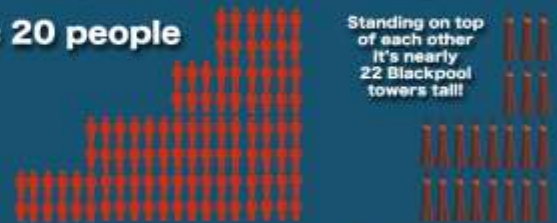


You'd need 8 olympic sized swimming pools to fit everyone who responded in!



if we spoke to each one for just 20 minutes it'd take 67 hours to hear them all!

 = 20 people



Standing on top of each other it's nearly 22 Blackpool towers tall!

Standing at arms length that's 2.1 miles! or over 32 football pitches long!



Our year in pictures

During 2015/16 we have surveyed, chatted to, questioned, met, befriended, signposted, polled, spoken to and listened to so many of Blackpool residents but the question is... How many?



2015/16

We've visited 56 different health and social and care premises to listen to YOUR views

A 56 sided shape is called a:

Pentacontakaihexagon



Actually a 56 sided shape!

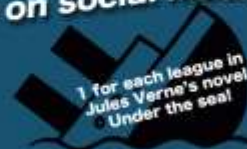
(That's: Penta-contakal-hexagon!)

We published 22 reports That's 169 pages



If you put all the pages in a line, the line would be 50m long! That's 6 London buses

We spoke to over 20,000 people on social media



That's 1 in 7 people in Blackpool!

We reviewed:

- Care homes
- CAMHS & mental health
- Outpatients
- A&E
- Substance misuse
- Any many more

What has changed?

In order for Healthwatch Blackpool to be the successful independent consumer champion for health and social care it is vital that services adapt as a result of hearing the voices of service users. This is a snapshot of what has changed as a result of Healthwatch Blackpool involvement.

Adult Mental Health Services

A formal joint response was submitted to Healthwatch from Blackpool Council and Blackpool Clinical Commissioning Group (CCG). The CCG have a **waiting list initiative** in place to **reduce waiting times for IAPT**; Blackpool Teaching Hospitals (BTH) are aiming to meet the targets by April 2016.

A **Blackpool mental health alliance board was established**, at which BTH, Lancashire Care Foundation Trust (LCFT) and the council are represented at a senior level monthly meeting chaired by the Blackpool CCG Chief Operating Officer.

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

Maternity Services

In response to only 44% seeing their named midwife consistently, New Models of Care commenced in September 2015 which will ensure consistency. **Midwifery teams are now cohesive** with 4-6 midwives, and **time is allocated for clinics**.

In response to 73% of respondents not knowing their choices of venue for antenatal appointments, Community Midwives will ensure **all options for antenatal and intrapartum care are discussed** to ensure appropriate information is given, and the **postnatal options are being extended to include clinics**.

In response to 23% of new mothers believing they were in hospital for too long, **the discharge process has been reviewed**, and a **discharge co-ordinator has been employed** on a substantive basis. This allows more time to care and streamlines the discharge process.

CAMHS

*"This report helps to capture some of the experiences of our current service users and will **form part of our on-going engagement with children, young people and families who use our services.**"* David Eaton, services manager at Blackpool CAMHS

Outpatients Services

In response to 36% of appointments running late and patients not being kept informed, **new information screens are to be fitted throughout Outpatients Departments (OPD) as part of a redesign**. The details of this report have also been **discussed at the OPD Staff meeting**.

The department will contact N-Vision to arrange with assistance in reviewing the information that is displayed in response to a lack of information in clinic waiting rooms and no large print information in the eye clinic.

Urgent Care

In response to a vulnerable service user concern of being sat for around 5 hours in a wheelchair, the department **apologised for not providing adequate information**. This has been discussed with the team and they are **aware of the need to administer regular pressure area relief**.

In response to a service user waiting for 6 hours without food or drink being offered, the department iterated that all patients that attend the Emergency Department (ED) should be offered regular drinks and food, and would like to apologise. **Offering food and drink has been discussed with the ED team**.

Substance Misuse Services

*"We will be looking into the findings in more detail to look at the possibility of introducing changes in line with these findings. **We are starting a recovery group in the immediate future for our young people** and will look at continuing this if there is sufficient interest."* Jackie Crooks, Advanced Practitioner at The Hub

Care Homes

Hollinsbank Care Home: Further menu choice has been offered to the service users. **Smokers have been moved so they will not disturb non-smokers**. A new **activities organiser has been employed**.

