

Blackpool Council

19 September 2017

To: Councillors Callow, Mrs Callow JP, Elmes, Hobson, Humphreys, Hutton, Owen, Mrs Scott and L Williams

The above members are requested to attend the:

ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Wednesday, 27 September 2017 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

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

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

2 MINUTES OF THE LAST MEETING HELD ON 5 JULY 2017 (Pages 1 - 12)

To agree the minutes of the last meeting held on 5 July 2017 as an accurate record.

3 PUBLIC SPEAKING

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

4 EXECUTIVE AND CABINET MEMBER DECISIONS (Pages 13 - 18)

To consider the Executive and Cabinet Member decisions within the remit of the Adult Social Care and Health Scrutiny Committee.

5 HEALTHWATCH BLACKPOOL ANNUAL REPORT AND WORK PLAN (Pages 19 - 54)

To consider the Annual Report of Healthwatch Blackpool for 2016-2017 including key findings from service reviews and changes made as a result of the involvement of the

organisation; and to consider the operational Work Plan for 2017-2018.

6 HEALTH AND SOCIAL CARE INTEGRATION (Pages 55 - 78)

To present progress on health and social care integration for new models of care.

7 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST: STRATEGY, AMBITIONS AND WORK PROGRAMMES - PROGRESS (Pages 79 - 100)

To consider a progress report on Blackpool Teaching Hospitals NHS Foundation Trust's (the 'Trust') strategy, including progress against strategic ambitions and the financial position.

8 ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018 (Pages 101 - 114)

To consider the Adult Social Care and Health Scrutiny Committee Workplan 2017-2018, together with any suggestions that Members may wish to make for scrutiny review topics.

9 NEXT MEETING

To note the date and time of the next meeting as Wednesday, 15 November 2017 commencing at 6pm in Committee Room A, Blackpool Town Hall.

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

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

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MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 5 JULY 2017

Present:

Councillor Hobson (in the Chair)

Councillors

Callow

Mrs Callow JP

Humphreys

Hutton

Owen

Mrs Scott

L Williams

In Attendance:

Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group

Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group

Mr Steve Winterson, Director of Strategic Partnerships and Engagement, Lancashire Care Foundation Trust

Mr Matt Joyce, Associate Director of Quality Assurance and Monitoring, Lancashire Care Foundation Trust

Ms Elaine Walker, Emotional Health and Wellbeing Manager, Blackpool Teaching Hospitals

Ms Zohra Dempsey, Public Health Practitioner, Blackpool Council

Ms Valerie Watson, Delivery Development Officer, Blackpool Council

Mr Sandip Mahajan, Senior Democratic Governance Adviser, Blackpool Council

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 26 APRIL 2017

The Committee agreed that the minutes of the Health Scrutiny Committee meeting held on 26 April 2017 be signed by the Chairman as a correct record.

3 PUBLIC SPEAKING

The Chairman welcomed the young people present and representatives from the Blackpool Youth Council, Head Start resilience support programme, UR Potential youth support group, Blackpool Boys and Girls Club. He also welcomed representatives of young / adult carers and mental health charities including Blackpool Carers' Centre, and the Blackpool branches of Rethink and Lancashire MIND.

The Committee noted that there were no formal applications to speak by members of the public on this occasion. However, the Chairman explained that, after each report item had been presented and Committee Members had asked questions, there would be an opportunity for any of the people present to put forward questions and suggestions.

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4 FORWARD PLAN

The Committee referred to the Forward Plan, July 2017 - October 2017, of key decisions. One decision came within the portfolio of the Cabinet Member for Adult Services and Health, Councillor Amy Cross, namely the creation of a specialised supported living service at Mansfield Road. Unfortunately, due to unforeseen circumstances, no senior officer or Cabinet Member was available for comment.

Members were advised that any comments they had could be forwarded for written response. Otherwise the decision, which was due to be made in July 2017, could be discussed at the Committee's next meeting on 27 September 2017.

