

Blackpool Council

17 November 2020

To: Councillors Burdess, D Coleman, Hunter, Hutton, Matthews, O'Hara, D Scott, Mrs Scott and Wing

The above members are requested to attend the:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Thursday, 26 November 2020 at 6.00 pm
Via Zoom meeting

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 either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

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

2 MINUTES OF THE LAST MEETING HELD ON 17 SEPTEMBER 2020 AND THE SPECIAL MEETING HELD ON 19 OCTOBER 2020 (Pages 1 - 12)

To agree the minutes of the last meeting held on 17 September 2020 and the special meeting held on 19 October 2020, as a true and correct record.

3 PERINATAL AND INFANT MORTALITY (Pages 13 - 20)

To receive an overview of perinatal and infant mortality in Blackpool and the challenges caused by the pandemic.

4 SCREENING AND VACCINATIONS REPORT 2020

(Pages 21 - 34)

To provide the committee with:

- An overview of the local arrangements, structures and responsibilities relating to immunisation programmes
- Detail regarding how the local area is performing against national standards for childhood immunisation
- An outline of the local 2020/2021 Flu Programme
- Flu immunisation uptake 2018/2019 and 2019/2020
- An overview of the impact of the Covid 19 Pandemic on Screening and Immunisation Programmes and Programme Recovery.

5 BLACKPOOL SAFEGUARDING ADULTS BOARD ANNUAL REPORT

(Pages 35 - 60)

To present the Annual Report of the Blackpool Safeguarding Adults Board to the Committee.

6 SCRUTINY WORKPLAN

(Pages 61 - 80)

To review the work of the Committee, the implementation of recommendations and note the update on the Healthy Weight Scrutiny Review.

7 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as 11 February 2021, commencing at 6pm.

Other information:

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

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MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 17 SEPTEMBER 2020

Present:

Councillor Burdess (in the Chair)

Councillors

D Coleman
Hunter

Hutton
Matthews

O'Hara
D Scott

Mrs Scott
Wing

In Attendance:

Ms Kate Aldridge, Head of Commissioning Blackpool Council

Mr David Bonson, Chief Executive, Fylde Coast Clinical Commissioning Groups (CCGs)

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Dr Jim Gardner, Medical Director, Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

Ms Jo Bark, Deputy Director of Operations for Unscheduled Care, BTH

Ms Kate Newton, Performance and Quality Manager, Fylde Coast CCGs

Mrs Sharon Davis, Scrutiny Manager, Blackpool Council

Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 6 FEBRUARY 2020

The minutes of the last meeting held on 6 February 2020, were signed by the Chairman as a true and correct record.

3 PUBLIC SPEAKING

There were no requests from members of public to speak on this occasion.

4 FORWARD PLAN

The Committee considered the Forward Plan, September 2020 to December 2020 and invited Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health to provide an update on the development of the Alcohol and Drug Strategies. She advised that the Alcohol Strategy was awaiting consideration by the Health and Wellbeing Board prior to being submitted to the Executive. It was noted that the Health and Wellbeing Board had not been meeting due to the pandemic. In relation to the Drug Strategy, Councillor Farrell advised that as the new portfolio holder she had requested that some amendments be made to the draft strategy to ensure that it fully explained how the aims of the strategy would be achieved.

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Members noted that they had previously considered and contributed to the draft Drug and Alcohol Strategies and considered it important to further review the Drug Strategy following completion of the explained changes to that draft strategy.

The Committee agreed to receive the Drug Strategy following its revision for further comment.

5 ADULT SERVICES OVERVIEW

Ms Kate Aldridge, Head of Commissioning introduced the Adult Services Overview report to the Committee and highlighted the effort made by services in order to support people and the incredible partnership working across the health and social care sector during the pandemic.

The Committee expressed its thanks to whole of the Adult Social Care Team for their exceptional work during the most difficult of times.

The reopening of the Keats Day Service was queried, in response, Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health advised that day services had not yet reopened, with services looking towards October 2020 for potential reopening. She added that there had been short term increases in other services to meet demand.

Members queried what lessons had been learned from the response to the pandemic which could be taken forward. Councillor Farrell advised that the strong partnership between the health and social care sector and providers had been a real asset. Ms Aldridge added that the relationship had ensured that discharges had been approached collaboratively and that there was a joint clarity across the system which had enabled provision of the best possible support to the community.

In relation to challenges and concerns moving forward, Ms Aldridge highlighted the national challenge in regards to testing. Councillor Farrell noted that the service was continuing to work in the best possible way to support the community and follow all guidelines issued by the Government.

In response to further questioning, Ms Aldridge agreed that the financial implications of the pandemic were a significant challenge and that Blackpool, along with all other local authorities, was continuing to make representations to the Government regarding the costs incurred during the pandemic. The Council was also working to ensure that providers continued to receive the support they needed and supporting individuals to maintain personal resilience for the winter months ahead.

**6 BLACKPOOL TEACHING HOSPITALS NHS TRUST CARE QUALITY COMMISSION
INSPECTION UPDATE AND IMPACT OF THE PANDEMIC**

Dr Jim Gardner, Medical Director, Blackpool Teaching Hospitals NHS Foundation Trust (BTH) re-emphasised the importance of the strong relationship between the health and social care system during the pandemic. He went on to highlight that the Trust was

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continuing to address the 249 actions identified by the Care Quality Commission (CQC) in their most recent inspection of the Trust. He referred to the hospital mortality indicator, SHMI, noting that progress had been made and over the previous five months the Trust had achieved a statistically normal figure which was a material improvement.

Dr Gardner also highlighted the additional funding received from Government during the pandemic which had allowed the Trust to put certain measures in place including the temporary move of the Urgent Treatment Centre to Whitegate Drive in order to increase space at the hospital. Furthermore he noted the new trial taking in place in Blackpool to pre-triage attendees to the Emergency Department, with all patients being requested to call 111 unless an ambulance was required.

In response to questions, Dr Gardner advised that testing had revealed that 18% of the approximately 6,000 employees of the Trust had been known to have had Covid-19 and a recent exercise that tested all staff over a one week period had resulted in seven positive tests. The results of the test had changed national policy as a return of seven positives was seen as a low return on the investment of testing so many staff in a short amount of time.

Members referred to the 249 actions identified in the CQC inspection and noted that the actions consisted of 32 'must dos' and 86 'should dos' and that it was not clear from the report how many actions within each of the categories were outstanding. Dr Gardner advised that 183 of the actions had been completed and progress was regularly reviewed by the CQC. All mission critical actions relating to patient safety had been signed off and actions had been addressed in priority order.

In reference to parking at the hospital, it was noted that as per national guidance parking was currently free of charge. Members expressed the opinion that free parking should continue and Dr Gardner advised that it would do so until Government guidance changed. He added that as the car parks at the hospital were getting busier, permit parking for staff was being restored. Members further commented that free parking for staff would be a boost for morale if it could continue, alongside all the other additional support mechanisms put in place since the start of the pandemic.

Dr Gardner reported that additional support had been provided during the pandemic such as the 'wobble room'. However, there were barriers to continued provision of the additional support provided such as physical capacity on site and financial implications. It was a continual challenge to balance the Trust's books. He added that the Trust would continue to review and determine the support that could be provided for staff.

Members noted that Blackpool Victoria Hospital (BVH) had again introduced rules preventing visitors and queried what the current situation was regarding the number of cases which had led to the decision. Dr Gardner advised that there were, at the time of the meeting, six Covid positive patients at the Trust, five on the general wards at BVH and one at Clifton Hospital. However, there had appeared to be a surge of positive cases over the previous weekend and it was unclear at the time of imposing the restrictions whether the number of cases would continue to escalate. Ms Jo Bark, Deputy Director of Operations

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for Unscheduled Care added that visiting had remained open for maternity, paediatrics and end of life care and that the decision would be reviewed on Monday 21 September 2020, as it was understood how traumatic it could be to keep families apart during these difficult times.

The Committee expressed its thanks to the whole of the Trust and all staff for their dedication and hard work during the pandemic.

The Committee requested, and Dr Gardner agreed, that progress regarding the outstanding CQC inspection actions would be shared with the Committee prior to the end of December 2020 when it was expected that all actions would be completed.

7 BLACKPOOL CCG PERFORMANCE AND IMPACT OF PANDEMIC

Mr David Bonson, Chief Executive, Fylde Coast Clinical Commissioning Groups (CCGs) echoed the importance of true partnership working during the pandemic and praised the joined up approach of organisations within Blackpool. He highlighted that there had been a huge impact on waiting lists including diagnostics due the pandemic and it would take time to clear the backlog.

Ms Kate Newton, Performance and Quality Manager, Fylde Coast CCGs presented the yearly performance report to the Committee noting the significant changes to treatment and diagnostics in the previous six months. She noted that where significant waiting lists existed, patients were being seen in priority order with priority given to clinically urgent cases. Despite many services resuming, there was a reluctance of some patients to attend appointments evident with up to 30% of patients still choosing to not attend an appointment at the hospital.

It was reported that the number of 12 hour breaches at the Emergency Department had reduced, despite the number of attendances at the department returning to pre-Covid levels and that mental health patients were being directed towards appropriate support and treatment at an earlier stage.

Members noted the percentage of patients being seen within the two week wait for breast cancer diagnosis and noted that at the end of the financial year 2019/2020, performance remained significantly below target and that this was an ongoing issue. In response, Ms Newton advised that the measures put in place to address performance in this area had started to have an impact and performance had improved to 98% in August 2020, and that good performance had continued into September 2020.

In relation to a question regarding whether there had been any policy changes during the pandemic which would result in changes to procedures and treatments offered in Blackpool, Mr Bonson confirmed that there had been no policy or threshold changes to date.

The Committee raised concerns regarding the potential for a second spike of infections over the winter period, during a time when services were already usually stretched and queried how confident representatives were that health services locally would be in a

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position to respond quickly and effectively to such a second outbreak. Mr Bonson noted that the challenges being faced were unknown, as was the potential impact. He advised that various scenarios had been modelled to aid planning and that a robust Winter Plan had been prepared. It would also be a challenge to reduce waiting lists over the winter period.

Mr Roy Fisher, Chairman, Blackpool CCG added that regional meetings had been held and plans put in place including the identification of hubs for any potential vaccine to be distributed. He highlighted the hard work and resilience of all staff during the pandemic.

The Committee expressed its thanks to all staff in the health service for the support and help provided to residents during this difficult time.

8 WHOLE SYSTEM TRANSFERS OF CARE FINAL PROGRESS REPORT AND IMPACT ANALYSIS

The Committee received an update report on the outstanding recommendations of the Whole System Transfers of Care Scrutiny Review and a brief impact analysis of the recommendations of the review. With regards to the recommendation relating to discharge delays as a result of the pharmacy, Members raised concerns that the issues had not yet been resolved and cited examples of more recent delays. Dr Jim Gardner, Medical Director, Blackpool Teaching Hospitals NHS Foundation Trust advised that there was significant complexity around the discharge of patients from hospital, in particular, those who attended for unscheduled care. He highlighted the imminent move to electronic prescribing which it was hoped would have a positive impact.

Dr Gardner advised that the pandemic had not stopped progress around implementing improvements in relation to discharge processes. It was known that once medical issues had been resolved, hospital became a dangerous place and that the quicker a patient could be safely and appropriately discharged the better. Ms Jo Bark, Deputy Director of Operations for Unscheduled Care, BTH added that there was an understanding of the causes for delays and trials were ongoing in two wards for unscheduled care currently in order to expedite discharges. She advised that the data from the initial findings of the trials could be shared when completed.

Members also noted the separate issue of avoidable readmissions and requested an additional report on the subject at a future meeting for review. Dr Gardner suggested that readmissions and avoidable readmissions could be considered as two separate complex issues. He added that the report would need to be provided by the whole health and social care system.

The Committee agreed to sign off the Scrutiny Review as completed, however, wished to revisit the issue of delayed discharges in approximately 12 months in order to ensure improvement had continued.

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9 SCRUTINY WORKPLAN

The Committee considered its workplan for the remainder of the Municipal Year 2020/2021 and approved it subject to the inclusion of the items identified during the course of the meeting.

Members also approved the recommendations identified during the Children and Adolescent Mental Health Services review meeting which took place in conjunction with Members of the Children and Young People's Scrutiny Committee and noted the updated implementation of recommendations table.

10 DATE AND TIME OF NEXT MEETING

The date and time of the next ordinary meeting of the Committee was noted as Thursday, 26 November 2020, commencing at 6.00pm. Members also noted the date and time of the Special meeting of the Committee on Monday, 19 October 2020, commencing at 6.00pm.

Chairman

(The meeting ended at 7.40 pm)

Any queries regarding these minutes, please contact:
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**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
MONDAY, 19 OCTOBER 2020**

Present:

Councillor Burdess (in the Chair)

Councillors

Hunter	O'Hara	Mrs Scott
Hutton	D Scott	Wing

In Attendance:

Ms Laura Barnes, Care Support Manager, Lancashire and South Cumbria Foundation Trust (LSCFT)

Mr David Bonson, Chief Executive, Fylde Coast Clinical Commissioning Group (CCG)

Ms Caroline Donovan, Chief Executive, LSCFT

Mr David Eva, Chair, LSCFT

Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

Dr David Fearnley, Chief Medical Officer, LSCFT

Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group

Ms Jayne Gornall, Deputy Head of Adult Social Care, Blackpool Council

Ms Tanya Hibbert, Head of Operations, Mental Health, LSCFT

Mr Paul Hopley, Deputy Director Mental Health, Lancashire and South Cumbria Integrated Care System

Mr Mark Lewis, Operations Manager, North West Ambulance Service (NWAS)

Mr Les Marshall, Head of Adult Services, Blackpool Council

Ms Beth Martin, Blackpool Co-ordinator, Healthwatch

Ms Ursula Martin, Director of Improvement and Compliance

Ms Maria Nelligan, Director of Nursing and Quality, LSCFT

Mr David Rigby, Sector Manager, NWAS

Ms Lesley Tiffen, Senior Commissioning Manager, Fylde Coast CCG

Ms Simone Walker, Mental Health Lead, NWAS

Ms Shelley Wright, Director of Communications, LSCFT

Mrs Sharon Davis, Scrutiny Manager, Blackpool Council

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MENTAL HEALTH SERVICES

Ms Caroline Donovan, Chief Executive, Lancashire and South Cumbria NHS Foundation Trust (LSCFT) introduced the report which had been co-written by Blackpool Teaching Hospitals NHS Foundation Trust (BTH) and advised that due to the ongoing pandemic representatives of BTH had been unable to attend the meeting. Mrs Sharon Davis,

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Scrutiny Manager advised that all questions for BTH would be forwarded following the meeting for a written response.

Ms Donovan advised that it had been one year since the Trust had last reported to the Committee on progress due to the meeting scheduled for March 2020 being delayed by approximately six months as a result of the Covid-19 pandemic. She reported that in this time significant improvements had been made and that the journey of improvement was continuing. She cited the additional funding of resources in the Emergency Department which had brought about a significant reduction in the long waits for mental health patients at the department as an example of the improvement made. The number of 12 hour breaches had reduced to 0.8% of patients and the reason for the breaches that had taken place was most often suitable bed availability. She added that there had also been a significant improvement in the process for section 136 admissions.

It was reported that demand for services had increased on the previous year and that despite the increases progress had continued to be made thanks to significant investment in the creation of the new 'crisis house', the 'crisis café' and through the introduction of new teams of nurses, psychologists and peer recovery workers. A new 'frequent attendees' team had also been created and the hours of the Psynergy scheme would soon be increased to 2pm to 2am each day. A new 24/7 crisis line had also been established.