Annacliffe: The home are in the process of **employing another co-ordinator for morning activities**.

Broadway: The **full 4-weekly menu will now be displayed for residents**. The home will also **display activities in several places around the home**.

Langdales: **New chefs have been recruited** at the home. **New menus are now on view** on dining tables and in the reception area, with **alternative choices of meals available**. The home is **recruiting an activities coordinator**. Staff training now ensures they **allow time for residents to respond after knocking before entering the room**.

Healthwatch Blackpool

Impact report & timeline 2015-2016

Find out more:

Visit:

www.healthwatchblackpool.co.uk

Facebook - Healthwatch Blackpool

Twitter - @Healthwatchbpl

hello@healthwatchblackpool.co.uk

Address:

Empowerment
333 Bispham Road, Blackpool,
FY2 0HH

Phone number:

01253 477959 (Option 7)

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust.
Date of Meeting	6 July 2016

DELAYED TRANSFERS OF CARE

1.0 Purpose of the report:

1.1 To receive an overview of Delayed Transfers of Care (DToc) from Blackpool Teaching Hospitals NHS Foundation Trust.

2.0 Recommendation(s):

2.1 To consider the number and reasons for delayed transfers making recommendations as appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure robust scrutiny of health services. At its meeting of April 2016 the Resilient Communities Scrutiny Committee, which was previously responsible for health scrutiny, requested a progress report following concerns raised on the number of delayed transfers.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? N/A

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

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

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

5.0 Background Information:

- 5.1 Delayed Transfers of Care are a nationally reported information data set based on regulations contained in legislation, the Community Care (delayed discharges etc) Act 2003 and The Care Act 2014 (the process for managing transfers of care from hospital for patients with care and support needs). The information provided in this report is a “snapshot” sample based on a weekly data set.
- 5.2 Appendix 9 (a) shows the overall numbers of delays for a month which are higher than the same period the previous year. The impact can be seen in terms of lost bed days that have correspondingly increased.
- 5.3 Appendix 9 (b) shows the total of delays over a five week period of 224 compared to 143 for the same period in 2015. The Trust has seen a change recently in where the delays are attributed. More are due to social and joint social and health reasons than the same period last year. This is consistent with national pressures on out of hospital services such as domiciliary care and a lack of residential/nursing home capacity.
- 5.3 Appendix 9 (c) demonstrates the total delays by category. Historically in-hospital assessments have been the major cause of delays. However there has been a change in recent times which shows delays in “out of hospital” resources, typically domiciliary care provision (especially those Nursing Homes that specialise in dementia care with challenging behaviour).
- 5.4 The Trust works very closely with external partners to ensure patients delayed in hospital are discharged as soon as it is safe to do so. A monitoring group has been established to review patient delays to ensure patient plans are progressed. Internally within the Trust there is a working group which includes commissioners and social care partners. The Trust feels it is making significant progress in terms of reducing unnecessary delays with its processes.
- 5.5 Externally the Trust acknowledges that as a Health and Social economy it is under the same pressures that affect services nationally. Increased demand on already stretched services is a major concern. The Trust are working alongside our Commissioner partners and social services to identify solutions to these challenges.
- 5.6 Does the information submitted include any exempt information? No

List of Appendices:

- Appendix 9 (a) – overall numbers of delays
- Appendix 9 (b) – total delays split over 5 week period
- Appendix 9 (c) – total delays by category
- Appendix 9 (d) – total delays by category over 12 months