5 COUNCIL PLAN PERFORMANCE REPORT 2016-2017 (END OF YEAR)

Ms Val Watson, Delivery Development Officer reported on end of year outcomes for key performance indicators relating to health services for 2016-2017. Members were informed that indicators relating to Adult Services had recently been reported to the Resilient Communities and Children's Services Scrutiny Committee. Those indicators would be transferred over to the Adult Social Care and Health Scrutiny Committee on 27 September 2017.

Three of the eight health indicators had worse performance, compared to 2015-2016, covering successful recovery of opiate drug users and people receiving alcohol treatment and the numbers of overweight Year Six children. 'Exceptions' commentary appendices had been included in the report explaining the issues and work/plans to tackle these. Members had discussed the issues in detail at recent meetings.

Members noted that the Council's newly commissioned integrated alcohol and drug recovery support service delivered by Horizon had been running since April 2017. It would be useful for progress including initial impact to be reported to Members at their September 2017 meeting either through the performance report or the Public Health overview report. Cabinet Members and service officers would be present to answer any detailed questions.

Ms Watson referred Members to proposals to review and improve the reporting of performance data to make it more 'fit for purpose'. Performance reporting would be aligned to Scrutiny meeting cycles with detailed end-year reporting. She explained that any changes to performance indicators for 2017-2018 had still to be proposed. A comment had been received that use of bar-charts was not an ideal presentational format. Members were invited to put forward any other suggestions.

6 BLACKPOOL CLINICAL COMMISSIONING GROUP END OF YEAR PERFORMANCE REPORT (APRIL 2016 TO MARCH 2017)

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group presented the Clinical Commissioning Group's end-year performance for 2016-2017 (April 2016 - March 2017).

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The Chairman noted that the target of 92% had been missed for treating patients within eighteen weeks. Those patients had been referred for treatment as they had on been on 'incomplete' pathways of care. Mr Bonson explained that the target had just been missed. Local Trust performance had been on track but the overall results had been affected by issues at the Lancashire Teaching Hospitals NHS Foundation Trust's Preston site. Those issues had been escalated to specialist commissioners and an action plan developed. He gave assurance that Blackpool residents had not been adversely affected.

Members noted that eight out of nine cancer treatment targets had been met. However, performance had been 82.1% for first definitive cancer treatment within two months of GP referral. The target was 85%. Mr Bonson gave assurance that Blackpool Teaching Hospitals was on track but other factors meant the target was missed. The factors included delays due to patient choice and complex conditions.

The Chairman referred to the 'Category A' (third tier of response time) missed target for ambulances being at an incident within 19 minutes of a call. Performance had been 90.5% against the 95% target. Mr Bonson had previously explained that Blackpool Clinical Commissioning Group acted as the regional commissioner for the North West Ambulance Service. He confirmed that the figures in the report represented performance within Blackpool.

Mr Bonson noted that ambulance response targets were usually achieved as Blackpool was a relatively small urban area in contrast to more rural areas, such as Fylde and Wyre. He explained that service demand pressures had been much higher than predicted and added that all urgent services had been under pressure during the winter period. Usually post-winter pressures eased but this year had been proving more challenging. Related pressures included the patient handover at hospitals with delays resulting in fewer ambulances actively on the road. Modernisation initiatives were being pursued with the Ambulance Service, e.g. more carefully identifying during calls whether other options were more appropriate than an ambulance and where possible treating people at the scene. Improvements were being made and performance had been gradually heading in the right direction.

Members noted that often people were inappropriately attending Accident and Emergency. This had resulted in 87.9% of people receiving appropriate treatment or response within four hours of arrival against a target of 95%. Mr Bonson explained that the Department for Health recognised current extreme pressures so an interim target of 90% by September 2017 had been set although the 95% longer-term target remained.