As mentioned the key reason for any significant delays had been identified as suitable bed availability. Ms Donovan reported that a strategy had been devised to increase the number of beds and that a new unit had been opened in Preston. Within the last week a new rehabilitation unit had also opened within Fylde and funding had been obtained for an urgent care centre to be opened at Blackpool Victoria Hospital. Work was also ongoing with the private sector to re-register beds in order to make them available for local people.

Partnership working had been a key area of improvement and LSCFT had been working proactively with partners in order to build relationships. She advised that a Service User Council was also being established to ensure engagement with those using services, their families and the voluntary sector.

In reference to the concerns raised previously by the Committee regarding drug and alcohol misuse at The Harbour, Ms Donovan advised that there had been a 76% reduction in drug and alcohol related incidents with just nine being reported this year. To put this in context, it was noted that there were three times the number of drug and alcohol admissions in Blackpool than national figures. In response to questions, it was noted that a 'blanket' policy would not work in addressing drug and alcohol misuse and that an individual approach was required. A Police Liaison Officer had been appointed with a focus on a culture of mutual respect, with action taken on a case by case basis when required. It was noted that the Trust engaged regularly with the Fylde Family Support Group, which had previously made representations to the Committee, in order to address concerns regarding drugs and alcohol.

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Members queried the Supporting Minds Service and the percentage of telephone appointments that were held within the two week referral period. It was noted that the service was provided by BTH and the question would be forwarded for a written response following the meeting. Ms Lesley Tiffen, Senior Commissioning Manager, Fylde Coast Clinical Commissioning Group (CCG) advised that all referrals received were triaged by telephone with the appropriate support identified for patients. She advised that waiting times then varied depending on the wait time for that support, for example, waiting times for cognitive behavioural therapy were currently five to six months. She added that during the wait time lower level interventions would be available to the patient.

The Committee wished to explore the proposed Service User Council further and asked a number of questions relating to the development of the Council and proposed increase in the number of Peer Support Workers. Ms Maria Nelligan, Executive Director for Nursing and Quality, LSCFT advised it was hoped the Council would be in place by Christmas 2020. She reported that locality forums would be established soon after with plans identified for Peer Support Worker involvement. It was noted that there were currently a number of Peer Support Workers already in post with a further 17 positions identified. Work was ongoing with Calico to develop a support package of supervision and support. In regards to the Peer Support Workers, it was aimed that previous service users with lived experience would be supported into full time employment and be given the opportunity to mentor others.

Ms Tiffen advised that it had been difficult to recruit to positions previously and that many previous service users with lived experience wished to be involved in the provision of services, however, a pathway was required in order to support them back into work and into the provision of mental health services appropriately. Mr David Eva, Chair, LSCFT added that involving those with lived experience in this way would be of benefit to both current service users and the Peer Support Workers themselves by providing them with training and a potential route into employment.

The Committee noted the concerns regarding recruitment and queried the current position. Ms Donovan advised that the Peer Support Workers were not being used to fill gaps. Their appointment was intended to focus the Trust on becoming a service user led organisation and to provide employment pathways for people. Wider recruitment continued to take place into clinical roles and it was noted that there were ongoing challenges with recruitment in particular in nursing and medical positions. She advised that the Trust was working hard to be attractive and flexible to prospective candidates and had had limited success. Ms Nelligan added that there was a national shortage in registered nurses and the organisation had been restructured to increase the number of Band 6 positions available. It was noted that there were no issues in the recruitment of non-registered staff and therefore the Trust was working to build the workforce internally, strengthening skills and had recruited 110 student nurses over the summer, a number of whom had stayed with the Trust and been recruited to full time positions.

In regards to The Harbour, Dr David Fearnley, Chief Medical Officer, LSCFT added that the appointment of substantive doctors had improved and the number of locums had reduced. Trainee doctors were now choosing to come to the Trust and doctors who

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aspired to become consultants were being supported. The approach being taken to recruitment was innovative and more continuity at The Harbour had assisted in recruitment. Mr Paul Hopley, Deputy Director Mental Health, Lancashire and South Cumbria Integrated Care System added that wider system recruitment was looking at integrating primary and community services. Peer Support Workers were considered best practice and being utilised nationally.

Members went on to consider the lack of suitable beds as a cause of long waiting times in more detail. Ms Donovan advised that there had been a significant deficit in adult rehabilitation beds which had been addressed by the opening of the new unit in Preston. A further new unit was scheduled to be opened in Fylde with 28 beds. She advised that a reduction in wait time was visible despite the impact of Covid-19 which had closed three units due to an inability to socially distance within them. In response to further questions, she advised that the Trust had never had any specific learning disability treatment beds and that modelling had demonstrated these were required. In order to address this, work was ongoing to seek a high level of capital in order to build a new inpatient facility. Members requested that an update be provided on progress in relation to additional bed provision in approximately six months.

In reference to the pandemic, it was queried whether resources would be able to continue to meet demand. Ms Donovan advised as a System scenarios had been modelled and two forms of demand identified. There would be Covid suppressed demand, which was demand from patients who had not accessed services during the pandemic and Covid generated demand, which was demand caused by the effects of the pandemic and lockdown. It was expected that due to both forms of demand, people requiring support would increase dramatically, in particular for children and young people. A Resilience Hub had been established to support staff throughout the area and it was hoped that resources could cope with the expected demand.

The Committee noted the ongoing Psynergy scheme and queried whether it would be extended and continued. Ms Tanya Hibbert, Head of Operations, Mental Health, LSCFT noted the benefits of street triage and the partnership working of the North West Ambulance Service (NWAS) and Lancashire Constabulary in providing the service. She advised that it was planned to roll out Psynergy across Lancashire following the formal evaluation of the pilot being received.

Mr David Rigby, Sector Manager, NWAS added that work was ongoing to extend operating times in Blackpool to 2am and that during the pandemic, the Psynergy vehicle had made a significant positive difference to operations. It was considered that the scheme would continue but further consideration was required to consider the best way in which to provide the service. Mr David Bonson, Chief Executive, CCG added that it was the commissioner's intention to continue to fund the scheme. The Committee requested that the evaluation into Psynergy be provided to Members once completed.

In response to a question, Ms Donovan advised that there had been an impact on the provision of the memory assessment service during the pandemic in a number of ways including the difficulties of using face masks with patients being assessed for dementia.

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Ms Hibbert advised that there had been significant pressure on memory services nationally with difficulties in accessing care homes a key issue before the widespread introduction of Personal Protective Equipment. A complex risk assessment tool had now been established in order to assess patients individually to allow for continued services, however, challenges continued with diagnosis due to the limited availability of scans in clinical settings.

The Chair concluded the meeting by thanking all representatives for their attendance and requested that a follow up report be provided in approximately six months on the following outstanding issues:

- The evaluation of the Pysnergy service
- The progress made with regards the peer support work
- An update on the memory assessment service
- The progress made in opening new beds and the potential bid for funding for a new learning disability unit.

Chairman

(The meeting ended at 7.23 pm)

Any queries regarding these minutes, please contact:

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Ms Pauline Tschobotko, Deputy Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting:	26 November 2020

PERINATAL AND INFANT MORTALITY

1.0 Purpose of the report:

- 1.1 To receive an overview of perinatal and infant mortality in Blackpool and the challenges caused by the pandemic.

2.0 Recommendation(s):

- 2.1 To review and challenge the report as appropriate, identifying any further issues for scrutiny.

3.0 Reasons for recommendation(s):

- 3.1 To ensure robust scrutiny of the issue of perinatal and infant mortality.

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

- 3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered:

- 4.1 None.

5.0 Council priority:

- 5.1 The relevant Council priority is:
- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

- 6.1 Blackpool is one of the 20% most deprived areas in the country, with a poor public health profile across a range of health indices, including those related to maternity care. Teenage conception rates, smoking during pregnancy, breastfeeding initiation rates, levels of obesity

and infant mortality rates are all worse than the national average (PHE 2020). These indices present significant challenges, however there are a number of national reporting bodies that the Trust feeds into that support improvements in maternity care and reduction in perinatal mortality across England, this is also alongside scrutiny by the Care Quality Commission (CQC):

Healthcare Safety Investigation Branch (HSIB) – carry out investigations into incidents of stillbirth, early neonatal death, potential severe brain injury and maternal deaths looking into all clinical and medical aspects of the incident, as well as aspects of the workplace environment and culture surrounding the incident.

Perinatal Mortality Reporting Tool (PMRT) – PMRT supports standardised perinatal mortality reviews across NHS maternity and neonatal units by reviewing the circumstances and care leading up to an surrounding each stillbirth and neonatal death, and those babies who die in the early post-natal period having received neonatal care.

Saving Babies Lives' Version Two (SBL2) - aims to provide detailed information for providers and commissioners of maternity care on how to reduce perinatal mortality across England. The second version of the care bundle brings together five elements of care that are widely recognised as evidence-based and/or best practice: 1) Reduced smoking in pregnancy; 2) Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR); 3) Raising awareness of fetal movements (RFM); 4) Effective fetal monitoring during labour and 5) Reducing pre-term birth.

These investigating bodies put parental involvement very much at the centre, ensuring that parents are informed of the process, are able to contribute to those investigations and are provided with a meaningful report at their conclusion.

6.2 Local Context

Reducing Smoking in Pregnancy

SBL2 provides a practical approach to reducing smoking in pregnancy by following NICE guidance. It is achieved by offering carbon monoxide (CO) testing for all women at the antenatal booking appointment and throughout pregnancy as appropriate, to identify those who are smokers or exposed to second hand smoke and refer them to stop smoking support. At Blackpool Teaching Hospitals (BTH) currently our smoking at time of delivery rate is 15.7%. Though this is significantly higher than the national average of 9.8%, it is below the 2019 figure of 25.7% (PHE 2020), and a steady decrease since the 2010/11 figure of 33.2%. Since the beginning of lockdown the monthly figure has remained below 21% (with the exception of the month of June). Despite the inability to undertake CO testing during this Covid-19 pandemic, women identified as being smokers have been given appropriate advice and been referred to the Maternity Health Trainers for smoking cessation support. This is a multi-discipline approach with our health visiting teams providing brief intervention smoking

cessation advice when individuals are identified as smokers at the HV antenatal contact.

6.3 *Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR).*

At Blackpool Teaching Hospitals (BTH) we have updated our fetal movement and growth restriction management in line with SBL2. Scan pathways have been introduced for growth, in line with the recommendations and based upon uterine artery doppler results. BTH is one of the top hospitals in the Local Maternity System (LMS) for identifying FGR, and random reviews of the management of 30 cases are undertaken on a 6 monthly basis, to identify further improvements.

6.4 *Raising Awareness of reduced fetal movements (RFM)*

Leaflets are being added to the antenatal booking packs for reduced fetal movement awareness and contact numbers are provided. The relevant policy has been updated in line with SBL2 with regards to when scans are required and outlining the recommended time to offer induction, based on scan findings. It is no longer routine to offer induction of labour at 37 weeks when ladies present with reduced movements but to work towards 39 weeks (taking into consideration all clinical individual risk factors).

6.5 *Effective fetal monitoring during labour*

Through this element the Trust must be able to demonstrate that all qualified staff who care for women in labour are competent to interpret cardiotocographs (CTGs), and are able to escalate appropriately when concerns arise. It includes the introduction of a standardised assessment tool to be used at the onset of labour and the appointment of a fetal monitoring lead in order to improve the standard of monitoring. At BTH a Specialist Midwife for fetal monitoring has been appointed who leads on this area and has responsibility for the training and competency of staff. Women undergoing induction of labour have a clear plan of care documented in their maternity records, which includes the frequency of CTG monitoring for those identified as being high risk.

6.6 *Reducing pre-term birth*

In order to improve outcomes by prediction, prevention and better preparation when preterm birth cannot be avoided, Families Division has employed a new Consultant Obstetrician to lead on this area and has introduced a specialist preterm antenatal clinic. Best practice care in the event of a pregnancy loss is being implemented with the introduction of a Rainbow Team; 2 midwives and a bereavement nurse who offer care to all women who have undergone stillbirth, neonatal death, pregnancy loss (late miscarriage) or a termination for fetal abnormality.

In addition to these measures outlined above and in support of SBL2, the midwifery service is

in the process of developing and implementing continuity of carer for women, where every woman is provided with continuity of care through pregnancy, birth and post-natally, from a small team of up to eight midwives. Continuity models have been shown to improve safety and outcomes, as well as being important for women to form a trusting relationship with the professional caring for them.

The Division produces a dashboard of clinical data which is supplied to the national Maternity Data Set to compare clinical outcome across providers in England and identify areas for quality improvement. A user friendly version of the dashboard is provided on a monthly basis and shared with service users via the Trust intranet site (Appendix 3(a)).

6.7 *Multi-agency Approach*

Improvements in maternity care cannot be seen in isolation from the wider determinants of health that affect perinatal and infant mortality. Many children are born into adverse circumstances that can have an immediate and longer term effect on their health and wellbeing. Adverse childhood experiences (ACEs), where there are no protective factors, cause prolonged activation of stress responses in infants and children which, in the early years, can have a profound effect on how a child's brain develops altering nervous, hormonal and immunological system development (Public Health Wales 2016) and ultimately poor health outcomes through adulthood. Within Blackpool, there is a multi-agency approach to address the impact of ACEs with families, and in particular the effect on parenting from the toxic trio of substance misuse, domestic abuse and mental illness.

Through Blackpool Better Start, training is provided for those working with children and families on brain architecture and the effects of toxic stress on the developing infant. These themes are carried through in the Baby Steps Parent Education Programme which is co-delivered by Health Visitors from Blackpool Teaching Hospitals and Family Engagement Workers from the NSPCC. Though this evidence based programme is primarily designed for those parents who are more likely to require additional help e.g. those with mental health or substance misuse issues, have learning difficulties, are care leavers, have no social support networks, are victims of domestic abuse etc., within Blackpool it is delivered universally across the whole Borough, to provide all parents with the opportunity to give their child the best start in life.

With the 1,001 days from conception to age two being critical for a child's development (HC2019), a Health Visiting model redesign was commissioned by Blackpool Council in collaboration with A Better Start. This service transformation has seen the expansion of health visiting provision across Blackpool from a six contact model to an eight contact model, with increased focus around the time of early infancy with increased visiting up to eight weeks post-natally and, in addition to the nationally mandated contacts, the introduction of a new integrated child development review at three years of age, working with early years settings to promote school readiness.

6.8 *Challenges provided by Covid-19*

Maternity and children's services in Blackpool have continued to be provided in line with national guidance throughout the duration of the pandemic. With the closure of community venues such as Children's Centres, alternative provision has been provided for the delivery of antenatal clinics, with more being delivered on the BTH site, and many children's services have been delivered virtually through telephone and video consultations. With the resumption of more elective work, these clinics and services are being re-instated back into the community in liaison with General Practices and using clinic room availability at the primary care centres.

BTH has been able to provide birth partner support, again in line with national guidance, throughout, and is continuing to manage this, despite the second wave of infection, with attention to social distancing measures and the use of personal protective equipment (PPE).

6.9 Does the information submitted include any exempt information? No

7.0 **List of Appendices:**

7.1 Appendix 3(a): September 2020 Maternity Dashboard

8.0 **Financial considerations:**

8.1 None as a direct consequence of the report.

9.0 **Legal considerations:**

9.1 None as a direct consequence of the report.

10.0 **Risk management considerations:**

10.1 None as a direct consequence of the report.

11.0 **Equalities considerations:**

11.1 None as a direct consequence of the report.

12.0 **Sustainability, climate change and environmental considerations:**

12.1 None as a direct consequence of the report.

13.0 Internal/external consultation undertaken:

13.1 None as a direct consequence of the report.

14.0 Background papers:

14.1 None.

September 2020 Maternity Dashboard

NHS
Blackpool Teaching
Hospitals
NHS Foundation Trust

Number of babies born 229




60.5 % Breast-feeding initiation rate



Home births 0
15 Birth centre births



3 sets of twins



38.5 % induction rate



6 babies were readmitted



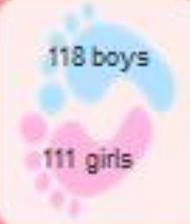
9 Term babies admitted to the Neonatal Unit



78.1 % women had skin to skin contact at birth



118 boys
111 girls



Lightest baby:
1055g 2lb 3oz



Heaviest baby:
4800g 10lb 6oz

Earliest gestational age 27+0



Longest gestational age 42+2

Friends & Family Test
Limited response as only recently gone active.