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

7.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

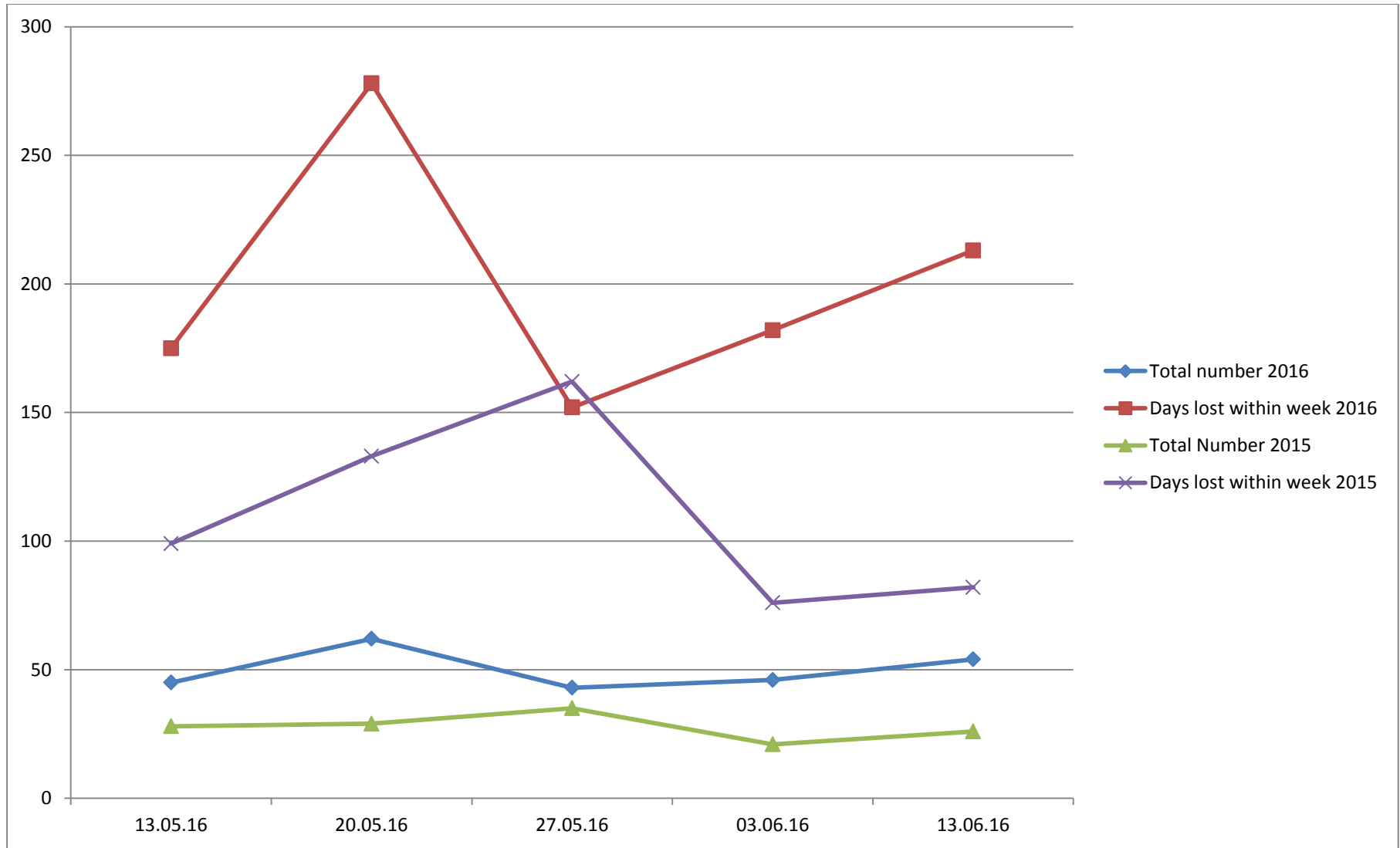
12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

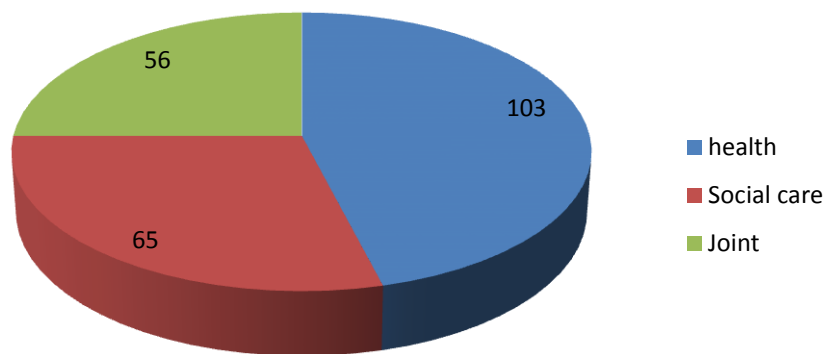
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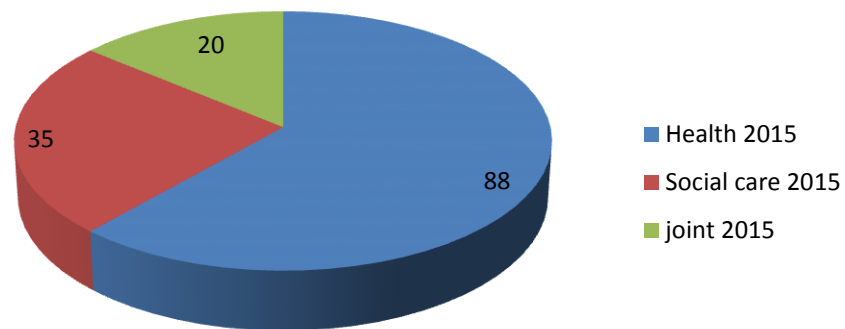