Members enquired how attendance was being tackled and people prioritised. They added that alternatives such as the Whitegate Health Centre existed. Mr Bonson explained that more focus had been given to managing 'front door' services, e.g. for minor ailments directing people towards primary care where GPs and nurses were increasingly treating minor ailments. Minor treatment which could be managed at GP practices amounted to 25% of Accident and Emergency incidents. He added that hospitals were not the ideal environments to aid people's health and wellbeing but people genuinely needing hospital treatment would be supported. People generally still

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prescribed to Accident and Emergency always being available so awareness-raising campaigns such as 'Think Accident and Emergency' had been promoted, including ringing the NHS 111 non-emergency advice line first rather than going straight to Accident and Emergency.

Mr Roy Fisher, Chair, Blackpool Clinical Commissioning Group, re-iterated that many people genuinely needed to access Accident and Emergency. Issues included 'delayed discharges of care' (from health services to social care) due to shortage of beds unable to meet demand. However, the Council's Social Care managers met regularly with Blackpool Teaching Hospital's Discharge Team to manage patient flow and local Accident and Emergency performance was above the national average. He added that evolving initiatives included new neighbour hubs which, from September 2017, would bring GPs, other health staff and social workers together. The hubs would also aim to offer people another option to Accident and Emergency.

Members referred to the number of people in Accident and Emergency who had spent over twelve hours on a trolley whilst waiting for a bed. The target was zero incidences of such long trolley durations but thirty-three incidences had occurred. Members noted that patients should be admitted in good time with access to beds. They were aware that delays often occurred for non-treatment reasons such as completion of paperwork or waiting for prescriptions. This meant that patients who were fit to go home had to wait, delaying the availability of beds for other patients.

Mr Bonson explained that the incidents had occurred over small periods of time, i.e. over a few days of exceptional winter demand pressures. He gave assurance that all incidents were recorded and investigated leading to improvement actions taken and lessons learnt. He added that the trolleys were modern, with a range of features including being adjustable but agreed that the situation was not ideal. He explained that there needed to be timely hospital discharges so that the system flowed smoothly. Experts with experience in developing effective discharge systems had been appointed to help create more effective systems. Mr Bonson confirmed that there were clear recorded timelines for each stage of the process, e.g. ambulance arrival through to discharge. He added that there were no additional beds so that managing patient flows better was imperative.

7 TRANSFORMATIONAL PLANNING PROGRAMME

Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group and Blackpool Council presented the report on Transformation Planning for Children and Young People's Emotional Health and Wellbeing across Lancashire. Ms Elaine Walker, Emotional Health and Wellbeing Manager, Blackpool Teaching Hospitals was also present.

Transformation Planning Impact

Member queried the impact of Transformation Planning, including the Head Start Programme, noting that the report referred to Transformation Planning being timely ensuring various programmes would be developed together. Ms Lammond-Smith

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explained that Head Start (supporting the emotional resilience of 10-14 year olds) and other programmes involved long-term work with Transformation Planning, helping to ensure the programmes were co-ordinated. However, there were currently no direct performance outcome measures.

Ms Walker clarified that Head Start monitoring meetings did take place. Examples of achievements included developing 'out-of-hours' services, Youththerapy (80 people supported to date), resilience coaches, and 'bake and talk' and 'walk and talk' counsellors at schools. Head Start work within Blackpool had been recognised as being effective.

'Out-of-area' services

The Chairman referred to publicised concerns that the nearest in-patient mental health facility for local young people (13-18 years old) was 'out of area', some 40 miles away in Heysham, which was a one hour drive. He also referred to potential inequalities for people with limited financial means. Members enquired whether numbers of service users had been considered based on their geographic residence. They were concerned that there would be too few beds for Blackpool residents. Young people attending the meeting referred to the number of people they knew who needed support far exceeded the spaces available at the Heysham site. They gave examples of young people with severe depression being taken into a clinical environment but without in-patient beds and added that vulnerable young people were at increased risk by being placed in wards with adults. There were also pressures of older teenagers being in the same ward as someone of primary age.