23 transitional care babies



19.0 % of women were smoking at the time of delivery



We will always remember our families who's babies were born asleep and pregnancies were lost.

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Dianne Draper, Screening and Immunisation Lead for Lancashire and South Cumbria
Date of Meeting:	26 November 2020

SCREENING AND IMMUNISATION REPORT 2020

1.0 Purpose of the report:

1.1 To provide the committee with:

- An overview of the local arrangements, structures and responsibilities relating to immunisation programmes
- Detail regarding how the local area is performing against national standards for childhood immunisation
- An outline of the local 2020/2021 Flu Programme
- Flu immunisation uptake 2018/2019 and 2019/2020
- An overview of the impact of the Covid 19 Pandemic on Screening and Immunisation Programmes and Programme Recovery

2.0 Recommendation(s):

2.1 To consider the report, identifying any issues for further scrutiny.

3.0 Reasons for recommendation(s):

3.1 To gain assurance on the performance of screening and immunisation arrangements in Blackpool.

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

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

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Screening and Immunisation Commissioned Programmes

NHS Public Health Functions Agreement¹ gives an overview of the NHS' critical role in securing good population health and disease prevention.

This agreement between the Secretary of State Health and Social Care and NHS England and NHS Improvement (NHSE/I) enables NHSE/I to commission Section 7a public health services that will drive improvements in population health.

In line with the Government's strategies for the NHS and the public health system, we aim to:

- Improve public health outcomes and reduce health inequalities
- Contribute to a more sustainable public health, health and care system

There are 28 Screening and Immunisation programmes which are key components of the Section 7a agreement and the entire programme covers almost all of the life course with screening for unborn children, for example through the NHS Down's Syndrome Screening Programme to screening and vaccination of those in their 60's and 70's through the Bowel Cancer Screening Programme and the Shingles Immunisation Programme.

Table 1: List of Section 7a Screening and Immunisation Programmes

Programme Category	Services
Immunisation programmes	Pertussis pregnant women
	Neonatal BCG
	Respiratory syncytial virus (RSV)
	Diphtheria, tetanus, poliomyelitis, pertussis and Hib
	Rotavirus
	Meningitis C (MenC)
	Hib/MenC
	Pneumococcal immunisation programme
	DTaP/IPV and dTaP/IPV
	Measles, mumps and rubella (MMR)
Human papillomavirus (HPV)	

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/85274/7/NHS_public_health_functions_agreement_2019-20.pdf

	Td/IPV (teenage booster)
	Seasonal influenza
	Seasonal influenza for children
	Shingles
Screening programmes	Infectious Diseases in Pregnancy
	Down's Syndrome (Trisomy 21)
	Fetal Anomaly
	Sickle Cell and Thalassaemia
	Newborn Blood Spot
	Newborn Hearing
	Newborn and Infant Physical Examination
	Diabetic Eye
	Abdominal Aortic Aneurysm (AAA)
	Breast
	Cervical
	Bowel
	Child Health Information Services

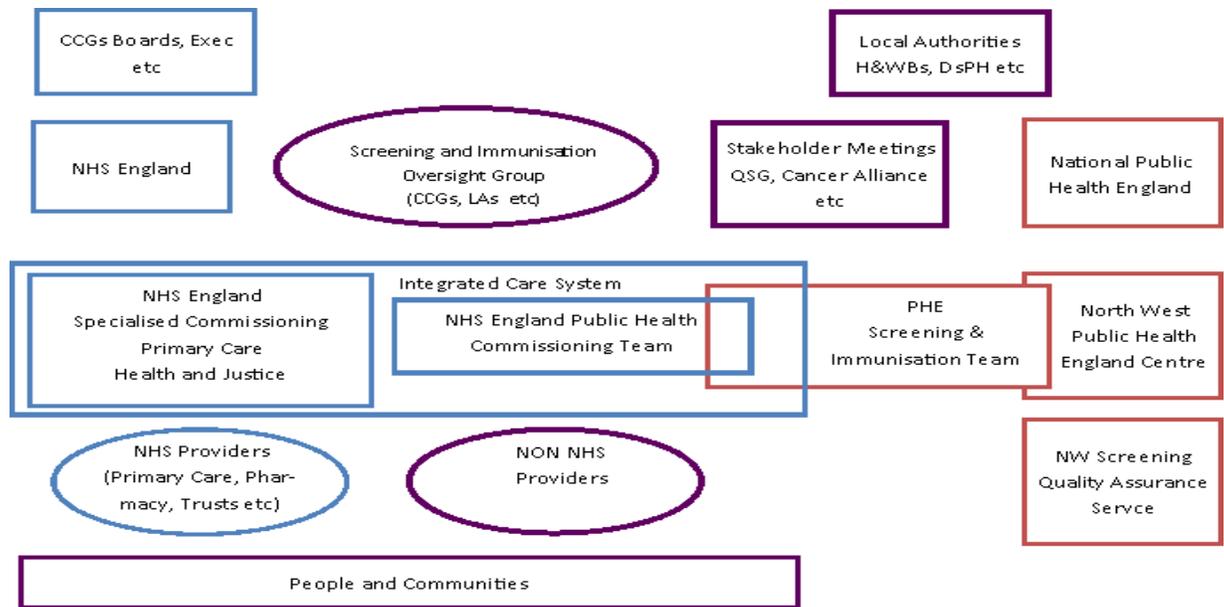
6.2 Screening and Immunisation Team (SIT)

The SIT are public health specialists that are employed by PHE and embedded in the NHSE/I Area Team, their role is to:

- Provide specialist advice to commissioners and stakeholders in respect of all Section 7a screening and immunisation programmes
- Work closely with stakeholders promoting and advising on the screening and immunisation programmes ensuring robust pathways are in place
- Deliver technical advice for professionals via an email response duty line, supporting screening and immunisation queries, errors and cold chain breaches
- Provide incident management, support investigations, ensuring they are managed appropriately and take all necessary steps to mitigate any on-going risks
- In the case of a serious incident the Screening and Immunisation Lead (SIL) communicates with the Director of Public Health in line with the Local Authority's role in health protection
- Provide assurance in respect of screening and immunisation programmes to the wider system

6.3 Local System in Lancashire and South Cumbria

Figure 1 Assurance System in Lancashire and South Cumbria



6.4 Local Immunisation Arrangements in Blackpool

- GP practices are responsible for childhood and adult routine and at-risk immunisations
- Most practices are supported by Child Health Information Services (CHIS) to schedule childhood immunisations. Blackpool Teaching Hospitals NHS Foundation Trust currently provides CHIS, but, following a procurement exercise, this will transfer to Virgin Care from 1 December 2020.
- 0-19 teams encourage parents to attend immunisation appointments and discuss the importance of vaccinations
- Childhood Immunisation Locality Groups meet regularly within Blackpool, Fylde and Wyre. These groups have representation from local authority, CCGs, 0-19 teams, GP representation (Practice Nurses / Practice Managers), and Communications teams.
- Flu Immunisation Locality Groups also meet regularly within Blackpool, Fylde and Wyre. These groups have similar representation to above plus maternity, and occupational health providers, Local Pharmacy Committee and the Local Medical Committee.

6.5 Local Area Performance: Childhood Immunisations

The following gives an overview of childhood annual immunisation uptake from 2016/2017–2019/2020 by Local Authorities across Cumbria and Lancashire. The RAG rating is measured against the World Health Organisation (WHO)/Department of Health and Social Care (DHSC) immunisation uptake target for aged 0-5 childhood immunisations which is 95% for all immunisations (measured at 12, 24 months, and 5 years).

Uptake in Blackpool is broadly similar to the NW average and higher than the national average. Work to improve uptake is continual, for example the Fylde and Wyre 0-5 locality group review uptake data to practice level and assess how stakeholders can work together to improve uptake. Currently this is focused on improving MMR and pre-school booster uptake.

Uptake at age 12 months²

Table 1.0 - 12m DTaP/IPV/Hib/HepB (%)

Geography	2016-17	2017-18	2018-19	2019-20	Trend
Blackburn with Darwen LA	91.2	93.4	89.4	87.2	
Blackpool LA	93.7	94.8	92.7	93.5	
Lancashire CC LA	89.4	86.1	92.4	92.2	
Cumbria LA	97.0	96.2	96.1	96.1	
North West	94.7	93.5	92.6	92.5	
England	93.4	93.1	92.1	92.6	

Table 2.0 - 12m Rotavirus (%)

Geography	2016-17	2017-18	2018-19	2019-20	Trend
Blackburn with Darwen LA	62.5	63.5	84.5	84.6	
Blackpool LA	86.0	89.5	88.9	90.1	
Lancashire CC LA	82.7	84.4	90.2	93.2	
Cumbria LA	94.2	93.8	94.6	95.9	
North West	87.5	88.5	89.7	93.5	
England	89.6	90.1	89.7	93.2	

Table 3.0 - 12m Men B (%)

Geography	2016-17	2017-18	2018-19	2019-20	Trend
Blackburn with Darwen LA		83.3	91.7	92.9	
Blackpool LA		92.1	92.9	93.6	
Lancashire CC LA		84.5	92.9	93.4	
Cumbria LA		96.2	95.9	95.7	
North West		92.6	93.4	93.1	
England		92.5	92.0	92.5	

Table 4.0 - 24m DTaP/IPV/Hib (%)

Geography	2016-17	2017-18	2018-19	2019-20	Trend
Blackburn with Darwen LA		83.3	91.7	92.9	
Blackpool LA		92.1	92.9	93.6	
Lancashire CC LA		84.5	92.9	93.4	
Cumbria LA		96.2	95.9	95.7	
North West		92.6	93.4	93.1	
England		92.5	92.0	92.5	

² Source: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england--2019-20>

Table 5.0 - 24m MMR (%)

Geography	2016-17	2017-18	2018-19	2019-20	Trend
Blackburn with Darwen LA		83.3	91.7	92.9	
Blackpool LA		92.1	92.9	93.6	
Lancashire CC LA		84.5	92.9	93.4	
Cumbria LA		96.2	95.9	95.7	
North West		92.6	93.4	93.1	
England		92.5	92.0	92.5	

Table 6.0 - 5yr DTaP/IPV booster (%)

Geography	2016-17	2017-18	2018-19	2019-20	Trend
Blackburn with Darwen LA	84.3	87.4	90.5	90.7	
Blackpool LA	85.6	88.1	87.2	87.9	
Lancashire CC LA	83.7	85.8	87.0	87.3	
Cumbria LA	93.9	95.3	96.2	95.1	
North West	89.4	88.8	88.3	87.3	
England	86.2	85.6	84.8	85.4	

Table 7.0 - 5yr MMR1 (%)

Geography	2016-17	2017-18	2018-19	2019-20	Trend
Blackburn with Darwen LA	94.2	93.6	93.2	94.9	
Blackpool LA	94.3	95.2	93.8	94.2	
Lancashire CC LA	95.7	93.6	92.7	92.9	
Cumbria LA	97.6	97.4	98.2	97.6	
North West	96.5	95.9	95.3	95.1	
England	95.0	94.9	94.5	94.5	

Table 8.0 - 5yr MMR2 (%)

Geography	2016-17	2017-18	2018-19	2019-20	Trend
Blackburn with Darwen LA	86.7	87.8	89.1	90.9	
Blackpool LA	85.5	88.0	87.6	88.2	
Lancashire CC LA	85.1	84.6	85.3	86.3	
Cumbria LA	93.6	95.0	95.7	94.5	
North West	90.3	89.4	88.9	88.1	
England	87.6	87.2	86.4	86.8	

6.6 Local initiatives to improve uptake in Blackpool

A considerable amount of work is undertaken across Blackpool to increase uptake, this work is conducted in partnership with the Local Authority, NHS and others. This work includes:

Targeted work with Professionals

- Closer working with the multi-disciplinary team via quarterly 0-5 locality group meetings
- Education events at local Practice Nurse Forum
- Working and engagement with 0-19 Team Leaders – Highlighting the importance of the Health Visitor role in immunisations. Ensuring immunisation training via the e-learning for health portal is part of essential training for the role

- Engaged with 0-19 teams and children's centres
- Letter to GP surgeries
- The SIT monitor GP practice overdue immunisation queue list, working in collaboration with CHIS and GP Practices to effect improvements
- Blackpool Community Connectors Education
- A reminder postcard campaign advising parents of children incompletely immunised against MMR to arrange immunisation prior to starting school in September 2019/20 was undertaken – this was evaluated and resulted in a 9% increase in MMR uptake. This campaign is being repeated for 2020/21.
- MMR easy read letter to go on school portal
- Communication Plan to advertise campaign – talking heads

Hard to reach and underserved groups in Blackpool

Blackpool had a highly mobile population with multiple movers in from abroad or other parts of the country.

- Children who have moved into the area are highlighted by CHIS to the GP practices.
- Practices are requested to provide immunisation history. GP practices would then follow the vaccination of individuals with uncertain or incomplete immunisation status to ensure they are vaccinated to the UK schedule³
- SIT provide support interpreting immunisation history's in other languages and provide advice on catch up schedules
- 0-5 MDT locality group has helped facilitate the access of local immunisation talking head promotional videos to be used in those communities where written information may not be suitable or utilised
- As HV and School Nurses provide a universal service they are uniquely placed to support hard to reach groups. As such the knowledge gained through completing the e-learning for health immunisation training has empowered health visitors to have better conversations and make every contact count
- School immunisation providers offer additional school sessions to catch up outstanding immunisations
- Targeted sessions by school immunisation providers for those children home-schooled.

3

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/852475/Algorithm_immunisation_status_Jan2020.pdf

6.7 **Access to Immunisation Services – What are the barriers and how are we trying to overcome these?**

Barriers	Overcoming the barriers
Access to clinics – unsuitable time/location, clinics fully booked	More flexible appointments being offered by GP practices and increase of appointment slots
Motivation of parents	E- learning for Health immunisation training promoted to encourage more motivational conversations with parents
Knowledge and understanding of importance of vaccinations	NHS branded leaflets, easy to read leaflets and pictorial letters, talking heads videos and NHS UK
Anti-vacc messages circulating on what's app groups and Facebook locality group chats	PHE research on attitudinal survey - NHS branded leaflets (not digital). Working with 0-19 teams to flood area with NHS branded information
Families with complex social and health needs	Blackpool Community Connectors 0-5 immunisation training session to help them to support families accessing immunisations

6.8 **Local Area Performance: Seasonal Flu Immunisation Programme**

The annual influenza immunisation campaign runs from October to March each winter. The SIT works closely with stakeholders across the ICS to maximise flu vaccine uptake.

This year the NHS flu vaccine is available to:

- Over 65s
- Individuals under age 65s in certain clinical risk groups
- Individuals in long stay residential homes
- Individuals with a learning disability
- Pregnant women
- Household contacts of individuals on the Shielded Patient List
- Carers
- Health and Social Care workers
- Healthy children age 2- 12 (year 7 secondary school)

This year there is also a commitment to offer vaccine to 50-64 year olds later in the season if vaccine supply available. An announcement is anticipated imminently

The current season is underway planning for which has been ongoing since early 2020. See Appendix 4(a) Lancashire and South Cumbria 2020/2021 Seasonal Flu Immunisation Plan.