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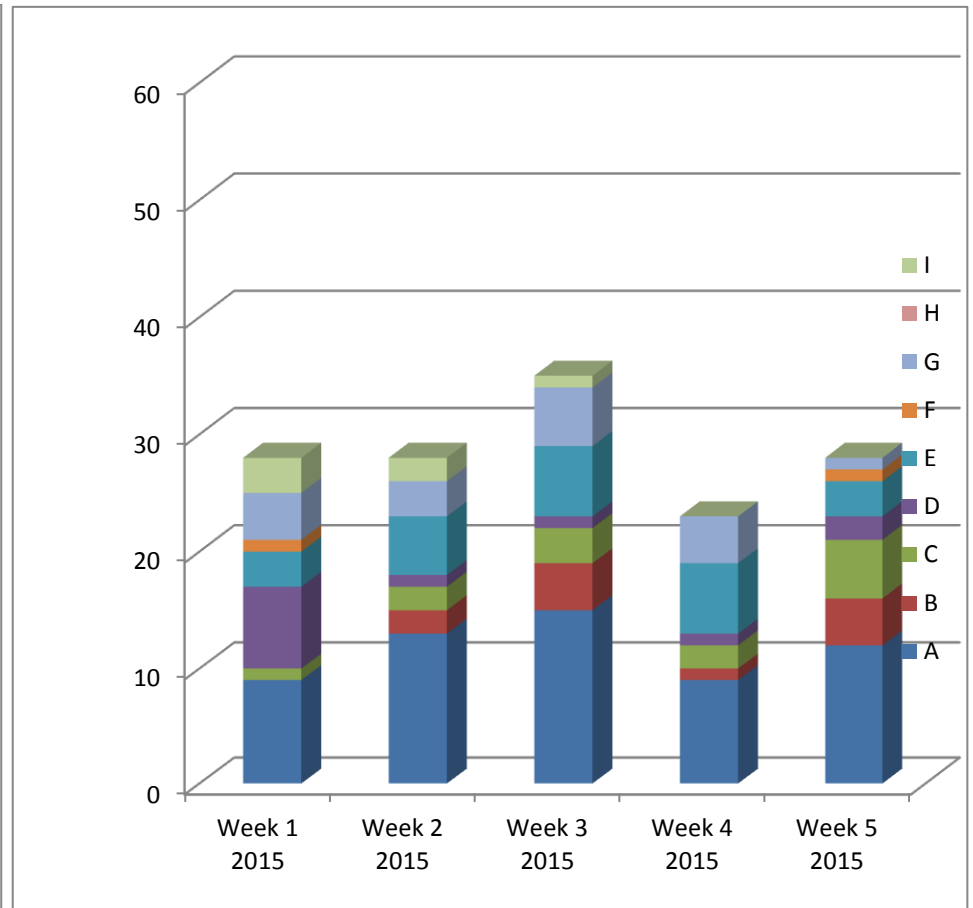
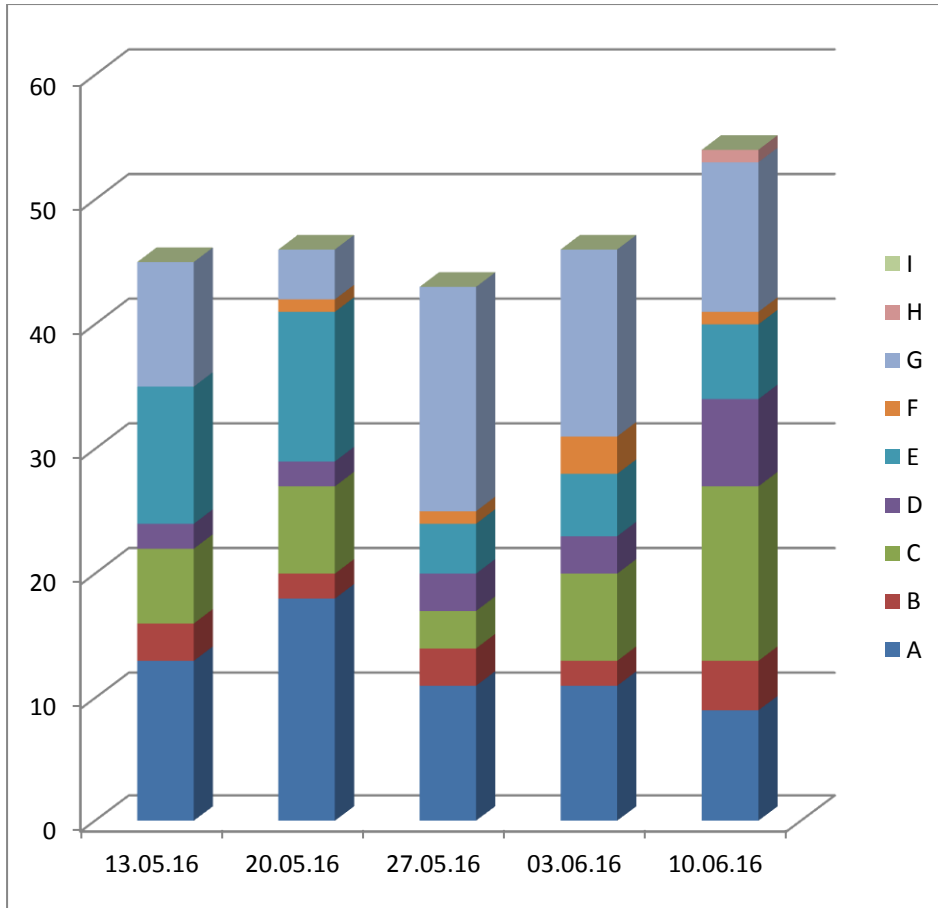
Total Delays for 5 week period 2016