Mr Steve Winterson, Director of Strategic Partnerships and Engagement, Lancashire Care Foundation Trust explained that previously there had been two sites within Lancashire, but this was a specialised facility which was better provided on a dedicated site housing a range of medical staff. A full options appraisal and demand modelling had been undertaken, which had included consultation with young people. The level of provision had been based on complex case demand.

He continued that the 'Cove' in Heysham was an old NHS building which had the right environment allowing 18 beds for young people across Lancashire, of which two were set aside for Blackpool residents. The facility needed to be value for money. People would be admitted and discharged so the numbers were realistic and currently there was no waiting list. He added that it was important that young people did not have to share facilities on adult wards and smaller dedicated wards were not appropriate for the facilities being offered. Hospital placements were still a last option before more effective community support environments.

Mr Winterson added that a visit to The Cove could be arranged for Members and that any future discussion of the site would be supported by the attendance of clinical leads.

Ms Lammond-Smith added that Child and Adolescent Mental Health Services (CAMHS) within Blackpool were better provided than elsewhere in Lancashire. Furthermore, in-

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patient beds did not provide the best option for people's care but the facility offered appropriate capacity. Mr Winterson added that assistance based on individual needs would be considered but transport budgets were limited and not ring-fenced. Support was also offered to carers.

Support for people with crisis issues

Members referred to suicide issues and enquired whether support services were readily available for people at risk. Ms Lammond-Smith explained that the Transformation Planning included a number of innovative ways of working with young people as outlined in the report, e.g. developing the Child and Adolescent Mental Health Services offer to include appointments within neighbourhoods (North and South Shore Medical Centres). Likewise the Child and Adolescent Self-Harm Emergency Response service (CASHER) for people aged under 25 years old would be available as a 'drop-in' centre in the central western part of town (Broughton Street). Neighbourhood 'hub' teams of the main service areas would continue to evolve and include mental health and social care professionals. The 'Core 24' service was being developed to make available comprehensive support at all times by the end of 2018-2019. She added that mental health support was being funded and delivered at the Lancashire and South Cumbria level, reflecting the geographical approach of wider Sustainability and Transformation Planning. The funding would tackle longer-term issues including mental health and substance misuse.

Ms Walker added that the Self-Harm 'drop-in' service was now running and had just held a second meeting with seven young people from the Talbot and Brunswick ward areas. The service had become available out-of-hours too. Emotional health and wellbeing support was provided including mental health.

Working with the voluntary sector

The Chairman made the point that it was important for commissioners of services and service providers to work with the voluntary sector, e.g. UR Potential and Blackpool Boys and Girls Club, which received limited support. Representatives from the Boys and Girls Club issued an open invite to visit and use the premises. They felt that the sector including UR Potential was pursuing sustainable work so needed to be more widely used to further cement sustainability. Ms Lammond-Smith confirmed that meetings had taken place involving the voluntary sector and neighbourhoods covering services for young people and adults. There was also a Voluntary Sector Forum. Working with the sector needed to be further promoted and she suggested that a good venue for neighbourhood team meetings could be the Carers' Centre.

Service users' views and experience

Members noted that a patient experience survey had been undertaken by Healthwatch Blackpool concerning the Child and Adolescent Mental Health Services and requested a copy of the findings. Ms Walker explained that the survey had been undertaken at the Whitegate 'Walk-in' Centre with mainly positive outcomes. Not unsurprisingly, people had concerns about needing to use 'out-of-area' mental health services. In response to

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Members' recognition of the Centre's effectiveness and need to promote awareness, Ms Walker confirmed that leaflets were issued to GP practices and Children's Services.

Young people attending the meeting gave their views based on their own experiences. One attendee had needed mental health support for the last four years and referred to being passed around throughout the system. She cited long waiting times of several months trying to access Child and Adolescent Mental Health Services and Youtherapy, with assessments taking place every few months but the support required much longer. During that period of time, people's needs became greater. She added that lists of people needing support would increase as would the number of people committing self-harm. She further added that young people left the Child and Adolescent Mental Health Services at 16 years old but then faced a significant gap in access to Adult Services.