Table 9.0 Flu Immunisation Uptake per eligible cohort across L&SC 18/19-19/20

Month: February 2020	Summary of Flu Vaccine Uptake (%)									
	65 and over		Under 65 (at risk only)		Pregnant women		All 2 yr old		All 3 yr old	
	Target 75%		Target 55%		Target 55%		Target at least 50%		Target at least 50%	
	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20
NHS Blackburn with Darwen CCG	73.8	↓ 72.8	49.9	↓ 45.1	46.0	↑ 47.5	31.7	↓ 28.6	35.8	↓ 29.4
NHS Blackpool CCG	70.8	↓ 70.0	47.1	↓ 44.5	41.3	↓ 39.6	36.4	↓ 35.5	46.1	↓ 41.6
NHS Chorley & South Ribble CCG	74.8	↑ 75.0	51.3	↓ 49.8	48.8	↑ 49.2	53.7	↓ 48.5	54.4	↓ 49.7
NHS East Lancashire CCG	71.5	↑ 72.1	48.5	↓ 46.9	49.9	↓ 49.2	39.0	↓ 36.9	41.0	↓ 39.5
NHS Fylde & Wyre CCG	72.8	↓ 72.1	50.5	↓ 47.4	49.0	↓ 44.1	53.2	↓ 42.1	50.2	↓ 46.8
NHS Greater Preston CCG	70.9	↑ 71.2	47.3	↓ 46.5	44.3	↓ 43.3	38.5	↓ 37.1	40.4	↑ 40.6
NHS Morecambe Bay CCG	74.0	↑ 74.1	50.4	↓ 49.0	45.9	↓ 45.3	47.9	↓ 42.1	50.7	↓ 43.4
NHS West Lancashire CCG	75.1	↓ 74.8	52.4	↓ 49.5	47.4	↓ 46.6	47.0	↑ 48.6	54.1	↓ 50.6
NHS England North (L&SC)	72.9	↓ 72.8	49.4	↓ 47.2	46.8	↓ 46.0	42.5	↓ 39.0	45.4	↓ 41.6
NHS England North	73.6	↑ 73.9	49.7	↓ 46.6	48.1	↓ 47.3	41.3	↓ 41.1	44.7	↓ 43.2
ENGLAND TOTAL	72.0	↑ 72.4	48.0	↓ 44.9	45.2	↓ 43.7	43.8	↓ 43.4	45.9	↓ 44.2

Uptake for the 2019/20 season was affected mainly due to delay in the supply of vaccine; this interrupted provision and resulted in a lower than average uptake year. Action has been taken to try to mitigate this from reoccurring this year.

6.9 Seasonal Flu 2020/2021 Season

Uptake data for the current season is not yet published however unpublished interim uptake at practice level is reviewed weekly by the SIT team and fortnightly by the NW Flu Programme Board. The unpublished data thus far indicates that uptake is mainly higher than at the same time last year across all cohorts.

6.10 Has the Pandemic Affected Local Screening and Immunisation Services?

Except for school-based immunisation programmes, which paused because schools closed in March, and the shingles vaccination programme, that became opportunistic only, there was no national decision to pause Screening and Immunisation Programmes.

Most Lancashire and South Cumbria (LSC) Screening Programme providers, however, took local organisational decisions to pause whilst they were responding to the Covid 19 emergency.

Despite this screening services for the highest risk continued:

- All cancer screening and diabetic eye screening providers in Lancashire and South Cumbria continued services for high risk individuals following national technical guidance to support this process.
- Primary care continued to deliver childhood immunisations and at-risk adult immunisations throughout
- Time critical Antenatal and Newborn Screening services continued throughout the pandemic response

A robust risk and recovery process has been implemented and the NHSE/I Public Health Commissioning Team, SIT and PHE Quality Assurance Service colleagues are working closely with providers to ensure restoration and recovery is following national guidance.

Table 10 Current recovery position by Screening and immunisation Programme

Programme	Current Position
Breast Cancer Screening	<ul style="list-style-type: none"> • National restoration guidance has placed screening population into 5 categories: • Tiers 1 – 3: High risk: all in this category continued to be seen during Covid • Tier 4: Population who had been invited but their appointments were cancelled. All tier 4 women in LSC have now been invited for screening. • Tier 5: Population whose invitation has been delayed. All LSC programmes have started to invite those in this Tier • The North Lancashire and South Cumbria Breast Screening Programme services the Blackpool population. The provider has allocated additional capacity to the Blackpool areas to clear the backlog as soon as possible.
Bowel Cancer Screening	<ul style="list-style-type: none"> • As with Breast, all those at high risk and with a positive FIT test continued to be seen during Covid. Virtual SSP (Specialist Screening Practitioner) clinics continued during Covid • All NW Centres have commenced with sending out those delayed an invitation due to Covid (Tier 5); all services are firmly focused on recovery • Work is underway to look at how the gap between capacity and demand can be bridged and Providers best supported
Cervical Screening	<ul style="list-style-type: none"> • Circa 130% of expected number of cervical samples being sent to the NW laboratory ie. activity levels are higher than planned and our population is responding to their screening invite and are attending primary care and CASH for their cervical sample to be taken • Samples are currently being processed in a timely manner and Turn Around Times for results are within standard • All colposcopy departments across LSC have cleared their backlogs and are returning to business as usual.

Diabetic Eye Screening	<ul style="list-style-type: none"> • Screening continued for high risk and pregnant women and newly diagnosed diabetics • Both Diabetic Eye Screening programmes serving the LSC population have restarted screening • The Programme serving the Blackpool population has screened all overdue patients with a previous abnormal result/known retinopathy • All other delayed patients will be screened within 24 months of their last screen within national recovery guidance (usually 12 months)
Antenatal Newborn Programmes	<ul style="list-style-type: none"> • ANNB programmes continued in the main uninterrupted and are fully recovered
0-5 Childhood Immunisations	<ul style="list-style-type: none"> • Childhood Immunisation appointment continued at GP practices throughout. Unpublished monthly uptake data of the infant immunisations and MMR however indicated a slight drop in uptake in April and May 2020 but this had recovered by June. • It is believed this may have been due to reluctance to attend and national and local communication campaigns reinforced the importance of attendance during the pandemic
School Aged Immunisation Programmes (Human Papilloma Virus Vaccine, Meningococcal ACWY vaccine School Leaver Booster (diphtheria, Tetanus polio))	<ul style="list-style-type: none"> • All School Aged Imms providers in the North West have advised that they will have caught up with any outstanding vaccinations (due to school closures in 2019/2020 academic year) by the end of the 2020/2021 academic year as per national expectations

7.0 List of Appendices:

7.1 Appendix 4(a) Seasonal Flu Programme Plan on a Page - 2020/21 Lancashire and South Cumbria. Links to key documents have been provided as footnotes.

8.0 Financial considerations:

8.1 There are no financial considerations as part of this report

9.0 Legal considerations:

9.1 There are no legal considerations as part of this report.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

Seasonal Flu Programme Plan on a Page - 2020/21 Lancashire and South Cumbria



Overview

- This plan was developed using local intelligence from partners and key stakeholders who engaged in the flu locality groups during 2019/20.
- Initiatives for improvement were identified based on uptake data from the 2019/20 flu season.
- The plan represents actions in addition to the existing programme in healthcare settings and schools.
- The COVID-19 pandemic will ultimately influence and affect this plan.

Communications and Engagement

Build on stakeholder engagement with flu locality groups, utilising technology for remote working.

- Provide assurance through the Directors of Public Health Collaborative, NHS England and NHS Improvement governance and other appropriate structures.
- Progress our social media presence utilising videos and static images.
- Locally developed make every contact count (MECC) resource with key flu messages for wider distribution.
- Provide a comprehensive communication to GP practices containing all relevant resources and information for the flu season.



Children and Young People



Raise awareness and knowledge of the importance of flu vaccination for children by:

- Distributing a letter of invitation with easy read images to parents and carers of 2-3 year olds.
- Publishing articles in the school publication 'Primary Times' magazines, highlighting the 5 key messages for flu.
- Engaging with parents of 2 and 3 year olds utilising nursery social media platforms.
- Providing a standardised display board image for key partners and stakeholders to replicate in the localities.
- Cascading 2020 updated flu slides and key messages to enhance knowledge of health visitors, school, college, and practice nurses.
- Distributing an article with key flu information for cascade to providers supporting young carers.
- Targeting providers and GP practices supporting those with learning disabilities with key flu information.
- Commissioning insight work in Blackburn with Darwen in order to evidence the barriers in accessing the nasal flu vaccine in low uptake areas.
- Engaging with college nurses and curriculum leaders to increase uptake of the flu vaccine for young people at risk or those in eligible groups.



Adults



- Increase uptake for Health Care Workers in 2020/21 identifying 'Flu Buddies' to cascade evidence based information to local authority staff, GP receptionists and well-being champions in pharmacy, maternity and prison settings, via slides or filmed presentation.
- Distribution of a business card for local Trusts to encourage the transfer of information on vaccinations given to healthcare workers in 'at risk' groups to their GP practice.
- Extend the text prompt pilot in low uptake CCGs to unimmunised people in at risk groups.
- Improve access for individuals attending maternity, drug and alcohol services and those with HIV, by commissioning providers to offer vaccination to these groups outside of Primary Care.
- Improve flu uptake amongst pregnant women with localised communication messages.
- Continue to use Google Drives to provide central access to national guidance and resources, including specific flu information for people with a Learning Disability.
- Continue collaborative working in North West prisons.
- Awards for achieving high flu vaccination uptake in healthcare workers in GP practices and prison healthcare.



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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr Stephen Ashley, Independent Chair, Blackpool Safeguarding Adults Board
Date of Meeting:	26 November 2020

BLACKPOOL SAFEGUARDING ADULTS BOARD ANNUAL REPORT

1.0 Purpose of the report:

1.1 To present the Annual Report of the Blackpool Safeguarding Adults Board to the Committee.

2.0 Recommendation(s):

2.1 To review and challenge the report as appropriate, identifying any further issues for scrutiny.

3.0 Reasons for recommendation(s):

3.1 To ensure robust scrutiny of the annual report and be satisfied that adults are being appropriately safeguarded in Blackpool.

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

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

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 The Blackpool Safeguarding Adults Board produces an annual report each year which is submitted to the Adult Social Care and Health Scrutiny Committee as part of its reporting procedures.

6.2 The full report is attached at Appendix 5(a) and Mr Stephen Ashley, Independent Chair of the Blackpool Safeguarding Adults Board (BSAB) will be in attendance at the meeting to present the report and answer questions.

6.3 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 5(a) BSAB Annual Report

8.0 Financial considerations:

8.1 All relevant considerations are included in the annual report at Appendix 5(a).

9.0 Legal considerations:

9.1 All relevant considerations are included in the annual report at Appendix 5(a).

10.0 Risk management considerations:

10.1 All relevant considerations are included in the annual report at Appendix 5(a).

11.0 Equalities considerations:

11.1 All relevant considerations are included in the annual report at Appendix 5(a).

12.0 Sustainability, climate change and environmental considerations:

12.1 All relevant considerations are included in the annual report at Appendix 5(a).

13.0 Internal/external consultation undertaken:

13.1 All relevant considerations are included in the annual report at Appendix 5(a).

14.0 Background papers:

14.1 None.

**BLACKPOOL
SAFEGUARDING
ADULTS BOARD**

**BLACKPOOL
SAFEGUARDING ADULTS BOARD
Annual report 2019–2020**

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Foreword

This annual report provides a summary of the work undertaken by the Safeguarding Adults Board in Blackpool over the last year.

Of course, the devastating effects of the Covid-19 pandemic have dominated this year. We cannot underestimate the disproportionate affect this crisis has had on the most vulnerable adults and our thoughts are with those that have lost someone and those who have suffered and continue to do so. It is however, incredibly impressive that the agencies that are responsible for safeguarding and protecting our most vulnerable adults have been able to maintain their services and our thoughts and thanks must also be with those professionals that have worked on the front line throughout this crisis, often at great personal risk to themselves.

Adult services in Blackpool, supported by the Council have done everything they can to protect and support people. Blackpool was one of the first Boroughs in the country to ensure that all of our homeless were housed and supported. There was an efficient system of maintaining contact with the elderly and 'shielded' residents with an efficient system to ensure food deliveries were made to those that needed them. This commitment to the most vulnerable was replicated across all agencies and the third sector who played a massive role in protecting and supporting a huge number of people.

Whilst the government made it possible to ease the requirements of the Care Act this was not required in Blackpool where services were maintained at normal levels. There were clearly real issues with protecting those residents in care homes, which is an area that continues to be of concern but thankfully, Blackpool did not see the level of deaths in care homes experienced elsewhere.

There is of course a huge amount of work undertaken, not related directly to the Covid-19 crisis. For instance, preventative work around domestic abuse and neglect. This work is summarised within the report.

Unfortunately, this one major issue overshadows much of the good work that has been undertaken but that is inevitable and will not change for some time. As we move forward, the Safeguarding Board will continue to monitor the work of agencies to ensure the highest possible standards are maintained.

I would just like to thank again all of those that have worked so hard to protect and safeguard adults in these difficult times.



Steve Ashley
Independent Chair

1. THE BOARD

1.1 Purpose of the Board

The Care Act 2014 requires a local authority to establish a Safeguarding Adults Board (SAB), which aims to help and protect individuals who it believes to have care and support needs and who are at risk of neglect and abuse and are unable to protect themselves, and to promote their wellbeing. Section 43 (3) sets out how the SAB should seek to achieve its objective, through the co-ordination of members' activities in relation to safeguarding and ensuring the effectiveness of what those members do for safeguarding purposes. An SAB may undertake any lawful activity which may help it achieve its objective. Section 43 (4) sets out the functions which an SAB can exercise in pursuit of its objective are those of its members. Section 43 (5) Schedule 2 includes provision about the membership, funding and other resources, strategy and annual report of an SAB. Section 43 (6) acknowledges that two or more local authorities may establish an SAB for their combined geographical area of responsibility. <https://www.legislation.gov.uk/ukpga/2014/23/section/43>

Six principles set out in the Care Act:

Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability

The Board has three core duties under the Care Act 2014:

Publish a Strategic Plan

Publish an Annual Report

Undertake Safeguarding Adults Reviews

1.2 Partnership Structure

The Safeguarding Adults Board is supported by an Independent Chair to oversee the work of the Board, to provide leadership, offer constructive challenge, and ensure independence. The day-to-day work of the Board undertaken by the Sub-Groups and the Safeguarding Business Unit. The Business Unit supports the operational running of these arrangements and manages the Board on behalf of the multiagency partnership. The Board facilitate joint working, ensure effective safeguarding work across the region, and provide consistency for our partners who work across Pan Lancashire.

2. WHAT DOES ADULT SAFEGUARDING LOOK LIKE IN BLACKPOOL

2.1 Population

The resident population of Blackpool is approximately 139,000. Mid-2018 estimates illustrate that older people (65 years plus) account for a greater proportion of Blackpool's resident population than is observed at a national level.

	Total population	Males		Females		Age 0-14		Age 65 and over	
	No.	No.	%	No.	%	No.	%	No.	%
England	55,977,178	27,667,942	49.4%	28,309,236	50.6%	10,144,712	18.1%	10,179,253	18.2%
Blackpool	139,305	69,038	49.6%	70,267	50.4%	24,506	17.6%	28,402	20.4%

Source: ONS mid-year population estimates, 2018

2.2 Blackpool's Health and Deprivation

Health in summary

The health of the people of Blackpool is worse than the England average. Blackpool is the most disadvantaged local authority in England and about 26% (6,855) of children live in low-income families. Life expectancy is one of the key indicators of health in a population and for men in Blackpool it is the lowest in the country, for women it is the second lowest.