Total Delays for same period 2015



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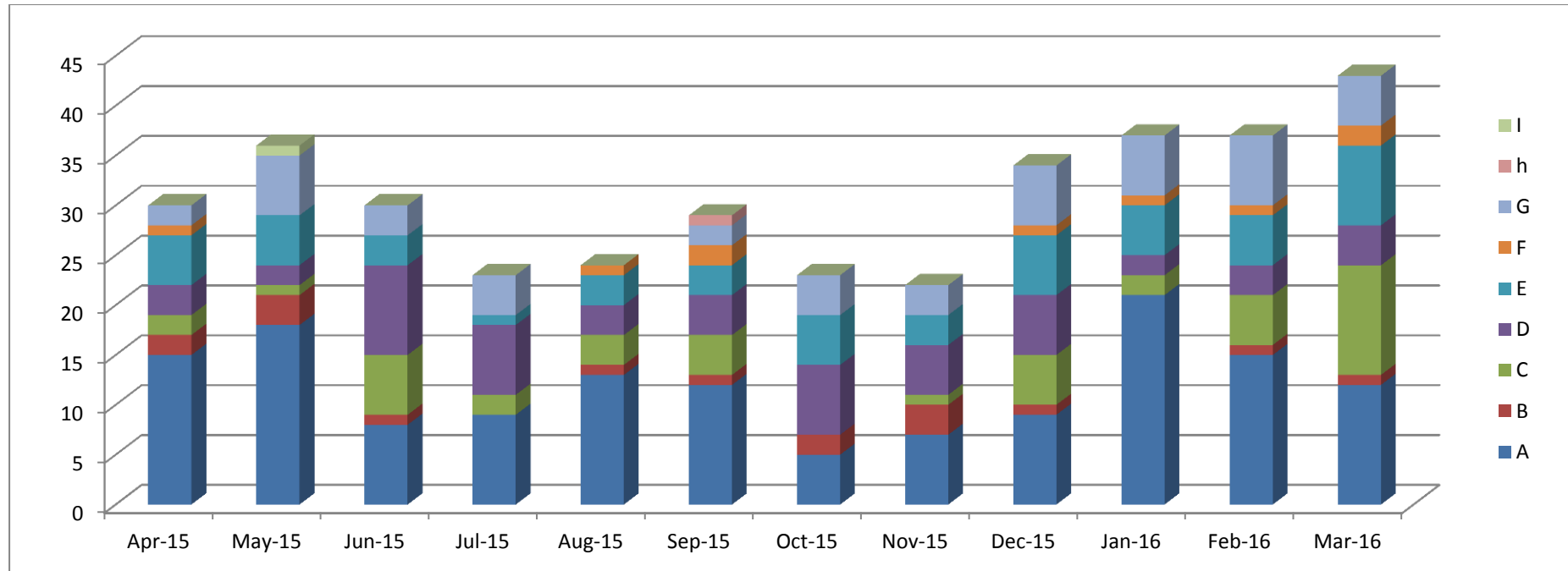
Category Key:

- A = waiting assessment by health or social care professional
- B = Waiting for funding for residential care or joint funding
- C = Waiting further NHS care (non acute) including Intermediate care
- D = waiting for Residential Care Home placement/availability
- E = waiting domiciliary care package
- F = waiting for community equipment
- G = waiting for choice of residential care home to be found

- H = Disputes regarding readiness for discharge.
- I = Housing

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Number of Delayed Patients by category on the last Thursday of the reporting period



- Category Key:
- A = waiting assessment by health or social care professional
 - B = Waiting for funding for residential care or joint funding
 - C = Waiting further NHS care (non acute) including Intermediate care
 - D(1&2) = waiting for Residential Care Home placement/availability
 - E = waiting domiciliary care package
 - F = waiting for community equipment
 - G = waiting for choice of residential care home to be found
 - H = Disputes regarding readiness for
 - I = Housing

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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting	6 July 2016

HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017

1.0 Purpose of the report:

- 1.1 To consider the Health Scrutiny Committee (HSC) Workplan 2016-2017, together with any suggestions that Members may wish to make for scrutiny review.

2.0 Recommendations:

- 2.1 To approve the Health Scrutiny Committee Workplan 2016-2017, taking into account any suggestions for amendment or addition.
- 2.2 To monitor the implementation of the Health Scrutiny Committee's recommendations/actions.

3.0 Reasons for recommendations:

- 3.1 To ensure the Workplan is up to date and is an accurate representation of the HSC's work.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.2b Is the recommendation in accordance with the Council's approved budget? N/A
- 3.3 Other alternative options to be considered:
None.

4.0 Council Priority:

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

5.0 Background Information

5.1 Health Scrutiny Committee (HSC) Workplan

- 5.1.1 The HSC Workplan 2016-2017 is attached at Appendix 10 (a). The Workplan is a flexible document that sets out the work that the Committee will undertake over the course of the year.
- 5.1.2 HSC Members are invited, either now or in the future, to suggest topics that might be suitable for scrutiny in order that they be added to the Workplan.

5.2 Health Scrutiny Committee Review Checklist

- 5.2.1 The HSC Review Checklist is attached at Appendix 10 (b). The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the HSC, prior to a topic being approved for scrutiny.

5.3 Implementation of Recommendations/Actions

- 5.3.1 The Resilient Communities Scrutiny Committee was previously responsible for health scrutiny. Actions requested by the Resilient Communities Scrutiny Committee have been transferred over to the HSC to monitor. The table attached to Appendix 10 (c) has been developed to assist the HSC to effectively ensure that the recommendations made by the HSC are acted upon. The table will be regularly updated and submitted to each HSC meeting.
- 5.3.2 Members are requested to consider the updates provided in the table and ask questions as appropriate.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 10 (a), Health Scrutiny Committee Workplan 2016-2017
Appendix 10 (b), Health Scrutiny Committee Review Checklist
Appendix 10 (c), Implementation of Recommendations/Actions