Ms Lammond-Smith explained that there were plans to re-design services to tackle gaps in services. Adult carer representatives attending the meeting urged that families and carers were invited to be involved in the re-design of services including training needs. They were 'experts by experience'. Ms Walker added that the Council's new Vulnerable Adolescent Hub (VAH) which was a move towards offering a more cohesive 'one-stop' shop for young people. She highlighted the importance of mental health support being the responsibility of all organisations.

Young people made reference to former police officers acting as school counsellors did not work citing young people lacked trust in officers being able to provide neutral confidential support when issues faced by young people may technically have been illegal. Ms Lammond-Smith explained that all staff supporting young people had to be well trained. Ms Walker added that the Youtherapy service offered a regular 'drop-in' service and had already engaged several young people.

The Committee agreed:

1. To receive a written demographic breakdown of service users and available facilities at 'The Cove' from the Lancashire Care Foundation Trust.
2. To receive a copy of Healthwatch Blackpool's patient experience survey findings concerning the Child and Adolescent Mental Health Services.

8 PUBLIC MENTAL HEALTH ACTION PLAN 2016-2019

Ms Zohra Dempsey, Public Health Practitioner, Blackpool Council presented the Public Mental Health Action Plan 2016-2019. The Plan focused on using medical practice to promote awareness of issues and good mental health, prevent poor health and effective care and treatment leading to robust recoveries.

The Chairman noted that most of the proposed actions were not due for completion until during 2018-2019, with just a few for 2017-2018. Ms Dempsey explained that there were no precise measurable outcomes but there would be some evaluation, e.g. for managing depression.

The Chairman asked what measurable outcomes were proposed. He also noted

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references to adverse childhood experiences and queried the impact of such experiences on Looked after Children, as Blackpool had over 500 children in local authority care. Ms Dempsey explained that the children would have higher than average occurrence of mental health issues.

The Chairman referred to the five 'Ways to Wellbeing' and asked how messages could be promoted effectively in areas with severe deprivation and social problems. It was reported that information would be placed on websites, focus would be on 'at risk' people, social media would be used and frontline staff would promote information.

Members enquired how equality would be achieved for the wide range of people. Ms Dempsey explained that equality monitoring would need to be made effective to ensure that there was good access to services for all people.

The Chairman enquired how the voluntary sector was being involved with the work. Ms Dempsey explained that there was a Mental Health Partnership Board including representatives from the Lancashire branch of MIND. Mr Smalley, Community Development Worker, MIND added that they were co-ordinating work on 'Journey into Employment' through community centres, job centres and schools. He added that this formed part of the 'Ways to Wellbeing' work including supporting people with substance misuse and that there had been good responses from local people. Mr Paul Bradley also representing MIND added that the 'Ways to Wellbeing' were based on robust research.

9 MENTAL HEALTH COMMISSIONING UPDATE

Ms Lammond-Smith presented the progress report on Mental Health Commissioning. She explained that there was a drive to improve mental health services nationally for young people and adults through the Five Year Forward View for Mental Health, the NHS Operational Plan and associated areas of work.

The work was being pursued locally through the Fylde Coast delivery arm of the Sustainability and Transformation Planning for Lancashire and South Cumbria. There were specific service improvements proposed across Lancashire over 2017 including re-design of the Child and Adolescent Mental Health Services (CAMHS) for 0-19 year olds, various therapy and acute care services, more specialised and integrated staff, increased out-of-hours services and greater awareness-raising amongst the public and professionals of issues and support available including training,

Places of Safety

The Chairman referred to a recent case where a patient with a bipolar condition had spent several hours in a police cell as trained staff and facilities including a bed had not been available at the appropriate medical environment. The patient had been suicidal and there was a concern over the impact of service cuts. It was understood that patients needing referral to a mental health environment were often being retained in police cells or other unsuitable environments.