Health Inequalities

Life expectancy is 13.6 years lower for men and 9.1 years lower for women in the most deprived areas of Blackpool compared to the least deprived areas.

Adult Health

While people may be living longer, they are spending more years in ill health and the overall health burden is increasing. Sickness and chronic disability are causing a much greater proportion of the burden of disease as people are living longer with several illnesses. Across Blackpool, this burden happens at a much earlier age than in other areas.

Alcohol-related mortality and harm is the highest in the country; the rate of alcohol-related hospital stays is 1,097 per 100,000 population, significantly higher than the national average of 632 per 100,000 and accounts for over 1,500 admissions per year.

Estimated levels of smoking and physical activity are significantly worse than average and approximately two thirds of the population are overweight or obese.

In response to these issues highlighted in the [Blackpool JSNA](#), Public Health have developed the following strategies to address some of these issues:

[Blackpool Sexual Health Strategy 2017-2020](#)

[Tobacco Free Lancashire Strategy](#)

[Blackpool Alcohol Strategy 2016-2019](#)

Mental Health

As well as poor physical health, Blackpool has the highest rate for diagnosed mental health conditions in the country. Mental health problems are among the most common forms of ill health and can affect people at any point in their lives. Mental health and physical health inextricably linked. Poor physical health may increase the likelihood of developing poor mental health, and poor mental health may increase risks of developing, or not recovering, from physical health problems.

There were over 600 hospital admissions for self-harm in 2017-2018, a rate of 466.5 per 100,000 population, two and a half times higher than the national average. Over 22,000 people in Blackpool diagnosed with depression and over 2,700 have a severe mental illness; prevalence rates significantly higher than national averages. 12% of respondents to a GP patient survey stated they had a long-term mental health problem and claimant rates for benefits for mental and behavioural disorders are the highest in the country.

Suicide rates are significantly higher than the national average, in the period 2015-2017, 51 people took their own lives in Blackpool.

The [Public Mental Health Strategy and Action Plan 2016-2019](#) produced in response to these issues.

Drug Misuse

Drug misuse is a significant cause of premature mortality in the UK, and Blackpool has significantly higher rates of drug users and drug related deaths than the national average. There are an estimated 2,000 opiate and/or crack cocaine users in Blackpool and the rate of 23.5 per 1,000 population is over two and a half times higher than average. The town has the highest rate of drug related deaths in the country, which is over three times higher than the national average; in the period 2016-2018 there were 94 drug related deaths.

There is also evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders and regular use of cannabis or other drugs may also lead to dependence. Hospital admissions due to substance misuse in young people (aged 15-24 years) across Blackpool are the highest in the country with a rate of 329.3 per 100,000; the national average is 87.9. With over 50 admissions per year, there is a generally increasing trend in young people admitted.

These issues are being addressed by, the Health and Wellbeing Board and Public Health, through the development and implementation of the [Blackpool Drug Strategy 2017-2020](#).

2.3 Safeguarding Adults s.42 Enquiries

Safeguarding concerns raised or enquiries that commenced during 2019/20 with the previous year comparison:

	2018/19	2019/20	Comments
Number of individuals involved in safeguarding concerns	627	624	This year sees 3 fewer individuals involved in safeguarding concerns this year (-0.5%)
Number of individuals involved in 'section 42' safeguarding enquiries	302	298	-4 individuals included in the count
Number of individuals involved in 'other' safeguarding enquiries	3	8	+5 individuals included in the count. Changes in the recording process in Mosaic have made it easier for us to differentiate between 'S42' and 'Other' enquiries.
Total number of concerns raised	779	770	
Total number of 'section 42' enquiries	360	322	
Total number of 'other' enquiries	3	8	

Proportion of type of alleged abuse for enquiries concluded in the year with the previous year comparison:

	2018/19	2019/20	Comments
Physical	26.6%	22.5%	Proportions remain similar to those reported last year with the most significant declines in 'physical' and 'neglect/acts of omission' and the most significant increase in 'financial/material' abuse.
Sexual	3.3%	2.7%	
Psychological	11.3%	12.1%	
Financial/Material	15.3%	19.6%	
Discriminatory	0.2%	0.9%	The majority of abuse related to 'neglect/acts of omission'.
Organisational	3.9%	4.7%	
Neglect/Acts of Omission	36.3%	32.8%	The lowest reported type of abuse alleged in concluded enquiries involved 'modern slavery', closely followed by 'sexual exploitation'.
Domestic	1.0%	1.3%	
Sexual Exploitation	0.0%	0.4%	
Modern Slavery	0.2%	0.2%	
Self-Neglect	1.9%	2.7%	

A similar number of safeguarding concerns were raised during 2019/20 in comparison to 2018/19 although slightly fewer progressed into enquiries (46.6% in 2018/19 to 42.9% in 2019/20). Almost a third of concluded enquiries in the year related to neglect/acts of omission and over a fifth to physical abuse; 2018/19 saw similar proportions. During 2019/20, the biggest increase can be seen in those concerns involving financial/material abuse risen from 15.3% to 19.6% of all enquiries concluded in the 12 month period. The majority of concerns, both in 2018/19 and 2019/20 were reported in the alleged victim's home. Reductions were reported in care homes, mental health hospitals and those categorised as 'other'. When looking at the outcome of concluded enquiries, although there is a slight increase in the proportion of cases where the risk has remained, numbers are still low and a higher proportion of cases have had all risk removed as a result of any action that was taken. A similar number of people expressed their desired outcomes (267 last year; 269 this year). A higher proportion went on to have them fully achieved this year; far fewer had them partially achieved and a significantly higher proportion did not have them achieved at all.

Key points:

- Fewer concerns went into enquiries this year
- Small increase in numbers of the cases where action was taken and risk remained, although a more significant increase in those where the risk was completely removed
- Significant increase where desired outcomes were expressed and they were not achieved (10.5% □ 25.3%)

3. ROLE AND ACHIEVEMENTS OF THE SUB-GROUPS

3.1 Learning and Development (L&D) Sub-Group (Pan Lancashire)

Learning and Development during this period re-focussed on 2018–2019 priorities to ensure all training was accessible to both the adults and children's workforce, previously courses targeted towards either one. The Lancashire sub-group transitioned to a joint adults and children's group in April 2019 to facilitate this change. Furthermore, in December 2019 the first LSAB/CSAP joint L&D meeting held to reflect the transition to the new Pan Lancashire multi-agency safeguarding arrangements, now known as the Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (CSAP) including the three Adults Boards. Terms of reference, membership and a joint Pan Lancashire training programme was agreed for implementation between April 2020 and July 2020. To facilitate this and to plan for September 2020 onwards, a very positive CSAP training pool was established, and a development day took place in March 2020, a week prior to the Covid -19 lockdown. A new L&D Learning Management System (LMS) continued to be procured which planned to transfer to online by the end of 2019/early 2020. This work is still ongoing with the corporate Systems Upgrade team.

All training courses are now aligned to the core programme and priorities of the LSCB and LSAB. Courses included Attachment, Child Development & Resilience, Bullying, Self-Harm & Suicide, Child Neglect, Domestic Abuse, Emotional Abuse, Fabricated & Induced Illness, Honour Based Abuse & Forced Marriage and Female Genital Mutilation. Mental Care Act for 16 and 17 year olds, Professional Dangerousness, Safeguarding Special Educational Needs & Disabilities children, Safeguarding Young People, Safer Online Behaviour, Exploitation, What Happens When a Child Dies, Supervision Skills for managers, Toxic Trio, Understanding Hostile and Uncooperative Families, Young People & Drugs. Training has continued to be delivered by a mix of external trainers and the multi-agency practitioner training pool. A number of new courses were developed to meet demand, including learning from reviews and were aligned with business plan priorities. The Families affected by Alcohol course was delivered in July 2019 in partnership with Future Foundations/Addaction. In April 2019, the AftaThought training company commissioned to deliver briefing sessions to 120 participants covering Adults Safeguarding Legislation Interface.

A suite of materials was developed by the Mental Capacity Act (MCA) sub-group and LSCB partners, following the launch of the MCA Learning and Development plan. The suite of packages were designed to deliver information to the adult workforce including carers and frontline workers. A training package was made available to care homes and external partners to deliver training to staff in house. Two MCA Training for Trainers was delivered to managers to cascade information within their own organisations.

Learning and Development Priorities from 2019–2020 (realigned to 2018-2019)

- **Improvement and maintenance** of the present training availability through the safeguarding partnerships
- **Respond to and adapt to new opportunities** for Learning and Development for an all age workforce and throughout the transition to new CSAP arrangements
- **Transition to a new system** upgrade for delivery of an e-learning and learning management system
- **Continue to respond to identified need** from Children's Safeguarding Practice Reviews (CSPRs), Safeguarding Adult Reviews (SARs) and national and local agendas to deliver evidence based, responsive, effective and cost efficient learning and development opportunities to Lancashire safeguarding practitioners.

3.2 **Communications and Engagement Sub-Group (Pan Lancashire)**

The Pan Lancashire Communications and Engagement sub-group is a multi-agency group hosted by the Blackburn with Darwen, Blackpool and Lancashire Safeguarding Adults Boards and Children's Safeguarding Assurance Partnership (CSAP). The Terms of Reference, Membership and Strategy were reviewed following changes to children's safeguarding arrangements, and the establishment of CSAP to ensure it still meets requirements of the CSAP and the three Safeguarding Adult Boards.

The Communication and Engagement sub-group operates under the Safeguarding Boards to:

- Co-ordinate the communication and engagement activity of the Boards;
- Agree key safeguarding messages and communicate them effectively through a variety of channels;
- Identify and implement effective methods of engagement with partners, service users and members of the public.

A Pan Lancashire Communication and Engagement strategy was produced and approved at April 2019 Board.

Communication and Engagement Priorities:

- **Learning from Case Reviews:** to ensure key messages from reviews are effectively delivered and changes in practice are evident
- **Service User Engagement:** to ensure service user voice is heard in order to influence service provision and development (Making Safeguarding Personal - MSP)
- **Diverse/Seldom Heard Communities:** to improve engagement with diverse communities to ensure these communities are safeguarded and are aware of key messages
- **Communications Pathway:** to develop a clear pathway and a coordinated approach for all communications across pan-Lancashire to include statutory and non-statutory partners and the public
- **Key Messages:** to prioritise and apply the communication pathway to emerging themes, issues and campaigns

Activity on Priorities:

Learning from Case Reviews

The group had oversight of an ongoing piece of work around "Professional Curiosity" which is a frequent theme arising from case reviews. A task and finish group was established to consider how professional curiosity could be embedded and encouraged in practice to explore how professionals could be further supported. Awareness was raised to encourage practitioners to "think the unthinkable" or "ask the question". Lancashire Constabulary promoted the "Think Child" campaign, which was used successfully as an internal police campaign. The police extended the campaign to "Think Vulnerability" to encompass an all-age approach to recognising vulnerabilities and safeguarding abuse in adults and children.

Diverse/Seldom Heard Communities

There is a large and diverse population residing across pan Lancashire, and due to its vast diversity, it has presented a challenge in identifying a specific areas of focus, in terms of diversity and communication and engagement activity. The Lancashire Quality Assurance and Performance (QAAP) completed an exercise, which presented safeguarding referrals and types of abuse broken down by ethnicity and district. This was to determine if specific abuse types occur more in certain communities. It was difficult to determine a specific pattern from the data, due to blank entries against ethnicity, data and abuse type.

Communications Pathway

The group agreed a pathway which provided a consistent approach to communicating key safeguarding messages with all stakeholders. The pathway contains:

- Communication types and channels – to assist consideration of appropriate routes and opportunities to sharing key messages
- Stakeholder map – to ensure all key stakeholders are considered
- Communication channel identification template – to consider and set out the methods to use for each message/procedure/campaign/learning
- Communication plan examples – to provide detailed communication brief ahead of delivery

Adult Safeguarding Week

National Safeguarding Adult Week took place from 18th to 24th November 2019. The Ann Craft Trust led the week nationally with a focus on five key themes: Modern Day Slavery; Domestic Abuse; Self-Neglect; Transforming Care; and Safeguarding in Sport and Activity. The sub-group agreed that to support the week and release messages and resources focused on Modern Slavery, Domestic Abuse and Self-Neglect.

A communication brief was released to all partners to share consistent key messages, resources and guidance on the above themes throughout the week. Residential and Domiciliary Care providers were contacted and encouraged to take part by raising awareness with staff and residents within their settings.

Campaigns promoted during 2019-2020

- Safeguarding Awareness Week - November 2019
- Self-neglect Framework Launch - April 19
- Financial Abuse - April 2019
- Prevent Awareness - ongoing (during reporting period)
- Online Abuse - ongoing (during reporting period)

3.3 Quality Assurance and Performance Management (QAPM) Sub-Group

The QAPM Audit process collected information from Safeguarding Adult Board (SAB) Partners through QAPM returns bi-annually. Submissions were received from various partner agencies which were varied in terms of their quality and content. Most submissions contained information about the key priorities of each organisation including the challenges and barriers faced by agencies.

Factors identified during this process included, waiting list pressures, rigid criteria of thresholds, funding concerns, lack of service flexibility, complexity of service user needs and poor inter-service communication. These factors had all adversely impacted on organisations and their ability to support service users consistently and without relapses. There was evidence to support the need for greater flexibility of services and clearer escalation protocols were suitable and realistic future targets.

Plans were seen as important in a wider sense to provide a clear identity and rationale for each organisation but often a more bespoke and flexible form of service was required. This was to meet the needs of the most vulnerable in society, who often lack the capacity to cope without regular access to services. There were inevitably areas of crossover between various agencies which could be improved with better links and communication with duplication kept to a minimum. The sub-group aimed to focus on vulnerability at lower than current threshold levels to avoid the most vulnerable being missed alongside a focus on promotion of training

on priority issues that included financial abuse, domestic abuse and vulnerability of older people.

3.4 Safeguarding Adult Review (SAR) Sub-Group

During the reporting period 2019/20, cases for consideration by the SAR sub-group included:

Adult AB

Had complex mental health needs, moved to Blackpool from another area following a period in care, had been released into the community under a Community Treatment Order (CTO). Despite concerns from Adult Social Care, AB's psychiatrist had agreed to remove the CTO at their request. AB subsequently suffered significant deterioration in mental health, refused medication and became known to the police. The sub-group agreed that the case did not meet the criteria for an SAR, and it was evident that agencies worked together but there was potential learning from the handling of the case. In particular processes for escalation of concerns relating to individuals under psychiatric care.

Adult AC

Had a history of drug misuse and was severely obese. Adult AC was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and had a history of losing consciousness. Children were removed from AC's care by Blackpool Children's Social Care (CSC), and this was partly due to AC's chaotic lifestyle and concerns regarding their housing. AC had engaged sporadically with Horizon drug and alcohol services. The sub-group agreed that based on the information provided, although AC had died, partners did not suspect that this had been the result of abuse or neglect caused by agencies and decided not to conduct a Safeguarding Adults Review.

Adult AD

Had been a substance user since 2014 and had reported differing accounts of her drug use to different agencies. Adult AD, was prescribed drugs to treat anxiety and had been prescribed a large number of other drugs to address a variety of health concerns, including asthma. Adult AD, was found dead and the cause of death had been identified as a toxic death due to a mixture of drugs. Adult AD had been accessing Horizon drug services and positive progress was noted. The sub-group agreed that based on the information provided although Adult AC had died, partners did not suspect that this had been the result of abuse or neglect caused by agencies and decided not to conduct a Safeguarding Adults Review.