6.0 Legal considerations:

- 6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017	
6 July 2016	<ol style="list-style-type: none"> 1. Council Plan - End of Year 2015-2016 (April 2015 to March 2016) Performance Monitoring 2. Blackpool Clinical Commissioning Group Performance Report - Month 12 (March 2016) and end of year 2015-2016 for CCG referrals and commissioned hospital and ambulance services Healthwatch Impact Report 2015-2016 and 2016-2017 Priorities Timeline 4. Public Health Scrutiny Report 5. Delayed Hospital Discharges
28 September 2016	<ol style="list-style-type: none"> 1. Council Plan - Quarter One 2016-2017 (April to June 2016) Performance Monitoring 2. Blackpool Clinical Commissioning Group – Vanguard and New Models of Care Update 3. Blackpool Clinical Commissioning Group - Annual Stakeholder Survey Results 4. Blackpool Teaching Hospitals - Ambition Targets and Work Plans. 5. Blackpool Teaching Hospitals - Economic Recovery Plan - Progress Report 6. Winter health planning / issues [subject to any significant issues being identified]
12 or 24 October 2016 (date to be confirmed)	<ol style="list-style-type: none"> 1. Harbour Progress update including clinician update ref following National Institute for Clinical Excellence (NICE) Guidance (Byron Ward incident) [Care Quality Commission review on lessons learnt following deaths may be of interest to this meeting]
14 December 2016	<ol style="list-style-type: none"> 1. Council Plan - Quarter Two 2016-2017 (July to September 2016) Performance Monitoring 2. Blackpool Clinical Commissioning Group Performance Report - 2016-2017 (April – September 2016) for CCG referrals and commissioned hospital and ambulance services and GP practices 3. Health and Wellbeing Strategy 2016-2019 - progress report 4. Care Quality Commission following September 2016 inspection of Mental Health and Community Health services at Lancashire Care Foundation Trust. 5. Healthwatch Progress Report 2016-2017 (April – September 2016)
22 March 2017	<ol style="list-style-type: none"> 1. Council Plan - Quarter Three 2016-2017 (October to December 2016) Performance Monitoring 2. Health Scrutiny Committee Annual Report 2016-2017

Overview of areas /organisations to consider for the Health Scrutiny Work Programme

Rolling basis - 'Exceptions' performance / annual reports and plans from below at different meetings
Specific topics / issues - Significant concerns or plans, commissioners/providers on an ad-hoc basis

Providers / commissioners of key health services

*Blackpool Clinical Commissioning Group; Blackpool Teaching Hospitals NHS Foundation Trust
Lancashire Care NHS Foundation Trust; North West Ambulance Service NHS Trust; other bodies e.g. GPs*

Providers / commissioners promoting public health and tackling health inequalities

Blackpool Council - Public Health

Engagement / strategic partners

Healthwatch Blackpool; Health and Wellbeing Board Blackpool

National strategic commissioning / inspection bodies

NHS England, Care Quality Commission, Monitor

Proposals and consultations (commissioners and providers)

Proposals for major service changes, substantial developments and other consultations
(potential joint working with Lancashire Health Scrutiny Committee)

Other programme initiatives

E.g. Better Care Fund

SCRUTINY SELECTION CHECKLIST**Title of proposed Scrutiny:**

The list is intended to assist the relevant scrutiny committee in deciding whether or not to approve a topic that has been suggested for scrutiny.

Whilst no minimum or maximum number of 'yes' answers are formally required, the relevant scrutiny committee is recommended to place higher priority on topics related to the performance and priorities of the Council.

Please expand on how the proposal will meet each criteria you have answered 'yes' to.

	Yes/No
The review will add value to the Council and/or its partners overall performance:	
The review is in relation to one or more of the Council's priorities:	
The Council or its partners are not performing well in this area:	
It is an area where a number of complaints (or bad press) have been received:	
The issue is strategic and significant:	
There is evidence of public interest in the topic:	
The issue has potential impact for one or more sections of the community:	
Service or policy changes are planned and scrutiny could have a positive input:	
Adequate resources (both members and officers) are available to carry out the scrutiny:	

Please give any further details on the proposed review:

Completed by:

Date:

DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
RC Comm 02.07.15	Blackpool Teaching Hospitals Foundation Trust circulate regular information regarding Patient Experience outside of the Committee meeting to allow Members to escalate any issues to the Committee.	30 November 2015	Pat Oliver	First report circulated 18 January 2016. Second report circulated 15 June 2016. Ongoing.	Green
RC Comm 02.07.15	Healthwatch Blackpool circulate the outcomes from Consumer Reviews and Consultations to Resilient Communities Scrutiny Committee Members.	Ongoing	Steven Garner	Outcomes are regularly circulated. To date Members have received reports pertaining to: Mental Health, Outpatients, Dentistry, Maternity Services	Green
RC Comm 02.07.15	Formal six monthly reporting from Healthwatch, with the ability for Healthwatch to raise any issues outside of this timescale informally to Members, who could escalate them to the next available Committee meeting.	6 July 2016	Healthwatch / Sharon Davis	Originally scheduled for 17 th March 2016, delayed until May 2016 to alleviate workplan pressures. Annual Impact and Priorities report received from Healthwatch for 6 July 2016 meeting of the Health Scrutiny Committee (HSC).	
RC Comm 10.12.15	To receive an update on the progress to meet the national waiting list target for Psychiatric Therapies in six months.	30 June 2016	Helen Lammond-Smith, Blackpool Clinical Commissioning Group (CCG)	Update to be sought in June 2016. To be transferred to Health Committee. Update received 13 June 2016. The psychological therapy waiting time targets were achieved for April 2016, but not ratified yet by NHS England (two months lag period). 27 June 2016 – further information requested for 12 months (longer-term picture) and confirmation that the overall trend was meeting national targets with continuous improvement being pursued and was sustainable. 27 June 2016 - CCG actually have further targets to hit as they are a	

				transformation area ref Fylde coast so need to increase access to 25% by March 2017. Latest figures expected 1 July 2016.	
RC Comm 10.12.15	To receive the results of the additional piece of work regarding feedback from service users from Healthwatch Blackpool and Lancashire Care Foundation Trust (LCFT) in due course.	30 June 2016	Steve Winterson, LCFT	<p>Timescales currently unknown. Feedback will be sought in due course. To be transferred to Health Committee. Update requested 13 June 2016.</p> <p>Update received on 27 June 2016 - due to the methodology of the original report, there was no way to identify which service (and therefore provider) service users were commenting on. LCFT is committed to support further work undertaken by Healthwatch and the Network Director for Adult Mental Health Services attended the Resilient Communities Committee meeting on 14 April 2016 to give a further update on the wide range of work being undertaken at The Harbour.</p> <p>LCFT remains committed to being open and transparent with the Health Scrutiny Committee and senior Lancashire Care Staff will attend future meetings when invited.</p> <p>LCFT also receives the national Community Mental Health Survey and the national Inpatient Mental Health Survey responses annually and works with our Experts By Experience to formulate action plans to tackle any issues that arise from these.</p>	
RC Comm 10.12.15	To receive performance reports from Blackpool CCG biannually commencing in six months.	Ongoing	Roy Fisher / David Bonson	First report due 6 July 2016. To be transferred to Health Scrutiny Committee. First report received for 6 July 2016 Health Scrutiny Committee.	

RC Comm 04.02.16	A report in approximately six months detailing the progress the Trust has made in relation to the ambition targets and work plans.	September 2016	Tim Bennett, Blackpool Teaching Hospitals	Update to be sought in September 2016. To be transferred to Health Scrutiny Committee.	Not yet due
RC Comm 04.02.16	To receive an update on the uptake of milk with fluoride in approximately six months.	September 2016	Councillor Cross	An update will be sought in due course. To be transferred to Health Scrutiny Committee.	Not yet due
RC Comm 17.03.16	That the CCG provide an update report to a meeting of the Committee in approximately six months on the Vanguard/New Models of Care Project.	September 2016	David Bonson/Roy Fisher, CCG	To be included in workplan. To be transferred to Health Scrutiny Committee.	Not yet due
RC Comm 17.03.16	The Committee agreed to invite relevant NHS organisations to a future meeting in order to discuss discharges that had been delayed as a result of the NHS.	6 July 2016	Blackpool Hospitals Trust/Blackpool CCG	To be transferred to Health Scrutiny Committee. Report from BTH being considered on 6 July 2016.	
RC Comm 14.04.16	To receive an update from LCFT on The Harbour in approximately 6 months.	October 2016	Lisa Moorhouse	To be added to workplan. To be transferred to Health Committee. A special meeting will be arranged for either 12 or 24 October 2016.	Not yet due
RC Comm 14.04.16	To receive a full response to the questions regarding the incident on Byron Ward from a clinician following the meeting.	October 2016	Lisa Moorhouse	It has been agreed that the response will be provided in person by a clinician at the next meeting. To be transferred to Health Scrutiny Committee. To be covered at the special meeting in October 2016.	Not yet due

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