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Ms Lammond-Smith explained that Section 136 of the Mental Health Act 1983 allowed the police to remove a person from a public place to a 'place of safety' which could initially be a police cell and then usually a medical environment for appropriate assessment and support. Mr Steve Winterson added that current information did not suggest that people were being removed regularly.

Young people attending the meeting were concerned that vulnerable people could undergo more harm and face a crisis by being placed in a cell. Mr Stuart Clayton, a carer and representative of Rethink, the national mental health charity which also published guidance on Section 136, considered that there were no suitable 'places of safety' which treated people in crisis, other than being sent to Accident and Emergency. He advocated the need for 'places of safety'. He added that he considered that Phoenix House did not fulfil the need for treating people in crisis and that there had been cases of people in Accident and Emergency for several days.

Ms Lammond-Smith explained that 'places of safety' provided for assessments and admitting people into medical environments to support mental health needs but were not appropriate for wider social issues. The Clinical Commissioning Group, Lancashire Care Foundation Trust and Social Care did meet regularly, e.g. to manage delays with beds for patients. She added that the proposed 'Core 24' service would help provide greater support.

10 LANCASHIRE CARE FOUNDATION TRUST: HARBOUR PROGRESS REPORT

Mr Steve Winterson, Director of Strategic Partnerships and Engagement, Lancashire Care Foundation Trust presented the progress report on The Harbour. .

The report covered the response to the Care Quality Commission's inspection in late 2016 which was being taken through a wider long-term sustainable improvement plan. Mr Matt Joyce, Associate Director of Quality Assurance and Monitoring, Lancashire Care Foundation Trust was also in attendance.

Members had also requested findings from the Trust's recent staff survey but the Human Resources Director, who led on the staff survey, had been unable to attend.

The Chairman enquired on the modest response rate of 36% for the staff survey and whether there was an engagement lead at The Harbour to promote better engagement. Mr Winterson explained that there was no specific designated officer as such, but that the survey had broadly focused on improvements to make The Harbour a 'good place to work' for staff and that could also be recommended as a 'good place to have treatment'. He added that a major staff event had been held to engage staff with 'Our People Plan'. Attendance had been good and had involved a few thousand staff who also participated in workshops.

Members enquired about staff supervision support and the 'Duty of Candour'. With reference to the duty, Mr Joyce explained that around 400 incidents were reported weekly which was a lot but that it reflected an open approach and promoted learning.

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Regular monitoring reports were also produced and staff were encouraged to write to the Trust's Chair as an independent person.

In terms of staff supervision support, Mr Joyce advised that improvement was needed so that staff felt that their 'work was valued', communication between staff and managers was improved and also so that staff felt more involved in decision-making. It was recognised that staff needed to complete mandatory training. He added that it was important for staff to have a good skills mix and a key programme was 'Staffing for Equality and Safety'. All this also aimed to recognise growing challenges such as shortage of nurses. Work was being undertaken with a local university to make working at the Trust more attractive.

Mr Joyce added that one particular challenge was the test whether staff would recommend the Trust to families and friends.

Members noted that the findings had listed six areas where The Harbour, as the Blackpool locality, had performed worse than the Trust's average. Members added that for some areas where The Harbour had performed better than average, the actual results could still be lower than satisfactory. Mr Winterson explained that the findings had been generated by the survey company who had also produced the analysis commentary. A more detailed discussion could take place at a further meeting if required.

Members referred to the wider improvement plan and enquired what was being done about the shortage of beds. Mr Joyce explained that the Trust did not provide all the in-patient mental health beds in Lancashire but did in Blackpool. He explained that initiatives were being developed to streamline processes to help release beds, e.g. clinical risks and mental health assessments of young people would take place through one tool. The levels of risks would be refined to allow greater focus on higher risk cases.