Adult AE

Had been in foster care in Trafford before moving to Blackpool with his parents. He had remained the responsibility of Trafford. At the time of his death, AE weighed 22 stone and was considered severely obese who had experienced longstanding issues with controlling his diet. Adult AE suffered from asthma, incontinence and global developmental delay who had died aged 19. Partners confirmed AE had a history of engaging in voluntary work both in Trafford and in Blackpool. The sub-group decided to conduct a Safeguarding Adults Review as failed processes were identified in some partner agencies. The SAR sub-group highlighted the need for clear processes evident from differing transition of services and transfers from other area processes in Local Authorities when a young person relocates. A SAR has been commissioned for this case and the details of the key learning points from the review will be included in the next annual report.

4. PARTNER ACTIVITY

Lancashire Constabulary

The role and purpose of Lancashire Constabulary is to protect the public. Adult safeguarding is driven by the Safeguarding – Investigation – Prevention (S.I.P) mantra. This drives Lancashire Constabulary's vulnerability strategy and action plans which prioritise the areas of business for the police. Lancashire Constabulary plays a lead role in the Adult Safeguarding Board membership and continues to share and drive the priorities such as Domestic Abuse, in conjunction with partners. All staff have received vulnerability training within the last two years who have responsibility for identifying and responding appropriately to those most vulnerable in communities. Lancashire Constabulary provide both an immediate response resource for those adults identified at risk and undertakes a pro-active role through neighbourhood community activity, in preventing harm and promoting the welfare of individuals. A core function of identifying and responding to risk and harm is paramount in all areas of safeguarding within Lancashire Constabulary.

The Constabulary continue to raise awareness of vulnerability and safeguarding through various channels. Campaigns were planned and run in collaboration with partners, to raise awareness and deliver key messages with the aim of protecting people from harm and ensuring safeguarding is everybody's business. Some examples include:

Fraud: The Constabulary has made the public aware of C19 related Scams, which have been in circulation. Social media, local press and community magazines are being utilised.

Mental Health: Promoting the use of AMPARO bereavement support, which Covid-19 now available across all of Lancashire from the 1 April 2020. This is a listening ear service for those affected by suicide, recognising the increase risk posed to those affected by suicide.

Domestic Homicide Reviews: Learning in relation to Domestic Abuse (DA) and Mental Health (MH). This area of learning has been included within the Force DA action plan and activity undertaken via an internal blog and Vulnerability Coaches, plus training to all staff

Pan Lancashire Anti-Slavery Partnership: Numerous public facing events and awareness raising sessions have taken place. Alongside this there have been a number of "Constabulary Operations" covering areas such as sexual exploitation; criminal exploitation; labour exploitation and fraud.

Key Achievements in 2019–2020

- **Fraud** - All community safety officers have received training in identifying and responding to victims of fraud. A weekly activity in conjunction with Action Fraud is prioritised to offer face-to-face contact and advice/support to the public to this increasingly sophisticated area of demand.
- **Vulnerability Coaches** - The Constabulary has invested in additional training and coaching for a cohort of approximately 150 Vulnerability Coaches. The Coaches are a group of staff from all areas of business who have volunteered to become peer support within their teams. This is for advice and support and to deliver key messages and support campaigns across the Force in line with Force vulnerability related priorities.
- **Domestic Abuse-Operation Encompass** - Op Encompass has assisted in a shift in focus from concentrating on individual incidents to longer-term family focused solutions to harm identified. Referrals are continuing to improve in terms of compliance and consent, resulting in improvements in effective safeguarding for children and adults. The ongoing Multi-Agency Risk Assessment Conference (MARAC) review is continuing to develop a pilot that will incorporate a holistic response to high-risk victims and perpetrators.

- **Stalking or Harassment** - Stalking or Harassment Protection Orders were introduced in January 2020, the Force undertook a detailed launch and has been successful in obtaining two orders to date.

Lancashire and South Cumbria Clinical Commissioning Groups (CCG)

Lancashire and South Cumbria CCGs have a statutory duty to ensure that arrangements are made to safeguard and promote the welfare of children, young people and adults to protect them from abuse or the risk of abuse. The CCG's are required to take account of the principles within the Mental Capacity Act and to ensure that health providers from whom they commission services have comprehensive policies relating to the application of MCA (2005) and if appropriate MCA Deprivation of Liberty Safeguards (2009).

As commissioners of local health services CCGs are required to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place; including independent providers and voluntary, community and faith sector, to ensure that all service users are protected from abuse and the risk of abuse.

The CCGs need to demonstrate that their Designated Lead Professionals for Adults, Children and Children in Care are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies to influence local thinking, practice development and continuous safeguarding improvement.

Designated Lead Professionals for Safeguarding are experts within the field and strategic leaders. They are integral in all parts of the CCGs commissioning cycle, from procurement to quality assurance and in the delivery, development, and review of services to ensure that the views and wishes of adults and children are clearly sought and respected.

Key Achievements in 2019–2020

- Introduction of a new safeguarding model to support Integrated Care System leadership, including the implementation of health governance arrangements, which take into account the legislative requirements for safeguarding and the changing health landscape and how we deliver services.
- Development of a Memorandum of Understanding (MOU) across the CCGs to support a clinical collaborative network approach to safeguarding. The aim is to increase resilience and strengthen the role of the designated lead professionals to support greater flexibility to meet service development initiatives. The designated lead professionals work together as one safeguarding network to deliver safeguarding functions in a hub and spoke arrangement across the Integrated Care System/ Integrated Care Partnerships.
- Implemented service development task group to strengthen arrangements for the monitoring and quality assurance of placements for individuals placed in Continuing Health Care funded settings out of area.
- Provision of safeguarding system leadership to support and promote learning from Safeguarding Adult Reviews and Domestic Homicide Reviews, with a targeted response to service development. This includes the development of safeguarding champion models across the regulated care sector, domiciliary care and primary care, along with creative approaches to learning including use of communications and technology to make learning accessible to all.

Healthwatch Blackpool

Healthwatch Blackpool are the independent voice for health and social care service users. We work with the public to hear views in relation to services that operate locally. We work with our local authority, CQC, public health and CCG to pass on concerns. We will refer those who are at risk of harm, concerns of those at risk of harm to Safeguarding Adults Team/Children's Team at Blackpool Council. Healthwatch Blackpool have maintained a great relationship with key statutory organisations locally including ASC, Public Health and the CQC. A good relationship with the CQC enables feedback received from service users to be shared. Healthwatch Blackpool have worked with the Empowerment advocacy service to highlight the importance of intelligence and sharing information. Healthwatch staff have completed Blackpool Safeguarding Training, alongside annual organisational safeguarding training and have three designated safeguarding leads we can discuss concerns with.

The organisation produce monthly safeguarding briefs. HWB are transparent in their approach and ensure the individual concerned is aware of the issues, where possible consenting for information to be shared. Although, HWB is not a support service, where appropriate have signposted and or completed a post referral welfare call.

Healthwatch listen to local community voices independently. Visits are made to local care homes, GP surgeries, hospitals and reports are produced to emphasise the voice of those in receipt of services. We provide an observational piece and reflections on experience, which is shared. We offer support to our community who have feedback around services. We offer support to those who may need support in accessing services locally. Healthwatch are accessible via telephone and email and often carry out 'have your say' events. We complete 'place' assessments of the care environment, with an emphasis on customer experience and share feedback directly as a 'critical friend'. We complete surveys and projects based on themes locally. We do this in the hope of learning lessons together and identifying public concerns that may require attention.

During the period of 19/20, Healthwatch Blackpool completed a project hearing the voices of Syrian families who had resettled in Blackpool under the 2016 resettlement scheme.

Participant A stated that 'has struggles with her health, I speak out and nothing happens. If they don't help me I will kill myself. If it wasn't for my religion, I would have done it before'.

HWB had a long discussion with a very upset A, who consented to a safeguarding referral and referral to local services. A was referred to health complaints advocacy and A experience was presented in HWB report on resettling and health shared with stakeholders, including the CCG and adult social care.

HWB discussed concerns with LCC resettlement team and shared report with the Home Office. 2020 has seen the introduction of a new service supporting service navigation and complaints advocacy for those resettling in Lancashire.

A health complaints advocate is supporting the family to navigate official complaint channels.

Lancashire and South Cumbria Foundation Trust (LSCFT)

LSCFT provide health and wellbeing services across Lancashire and South Cumbria including:

- Secondary mental health services
- Perinatal mental health services

- Forensic services including low and medium secure care
- Inpatient child and adolescent mental health services
- Physical health and wellbeing services.

The Trust has a Safeguarding Vision that aligns the national and key local priorities to improve safeguarding outcomes in LSCFT. It provides a framework to base measurements and assurances of safeguarding practice and describes plans to have robust safeguarding arrangements across the Organisation that are integrated into the delivery of the care. This vision aims to embed safeguarding at the heart of everything we do; ensure that the Trust, via the Safeguarding Team, we have effective safeguarding and accountability structures; ensure we promote learning through experience; develop competence, knowledge and a skill base in safeguarding and MCA across the Trust; and engage with the service users and patients in strengthening participation in line with Making Safeguarding Personal.

The Safeguarding team has led the implementation of the priorities within the Trust Safeguarding Vision and through analysis of the impact of delivery of the six core priority areas, triangulating this with dissemination of learning from SARs and DHRs.

LSCFT have strengthened safeguarding practice and systems to sustain compliance with revised statutory Safeguarding, MCA and Prevent Guidance and responsibilities, seeing improvement in the quality of Section 42 referrals which in turn provides clarity and feedback from initial triage and application of the “threshold” document. We have made significant progress in raising awareness to Domestic Abuse and embedding routine enquiry wider into clinical practice. We have engaged with multi agency partners to deliver a co-ordinated approach to domestic abuse and actively strengthened internal processes for MARAC as well as supported the MARAC redesign.

LSCFT hosted a successful Safeguarding Conference. The focus was on safeguarding and relationships at a professional, personal and harmful level. Guest speakers inspired and reminded us we must respond by working together, to offer protection and support to the vulnerable people. The most memorable parts were listening to survivor’s accounts of domestic abuse and also criminal exploitation. We were privileged to hear their moving and difficult stories and how services can support. This has had a direct impact on our approach to Domestic Abuse.

LSCFT have raised the profile of contextual safeguarding, trauma-informed care and Think Family. The safeguarding team a strong clinical presence in teams, attending MDT/CPA meetings to support community teams and the wards with complex cases requiring input from safeguarding and may require safeguards in the community and on discharge.

National Probation Service (NPS)

The NPS protects the public by working with service users to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of service users who have the potential to do harm. The NPS has a remit to be involved with victims of serious sexual and other violent crimes. NPS completed all Court assessments and pre-sentence reports as well as the management of all Approved Premises.

The NPS share information and work with the SABs and other agencies including local authorities and health services, and contributes to local Multi-Agency Public Protection Arrangements (MAPPA) procedures to help reduce the reoffending behaviour of sexual and violent service users, to protect the public and previous victims from serious harm.

Key Achievements in 2019–2020

- Strong focus on completion of mandatory Adult Safeguarding training both eLearning and classroom until Covid-19 arrived (eLearning remains a focus at the current time).
- At a strategic level, the NPS Health and Social Care lead is meeting regularly with the Association of Directors for Adult Services to aim to improve the interface between the two organisations.
- Dedicated Multi-Agency Risk Assessment Conference (MARAC) practitioners providing support to colleagues and representing NPS at MARAC meetings.
- Audit work to check on NPS engagement with Boards and sub-groups to ensure appropriate representation in all relevant forums.
- As an organisation with Autism re-accreditation, have continued our work in this area

North West Ambulance Service (NWAS)

The NWAS Safeguarding Annual Report provides an overview of safeguarding activity for NWAS during 2019-2020 and assurance relating to the scoping, development and implementation of safeguarding related processes.

Safeguarding activity has continued to rise in 2019-2020, and a number of improvement projects were identified to ensure continuing safeguarding demand was met.

Key Achievements in 2019–2020

- **Safeguarding Training:** The publication of the child and adult intercollegiate document, made some recommendations of the required levels of safeguarding training. This document reviewed, all Paramedic Emergency Service (PES) patient facing staff being trained to level 3 safeguarding. In addition, staff identified on the Training Needs Analysis (TNA) as requiring level 3 safeguarding training who will continue to receive this training. Level 2 training is overseen by the Learning and Development Team who work closely with the Safeguarding Team. A bespoke safeguarding training session is in development.
- **Safeguarding case reviews:** The Safeguarding Team continue to be involved in serious case reviews, safeguarding adult reviews and domestic homicide reviews. NWAS has particular learning in relation to concealed and denied pregnancy, incorporated into the level 3 safeguarding training.
- **Safeguarding Assurance Framework:** Submitted to the Commissioners and evidence requests received was being worked on to support the assurance framework.
- **Project emerald** is the title of the safeguarding innovation project, to introduce a new safeguarding platform for recording safeguarding concerns and will replace the current Eriss system.

Cumbria and Lancashire Community Rehabilitation Company (CLCRC)

CLCRC are represented on the Lancashire, Blackpool and Blackburn with Darwen Safeguarding Adults Boards by Deputy Directors, to help protect adults with care and support needs to ensure that local safeguarding is operationally understood and adhered to and work with partners to prevent abuse, harm and neglect.

CLCRC works with both service users and victims. Vulnerable Adults (VAs) could be part of the caseload or could be the dependents or associates of those individuals. CLCRC staff will

generally undertake the role of 'Alerter', identifying a potential threat to a VA. However, staff should also be responsible to local authority enquiries under the section 42 duty as required by the Care Act 2014. The concerns were reported and resolved in multi-agency partnership with local authority policy and procedures and police action if appropriate.

CLCRC is aware that the identification and protection of VAs is core to their work. This is due to the nature of probation business as a statutory agency and in partnership in the community. All people are entitled to a life without exploitation or abuse. Therefore, the following principles will apply: CLCRC will work with other agencies in the protection of vulnerable adults from abuse. CLCRC have safe recruitment practices to help to protect vulnerable people from those in a position to exploit them, and have policies that enable staff protection if they report abuse in their organisation. At all times, CLCRC staff must engage fully and openly with professionals from other agencies when dealing with a vulnerable adult.

Actions from the safeguarding plan incorporated into the sentence and risk management plan completed by CLCRC. Consideration given to whether the safeguarding issue warrants a risk escalation to the National Probation Service (NPS). This is because CLCRC work with service users assessed as presenting low and medium risk of serious harm and any assessed increase in too high or very high risk of serious harm must be referred to the NPS.

NHS England and NHS Improvement (North West)

NHSE/I has responsibility for oversight of the safeguarding system in health. Working alongside the Designated Safeguarding Leads NHSE/I:

- Disseminates national policy on behalf of both NHS England and NHS Improvement across the system
- Convenes a regular safeguarding network and escalates significant issues with potential system-wide relevance - such as significant issues from serious case reviews, safeguarding adult reviews, domestic homicide reviews, and other statutory processes that may require a national resolution
- Ensures effective arrangements are in place across the local NHS system to discharge safeguarding duties such as information sharing, sharing best practice and embedding learning from incidents, as well as leading and defining improvement in safeguarding practice at a local level
- Ensures effective systems are in place for responding to incidents of abuse and neglect of children and adults, to ensure that timely and appropriate referrals are made
- Ensures both NHS England and NHS Improvement staff are appropriately trained, supervised and competent to carry out their safeguarding responsibilities
- Ensures safeguarding expertise is provided to support Clinical Commissioning Groups (CCGs) assurance processes
- Ensures that provision is made for specialist safeguarding advice to NHS England commissioners, working with Designated Professionals as appropriate, to support them in commissioning services and monitoring contractors' performance, and ensuring compliance with safeguarding statutory duties and the Mental Capacity Act

NHS E/I has supported the Lancashire and South Cumbria Safeguarding Integrated Care System (ICS) network in the development of a transformational model of safeguarding across the ICS. There is a clear commitment to a combined adult and children system wide approach to safeguarding across the ICS. The benefits of such an integrated approach to strategic safeguarding arrangements and leadership are:

- There will be greater consistency in the delivery of statutory functions across the ICS improving resilience across the system and safeguarding networks whilst enabling the development of a sustainable and flexible safeguarding model.
- The development of a transformational model provides an opportunity to consider new ways of delivering the functions of the designated role across the ICS to maximise system expertise, ensuring collaboration and avoiding duplication of effort and resource.

Lancashire Fire and Rescue Service (LFRS)

LFRS as an Emergency Service, we identify potential safeguarding concerns when attending fire incidents or carrying out Home Fire Safety Check visits. We do not support service users and carers individually but work with multi-agency partners on self-neglect cases etc.

Key Achievements in 2019–2020

- Awareness of safeguarding and our internal procedures increased to all LFRS staff
- Checks within LFRS completed on all referrals made to monitor quality
- Commitment from LFRS Senior Managers and the Combined Fire Authority (Governing Body) re Safeguarding and quarterly reports presented to Strategic Boards for reporting purposes
- A new prompt poster, called 'Safeguarding ABCDE' produced and shared in various ways across the Service. ABCDE poster also shared with Safeguarding Boards and with all other fire and rescue services via the national body - National Fire Chiefs Council (NFCC)

Blackpool Council – Adult Social Care

Adult Social Care follow the responsibilities accorded to them under the Care Act 2014. This includes staff acting as Safeguarding Leads for enquiries made under s42 of the Care Act, and in turn working with partners where requested to make enquiries in relation to specific referrals.

Key Achievements in 2019–2020 include:

- ASC dealt with 770 concerns raised
- ASC managed 298 safeguarding enquiries under s42 of the Care Act
- ASC concluded 352 s42 enquiries in year
- In 93.1% of cases, the outcomes where risk was either removed or reduced

Safeguarding is a core component of the work that ASC undertakes, so do not need to raise awareness of the service. ASC do of course offer guidance, training opportunities, experience and involvement in s42 enquiries. Service user engagement has been achieved through the application of Making Safeguarding Personal, putting the service user and their significant others the centre of the process. As part of the process safeguarding lead check out and record their desired outcomes where they are able to do so.

Adult Social Care priorities for 2020-2021 include:

- To continue to manage all concerns in a timely fashion
- To ensure that ASC continue our work with partner agencies as part of the process. ASC will regularly provide Safeguarding Adult Lead meetings
- To ensure practice remains up to date, good practice is shared, and any systemic issues are identified and dealt with and to further improve the ASC audit process and embed it into practice

Blackpool Coastal Housing (BCH)

BCH identify any safeguarding concerns that relate to their tenants, and those who may not "be known" to other partner agencies. This is particularly for those safeguarding issues, which become apparent from visiting homes to undertake repairs or respond to anti-social behaviour incidents.

Key Achievements in 2019–2020

- Several injunctions were obtained for tenants suffering from domestic violence
- Continued work with Children Services on leaving care provision to reduce future cases for Adult Services
- Continued to run the More Positive Together programme providing opportunities in training and employment for those struggling
- Ensured that appropriate support was in place for the vulnerable to enable them to pay for their rent
- Ensured that all staff and contractors who visit properties managed by BCH understand their responsibilities to act and report safeguarding concerns. This is important in the current pandemic and the reduced numbers of people visiting each other.

Case Study

The Initial case opened due to poor property condition/hygiene and self-care, and first picked up by a 'Sheltered housing officer' in November 2017.

After some visits to the property tenant began to engage and seemed to be on top of the cleaning. However, things began to deteriorate she became vulnerable and a victim of financial abuse. As a result, the tenant's property condition had declined and this had a huge impact on her mental health. The tenant ended up in the phoenix centre after attempting suicide. Housing made appropriate referrals to social services/crisis team and Primary mental health team and carried out some joint visits with those services to the property to ensure a care package was in place.

The tenant began to hoard items in the property and continued to associate with people who financially abused her. This again had a detrimental effect on her mental wellbeing. Assessed by the police and the mental health team and she was medicated and supported through their service. The associates dealt with.

Housing referred the tenant to the fire service and completed several joint visits to ensure she was safe in her home. She had additional fire alarms fitted, green card provided to notify services that she is on medication in case there was a fire, and she continued to receive regular visits from housing setting small manageable tasks each time.

The tenant continued to hoard items in the flat and failed to allow access to housing/ services. Unfortunately, she had attempted suicide again and ended up back in the phoenix centre. Neighbourhood Officer visited the tenant at the phoenix centre and discussed how to best support her in the home and to ensure she is comfortable with the plan. Tenant released a few weeks later and when she was in a better place mentally and physically, officer referred her to the Reach project charity through the local church where they managed to help clear the property and make it more manageable and less cluttered to live in. There is now a huge transformation in the property. Housing arranged for a deep clean of the flat and from then on the tenant continued to work with a preventative care package through social services and housing. This included cleaners to help and teach her to clean her flat, and self-hygiene and carers who attended the property twice a week to assist with day-to-day care. She also

received regular visits from housing to ensure property condition maintained, in line with her tenancy agreement.

The tenant now has clear walkways. She sleeps in her bed as opposed to the sofa in the lounge, she is able to access her kitchen to cook healthy meals each day, she has a good network of friends, and works really well with housing and services to ensure the condition of her property is maintained and her mental health is stable. With all this in mind the tenant is in a much better place, good positive support in place and engages well. She is happy in her home and feels she has come through her hoarding although acknowledges that this is something she will need to work on to prevent it happening again.

The BCH Officer involved continues to monitor the property condition, and carries out regular visits to the property and has a good rapport with her to ensure trust gained but rules and regulations are in place.

Blackpool Teaching Hospitals (BTH)

BTH is committed to identifying and safeguarding adults at risk. BTH provide safeguarding advice and support to Trust staff via a multi-disciplinary, in-house safeguarding adults team comprising of nurses, social workers, Individual Domestic Violence Advisor (IDVAs) and an **ISVA**. BTH is responsible for identifying safeguarding concerns in relation to adults at risk, raising appropriate safeguarding referrals, contributing and implementing appropriate safeguarding plans. BTH Adult Safeguarding Team offer support and advice to frontline Trust staff regarding all aspects of adult safeguarding and have a dedicated Violence Against Women Team who support both staff and patient's experiencing Domestic and Sexual Abuse. BTH Adult Safeguarding Team provide advice and support in relation to MCA and DoLS. The Team offers support at Best Interest Meetings chaired by Trust staff as well as quality assuring and monitoring all DoLS applications and DoLS care plans within the Trust. BTH offer support to Adult Social Care providing Health information for s42 safeguarding investigations and offering health support to professional or strategy meetings. BTH Safeguarding Adult Team oversees all s42 safeguarding investigations involving the Trust and ensures appropriate action taken in response to substantiated safeguarding concerns. BTH Safeguarding Adults Team provides Levels 1-3 Safeguarding Training in line with the Intercollegiate Document (2018) which incorporates MCA/DoLS and Prevent. BTH is an active member of the pan Lancashire Safeguarding Adult Boards and participates in a number of sub-groups.

Key Achievements in 2019–2020

- Implementation of the **IRIS** Domestic Abuse Service for GPs in Blackpool with engagement from 2018-2020 GP surgeries and receiving 99 referrals in the first 6 months. The IRIS Team provide individualised Domestic Abuse training and support to GP surgeries and a direct referral pathway for low to medium risk patients. IRIS workers offer 1:1 support and advice to victims of domestic abuse and signposting to appropriate services as required.
- Adult Level 3 Training compliance increased by 42%, which is above the trajectory of the Trusts Training Recover Plan.
- Development of an Adult Safeguarding Dash Board to monitor safeguarding activity within the Trust. All adult safeguarding data now held on a central dashboard to support the team in reviewing trends and themes and areas for improvement. As well as tracking training compliance, s42 investigations and DoLS authorisations.
- BTH have implemented Emergency Department (ED) Navigators to review patients attending due to violence, in support of the Violence Reduction Unit's (VRU) work across Lancashire. ED Navigators are trained exploitation and health staff who may engage with anyone, but are particularly interested in people aged 10-39 years old who attend hospital with violence related presentations and injuries to listen, support,

and signpost to relevant services. The scheme has been running for around 18 hours a week for 6 months, and identifies around 30 patients a month

Blackpool Carers Centre (BCC)

Safeguarding forms an integral part of one to one staff supervision, carried out monthly for staff. The Safeguarding Policy was reviewed, updated and disseminated to all staff. BCC provides a range of services to support the physical and emotional health and wellbeing of unpaid/ informal carers for the disabled, for family members or friends, frail or those who experience mental ill health or substance misuse. BCC recognise that carers themselves can also be vulnerable to abuse from the person they care for. In the safeguarding of adult carers, BCC are guided by the principles set out in The Care Act 2014 and aim to demonstrate and promote these principles in our work. Both carers and the 'cared for' are supported through safeguarding procedures by ensuring that the support offered is person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Relevant information and actions are recorded in line with policy to promote the safety and wellbeing of a carer or the 'cared for' to prevent further abuse or neglect. Carers are empowered and provided with the information they need to make decisions on how to be safe from abuse, reduce risks and how to raise concerns.

BCC recognise that adults may make decisions perceived as risky or unwise. BCC understands that all adults are assumed to have capacity to make their own decisions and given all practicable help before anyone assumes they are not able to make their own decisions. Where an adult lacks capacity to make a decision, any action taken or decision made for or on their behalf made in their best interests, and a record of all contact and decisions made documented in line with policy. BCC understands and always work in line with the Mental Capacity Act 2005. We seek support and guidance when we have concerns regarding an adult's capacity.

Key Achievements in 2019–2020

- All staff and volunteers have undertaken safeguarding training ensuring 100% compliance.
- The service has reviewed and updated its Safeguarding Vulnerable Adults Policy.
- The adult safeguarding lead has undertaken safeguarding training for advanced practitioners, in addition to Deprivation of Liberty (DoLS) and Mental Capacity Act (MCA).
- Care navigators have referred an increasing number of complex cases to the Multi-Disciplinary Team (MDT) and Hubs who have been able to work jointly in terms of supporting both carers and the cared for in understanding their physical and mental health, ensuring appropriate levels of support is in place. This has had a positive impact upon preventing the escalation of safeguarding incidences.

Case Study

We have recently supported the parents of their adult son X diagnosed with both intellectual and physical disabilities. X arrested for an alleged offence that involved the exchange illicit photographs and communication between their son and alleged minors via social media.

X arrested and bailed pending a full investigation, undertaken by Lancashire Constabulary, Adult Social Care, Education and Psychological Services. Following the arrest X attended the BCC with his mother and disclosed the incident in full and the events leading up to the arrest. The safeguarding lead documented the disclosure which was forwarded to Adult Social Care

to alert them of X's situation, and the potential risks this placed upon himself and his family as a direct impact of the arrest.

Following our alert the safeguarding lead was invited to attend several multi agency meetings that involved designated police officers, social workers, psychiatrist, support workers, legal professionals and X's mother who examined the actual evidence of the allegation and prepared mitigation which was submitted to the CPS in X's defence.

The multi-agency meetings made it able for us to identify X had been coerced into communicating with a vigilante group who were posing as young females. The vigilante group were not aware of X's intellectual capacity or diagnosis, and proceeded in a quest to facilitate a situation that implied X had committed an offence, which they then reported to the police and filmed his arrest which they then placed upon social media.

The multi-agency team were able to identify and document that X did not have the capacity to understand the exchange of communication and his subsequent responses. This information forwarded to the CPS who deemed that it was not in the public interest to pursue the alleged offences and the case dropped against X.

Both X and his family continued to receive support from our service in terms of having the filmed arrest removed from social media and supporting them to re-locate, as the family lived in fear that the vigilantes would continue to harass them. Following their relocation, we identified services that were able to support X to understand social media and internet security. We also introduced the family to services that continue to support them to recover from their ordeal and to rebuild their confidence.

Blackpool and the Fylde College

Blackpool and The Fylde College have provided education to approximately 16,000 students this academic year. A significant number of these are adult learners who are studying across all sites and at all levels of learning through Further to Higher Education, apprenticeships and work placements.

The College has robust systems in place for allocating our own internal support provision for students with low level safeguarding issues and needs. For those with higher level and immediate safeguarding needs, well established referral routes and procedures are in place. These referrals are not only related to individual students, but also by association and involvement, can involve their families and other relationships. All safeguarding concerns are centrally logged confidentially. Overall anonymised data are analysed and reported regularly, as appropriate and shared with various Curriculum area Heads to ensure sufficient support is in place and action is taken appropriately.

The College maintains awareness of local areas of concern through several memberships of the CSAP and BSAB and their sub-groups, which feeds into the College's senior strategic group for safeguarding and helps steer our future provision accordingly. An extensive and proactive leadership including statutory Designated Safeguard Lead (DSL) post, Prevent lead and Safeguarding and Prevent Manager, plus a large number of high level and experienced safeguarding reporters across College – which continues to undertake extensive training in all aspects of Safeguarding ensuring that all students feel safe within the College environment.
*Covid-19 response to be included in next year's report.

Key Achievements in 2019–2020

- **Excellent support for safeguarding issues:**
To date, out of 367 general safeguarding issues, 170 Adults have needed support with safeguarding issues. 17 of these have been of a high urgency and need for external referral. All were relating to issues experienced in students own homes and lives

external to College. These cases have been supported with evidenced impact, as they have maintained attendance, achieved and progressed, wherever possible. These adults are from all College provision including, further and higher education, and apprenticeships (although we are unable to differentiate which adults are Blackpool or Lancashire residents in this data set)

- All College staff continue to receive both **induction and annual mandatory and refresher training in Safeguarding** to ensure they are aware of key aspects or changes within Safeguarding. Training created in house and provided for the BSAB Board, completion logged on the College's single central register. The training embeds both Child Protection, Adult safeguarding combined, including Prevent.
- The additional role of **Safeguarding and Prevent manager** has allowed for capacity to engage and network with broader external links, committees and sub committees, including The Lancashire Colleges, Operation Encompass, and local and National LGBT+ groups further strengthening external collaboration, liaison and networking.
- **For students disclosing a Trans-related status**, offered a named person to guide them through enrolment and induction, ensuring College badges, systems and records are as appropriate as we can get them. Offered to act as advocate for that student with curriculum areas, work place or placements, plus an offer of guaranteed Careers interview and wellbeing appointment if desired. All transgender/gender fluid students are linked with College and external support services for welfare and financial assistance where needed, and a specific link offered and made if required to URPotential for external agreed 1:1 or group support. Toilet signage addressed and all College buildings now have at least one 'all-access' toilet and/or changing facility. Generic and bespoke training delivered across the College and available on **VLE**. Awareness raising activities with students, particularly during key Lesbian, Gay, Bisexual and Transgender (LGBT+) dates in inclusion calendar, plus a number of small group and 1:1 workshops from URPotential and Chrysalis have taken place. Whilst this was open to all Blackpool and The Fylde College students, a number of Higher Education (HE)/adult students have actively engaged in this process.

Case Study

Adult female apprentice disclosed she was 27 weeks pregnant, estranged from family and father of child and of no fixed abode (sofa surfing). At time of disclosure, she had not eaten for a number of days, had not felt the baby move and was experiencing pregnancy bleeding. She described herself as physically and mentally exhausted and was worried that her baby may not survive, or have her baby taken away from her once born. She was in a state of financial distress and believed she was at risk of losing her employment as she had taken time off due to ill health caused by a combination of being pregnant and stress due to her personal circumstances. She felt that at that time that her only option was to, 'just go away'.

Safeguarding team liaised cross-College with the following outcomes:

- *The student immediately escorted to hospital for a complete health check.*
- *External referrals made to family nurse and appropriate external agencies as vulnerable pregnant female.*
- *Apprentice Delivery Manager met with Employer and ensured terms of the student's apprenticeship contract and employment rights adhered to*
- *Student Support and Wellbeing offered support with further external or internal signposting, to assist with housing arrangements, finances, and academic support and for physical and mental wellbeing. This support offer remained in place to completion of programme.*
- *The student accepted temporary support and guidance via a range of internal and external signposting, including Housing Options and the Council. Appropriate bursaries and emergency funding made available from College. With the support of College, the student was able to move into, and furnish, permanent accommodation.*

- *As a College, we continue to monitor students – and on this occasion, no additional College services were required.*
- *The support and interventions provided, enabled the student to successfully complete her apprenticeship autonomously.*

5. BOARD PRIORITIES 2020–2021

- Covid-19 – Restoration and Recovery (Short term)
- Mental Health
- Domestic Abuse
- Self-neglect
- 'Voice' Making Safeguarding Personal (MSP)

DRAFT

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting:	26 November 2020

SCRUTINY WORKPLAN

1.0 Purpose of the report:

1.1 To review the work of the Committee, the implementation of recommendations and note the update on the Healthy Weight Scrutiny Review.

2.0 Recommendations:

2.1 To approve the Committee Workplan, taking into account any suggestions for amendment or addition.

2.2 To monitor the implementation of the Committee's recommendations/actions.

3.0 Reasons for recommendations:

3.1 To ensure the Committee is carrying out its work efficiently and effectively.

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

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

4.0 Other alternative options to be considered:

None.

5.0 Council Priority:

5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background Information

6.1 Scrutiny Workplan

The Committee's Workplan is attached at Appendix 6(a) and was developed following a workplanning workshop with the Committee in July 2020. The Workplan is a flexible document that sets out the work that will be undertaken by the Committee over the course of the year, both through scrutiny review and committee meetings. It has recently been amended to take account of the pandemic and the impact on the workload of public health in particular.

Committee Members are invited to suggest topics at any time that might be suitable for scrutiny review through completion of the Scrutiny Review Checklist which is attached at Appendix 6(b). The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny.

6.2 Implementation of Recommendations/Actions

The table attached at Appendix 6(c) has been developed to assist the Committee in effectively ensuring that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

Members are requested to consider the updates provided in the table and ask follow up questions as appropriate to ensure that all recommendations are implemented.

6.3 Supported Housing Scrutiny Review

The Review Panel met for the first time on 10 November 2020 to hear about the pilot scheme that Blackpool is participating in regarding supported housing. The Panel will meet again in the New Year in order to gather the rest of the evidence as set out in the scope and consider any outcomes identified through the pilot scheme.

6.4 Healthy Weight Scrutiny Panel Action Plan

The Committee had been scheduled to receive an update on the implementation of the recommendations of the Healthy Weight Scrutiny Panel to this meeting. However, the majority of the recommendations were to be led by Public Health. The recommendations of the Panel were approved almost immediately before the country went into its first lockdown and therefore the recommendations have not been able to be implemented as planned. Attached at Appendix 6(d) is the action plan of the review, updated as far as is possible. The full report on the

implementation of the recommendations will be rescheduled for a later date.

Does the information submitted include any exempt information?

No

7.0 List of Appendices:

Appendix 6(a): Adult Social Care and Health Scrutiny Committee Workplan

Appendix 6(b): Scrutiny Review Checklist

Appendix 6(c): Implementation of Recommendations/Actions

Appendix 6(d): Healthy Weight Scrutiny Review Action Plan

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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Adult Social Care And Health Scrutiny Committee Work Plan 2020-2021	
17 September 2020	<ol style="list-style-type: none"> 1. Adult Services – complete service overview – succinct ‘warts and all’ look at the whole directorate including financial position and impact of the pandemic. 2. CCG Performance and impact of the pandemic – brief look at end of year performance for 2019/2020 plus additional more in depth look at the impact of the pandemic on current performance and the financial position. 3. BTH Inspection Update and individual pandemic response – progress made since the CQC inspection and impact of the pandemic on improvement. To also cover positive learning from reduced attendances at the emergency department and walk in centre. <p><u>Key theme to run through all of the above items: discharge from hospital services into social care and the relationship between health services and adults and the impact of the pandemic on that relationship</u></p> <ol style="list-style-type: none"> 4. Whole System Transfers of Care Scrutiny Report review of remaining outstanding recommendations implementation, plus an Impact Analysis of the Review
19 October 2020	SPECIAL MEETING: Mental Health Services to continue to monitor and evaluate the impact of changes in mental health service provision. To also include impact of pandemic on service provision. Integrated Care Partnership/System attendance requested.
26 November 2020	<ol style="list-style-type: none"> 1. Infant mortality and Maternity Services covering preventable baby deaths 2. Screening and Vaccination Uptake to request NHS England attendance to consider uptake levels in Blackpool and the impact on the pandemic and recovery planning. 3. Blackpool Safeguarding Adults Board Annual Report
11 February 2021	<ol style="list-style-type: none"> 1. Support for new mums during pandemic including health visiting and breastfeeding support (pre and post pandemic) – including recovery programmes – what offer has been put in place to support them such as call backs etc. 2. Smoking cessation new model application and impact. 3. Dentistry and oral health ensuring adequate and accessible provision in the town. Care during the pandemic and impact on provision. 4. Fulfilling Lives, 12 month update as previously agreed at Committee.
29 April 2021	<ol style="list-style-type: none"> 1. Avoidable Readmissions – a whole system report into readmissions to hospital, the reasons for the readmissions and an analysis of whether they could be avoided. 2. Adult Services Report – complete service overview, performance, financial position and strategy. 3. <i>BTH Update tbc</i> 4. Healthy Weight Scrutiny Review update on progress of recommendations and impact of the pandemic on the issues identified in the report.
Tbc May 2021	SPECIAL MEETING: Mental Health Services to continue to monitor and evaluate the impact of changes in mental health service provision. To also include impact of pandemic on service provision. Integrated Care Partnership/System attendance requested. Including specific updates on the recommendations of the previous meeting.

Tbc June/July 2021	<ol style="list-style-type: none"> 1. CCG End of Year performance 2. Dementia – Provision of services/dementia friendly, impact of increasing diagnosis, support services on offer, long term impact of pandemic (dementia groups to be invited). 3. Sexual Health Services
Tbc September 2021	<ol style="list-style-type: none"> 1. Delayed discharges – current levels of delays, causes for delays and review of ongoing measures in place to review.

Scrutiny Review Work	
January 2021	Drug Strategy – review of revised strategy
Commencing November 2020	Scrutiny review of Supported Housing following agreement at the Committee meeting in January 2020.
January 2021	Scrutiny review of Drug Related Early Deaths . Numbers have increased in both young and older people that misuse substances. To also look at preventing drug use. Scope to be increased to look at lessons learned during the pandemic
TBC	Scrutiny review of one key theme identified from the ICP five year strategy . Possible items include population health management, health inequalities, planned care and urgent and emergency care.
TBC	<p>Proposed joint piece of work with Children and Young People’s Scrutiny Committee:</p> <p>Child and Adolescent Mental Health to include prevalence, performance of CAMHS, emotional health, looked after children and additional educational needs.</p> <p>Initial meeting to consider service redesign has been held. Request to come back 12 months after implementation for progress update. Mid 2021?</p>

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.

	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:

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MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	16.10.19	To receive a further report on mental health services in six months.	March 2020	Caroline Donovan, CEO, LCFT Sharon Davis, Scrutiny Manager	Meeting Held 19 October 2020.	Green
2	16.10.19	The Committee also agreed to receive an update on the ICP Strategy and the implementation of the Quality Improvement Strategy in approximately six months.	June 2020	David Bonson, COO, CCGs Sharon Davis, Scrutiny Manager	Added to workplan for 29 April 2020 meeting. Delayed due to Covid. NEW DATE TO BE DETERMINED.	Amber
3	07.01.20	Supported Housing - Members were very concerned by the issues raised in the meeting and agreed to establish a review panel meeting to consider the issues further. It was noted that the Tourism, Economy and Communities Committee must be	Tbc	Sharon Davis, Scrutiny Manager	A scoping document for the review is attached in the Workplan item for approval. The Housing and Homelessness Review has been informed as agreed. Tourism, Economy and Communities Committee has been informed and invited to identify representatives to attend the meeting. An initial meeting was held on 10 November and the review will be completed in the New Year.	Green.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		involved due to the cross-cutting nature of the issue and that the discussions at this meeting should be forwarded to the ongoing Housing and Homelessness Scrutiny Review Panel in order to avoid any duplication of work.				
	06.02.20	The Committee agreed that a further report on the conclusion of the Fulfilling Lives project be received in approximately 12 months alongside a report from the Council detailing services to be put in place to fill the gap left by the end of the project.	February 2021	Ian Treasure/Arif Rajpura		Not yet due.
	06.02.20	The Committee considered that the current approach was not working and queried whether a new model could be	February 2021	Arif Rajpura		Not yet due.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		put in place. It was reported that work was already ongoing to review smoking cessation services and it was agreed that the new model be presented to Members in approximately 12 months.				
	06.02.20	The Committee agreed to receive the final ICP strategy and operational planning documents in addition to the plan for commissioning reform in due course.	Tbc	David Bonson		Not yet due
	06.02.20	That an item on dementia be added to the workplan.	Tbc	Sharon Davis	Members to determine timescale and detail for item.	Not yet due
	19.09.20	To receive the Drug Strategy for further review following its revision.	January 2021	Judith Mills		Not yet due

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
	19.09.20	The Committee requested, and Dr Gardner agreed, that progress regarding the outstanding CQC inspection actions would be shared with the Committee prior to the end of December 2020 when it was expected that all actions would be completed.	End December 2020	Jim Gardner, BTH		Not yet due
	19.09.20	To receive the data from the initial findings of the trials regarding discharges on the two wards when completed.	Tbc	Jim Gardner, BTH		Not yet due
	19.09.20	To receive a whole system report on avoidable readmissions to a future meeting.	Tbc	Tbc	To be added to workplan.	Not yet due
	19.09.20	To receive a report on delayed discharges in approximately 12 months to review improvement.	September 2020	Tbc	To be added to workplan.	Not yet due

Recommendation	Cabinet Member Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes
<p>Recommendation One</p> <p>That the Council build on the healthy weight declaration and improve itself as a leader in healthy weight and lifestyle:</p> <p>a) That all Services receive information from Public Health on the Council’s role in being a leader in building a healthy lifestyle amongst staff and residents and support in order to address any alterations to be made in provision to ensure healthy lifestyle is at the heart of everything the Council does.</p> <p>b) To promote further the offers already available to staff such as the Corporate Leisure Scheme and that the offer to staff be explored further to determine whether provision of activities such as yoga and pilates (as provided by the Hospital’s Trust to staff)</p>	<p>Currently reviewing the commitments, undertaking whole systems mapping work, reviewing current actions and identifying any gaps. Producing a new Healthy Weight Strategy and working with partners to ensure healthy lifestyles is at the heart of all public sector work.</p>		<p>As per recommendation 10 – six months</p>	<p>Nicky Dennison</p>	<p>The implementation of the recommendations relating to public health have been delayed due to the pandemic. As soon as work permits, a full update will be provided to Committee.</p>	

before and after work could be supported.						
<p>Recommendation Two</p> <p>That Public Health explores the universal support and provision for children aged 0-4 years old and their parents on healthy weight, eating and lifestyle in order to identify any gaps and how those gaps could be met.</p>	<p>Working with Better Start to look at Diet and nutrition in our 0-4 year olds. Currently exploring bring introducing the Henry programme. Working with PHE to launch the weaning campaign week commencing 27 February 2020.</p>		<p>As per recommendation 10 – six months</p>	<p>Nicky Dennison</p>		
<p>Recommendation Three</p> <p>That Blackpool Council aspires to all schools using a catering provision that meets the expected healthy eating standards:</p> <p>a) That the Adult Social Care and Health Scrutiny Committee writes to all Chairs of Governors of schools not meeting the School Food Standards as prescribed for</p>	<p>Through our school led improvement team we will raise awareness , challenge any concerns and offer any relevant support to our schools.</p>		<p>As per recommendation 10 – six months</p>	<p>Nicky Dennison</p>	<p>A letter has been sent to all schools to alert them to the school food standards and to request information on the uptake of free school meals.</p>	

<p>schools to challenge them to make improvements and to offer the schools the opportunity to work with Public Health in order to develop a healthy and balanced menu.</p> <p>b) That the Council explores how to improve working with other providers of catering services to schools in order:</p> <ul style="list-style-type: none"> - To improve their menus and ensure they are healthy and balanced - To gather information on the uptake of children receiving both the free school meals across both key stages and those opting to have universal free school meals in key stage 1 - To offer children taking a packed lunch the opportunity to access the salad bar provided for children eating school meals. 	<p>The Public Health team would be able to support with the development of the letter and provide the support to the Schools.</p> <p>Healthy Lifestyle Nutritionist to work with the School catering providers to support them in meeting the School Food Plan.</p>			<p>Nicky Dennison</p>		
<p>Recommendation Four</p>	<p>Currently supported by Public Health, Blackpool CCG and</p>					

<p>That the Council recommend that the Fit2go scheme be prioritised for continued funding by Blackpool Council, Blackpool CCG and Blackpool FC Community Trust to ensure that it continues and that the organisations be requested to determine whether a longer contract for provision could be supported.</p>	<p>Blackpool FC Community Trust. This is very well embedded in schools and we need to actively work with all partners to ensure this funding continues.</p>		<p>As per recommendation 10 – six months</p>	<p>Nicky Dennison</p>		
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<p>Recommendation Five</p> <p>That Public Health work with Children’s Services to provide an offer of healthy eating support and education to children in care and those that work in care settings.</p>	<p>This would be a new piece of work for the Public Health Team to deliver against. The Healthy Lifestyle Nutritionist is keen to start work in this area to look at how we can support Foster Carers and Children’s homes provide healthy options</p> <p>We are currently re visiting our commissioning strategy and service specifications with independent providers for in care and care experienced so that facilitates an opportunity to re visit expectations. Via our commissioning monitoring we can challenge and support. There is</p>		<p>As per recommendation 10 – six months</p>	<p>Nicky Dennison</p>		
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	currently a health task group via the corporate parenting board that will incorporate the relevant messages from this review.					
Recommendation Six To explore the feasibility of providing free gym access to young people aged 11 to 18.	Happy to support the service exploring the feasibility of this as an option.		As per recommendation 10 – six months	Lisa Arnold		
Recommendation Seven That Public Health work with Adult Services to identify opportunities to improve the provision of meals for adults receiving care in the home.	Work is underway with Quality monitoring officers and Public Health to look at how meals could be improved.		As per recommendation 10 – six months	Nicky Dennison		
Recommendation Eight That Public Health carry out an exercise to consider whether the message from the Council and partners regarding healthy weight and lifestyle is delivered consistently and in doing so:	This work will be undertaken as part of the review of the Healthy Weight Declaration commitments and development of the Healthy Weight		As per recommendation 10 – six months	Nicky Dennison		

<p>- Explore the effectiveness of FYI in informing residents of the initiatives available and whether any alternative methods of communication would be more successful.</p> <p>- Explore, with partners, how messages can be communicated jointly and consistently.</p>	<p>strategy, as per recommendation one.</p>					
<p>Recommendation Nine</p> <p>To receive an update from the Clinical Commissioning Group on their progress in working with the Council to support healthy weight in the population.</p>			<p>As per recommendation 10 – six months</p>	<p>David Bonson</p>		
<p>Recommendation Ten</p> <p>That the Committee receive an update on all approved recommendations in approximately six months.</p>						

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