11 ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018

Members were advised that overview training of Adult Services had been scheduled for 24 July 2017. An overview report of Adult Services would also be presented at the September 2017 meeting.

Public Health had suggested that updates could be provided at that meeting for free school breakfasts and life expectancy. The Committee would be focusing on Council Priorities which would mainly come within the Public Health remit and relevant other areas as appropriate.

The Committee agreed:

1. To approve the Scrutiny Workplan 2017-2018, subject to the addition of updates on free school breakfasts and life expectancy within the Public Health overview report for September 2017.
2. To note the 'Implementation of Recommendations' table.

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12 NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 27 September 2017 commencing at 6pm in Committee Room A, Blackpool Town Hall.

Chairman

(The meeting ended at 8.15 pm)

Any queries regarding these minutes, please contact:
Sandip Mahajan, Senior Democratic Governance Adviser,
Tel: 01253 477211, E-mail: sandip.mahajan@blackpool.gov.uk

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Lorraine Hurst, Head of Democratic Governance
Date of Meeting:	27 September 2017

EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report:

1.1 To consider the Executive and Cabinet Member decisions within the remit of the Adult Social Care and Health Scrutiny Committee.

2.0 Recommendation:

2.1 Members will have the opportunity to question the Cabinet Secretary or the relevant Cabinet Member in relation to the decisions taken.

3.0 Reasons for recommendation(s):

3.1 To ensure that the opportunity is given for all Executive and Cabinet Member decisions to be scrutinised and held to account.

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

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

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

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

5.0 Background Information

5.1 Attached at the appendix to this report is a summary of the decisions taken, which have been circulated to Members previously.

5.2 This report is presented to ensure Members are provided with a timely update on the decisions taken by the Executive and Cabinet Members. It provides a process where the Committee can raise questions and a response be provided.

5.3 Members are encouraged to seek updates on decisions and will have the opportunity to raise any issues.

5.4 Witnesses/representatives

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

Cllr Amy Cross, Cabinet Member for Adult Services and Health

Does the information submitted include any exempt information?

No

List of Appendices:

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

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None.

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DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER																					
<p data-bbox="107 323 734 352"><u>ADULT SOCIAL CARE CONTRACT RATES 2017-2018</u></p> <p data-bbox="120 360 1126 389">The Cabinet Member agreed the recommendation as outlined above namely:</p> <ol data-bbox="170 440 1272 549" style="list-style-type: none"> To bring forward an increase in adult social care contract rates with effect from 1 August 2017 to the amounts detailed below in order to ensure that the quality of services is maintained and improved where possible <table border="1" data-bbox="125 592 1234 1161"> <thead> <tr> <th data-bbox="125 592 584 676">Rate Description</th> <th data-bbox="584 592 949 676">Current Rate £</th> <th data-bbox="949 592 1234 676">Proposed Rate £</th> </tr> </thead> <tbody> <tr> <td data-bbox="125 676 584 756">Care at Home</td> <td data-bbox="584 676 949 756">13.21</td> <td data-bbox="949 676 1234 756">13.70</td> </tr> <tr> <td data-bbox="125 756 584 836">Supported Living / Learning Disability</td> <td data-bbox="584 756 949 836">13.71</td> <td data-bbox="949 756 1234 836">14.20</td> </tr> <tr> <td data-bbox="125 836 584 916">Sleep-in</td> <td data-bbox="584 836 949 916">8.55</td> <td data-bbox="949 836 1234 916">10.77</td> </tr> <tr> <td data-bbox="125 916 584 995">Standard Residential</td> <td data-bbox="584 916 949 995">420.07</td> <td data-bbox="949 916 1234 995">434.14</td> </tr> <tr> <td data-bbox="125 995 584 1075">Higher Residential</td> <td data-bbox="584 995 949 1075">460.88</td> <td data-bbox="949 995 1234 1075">476.49</td> </tr> <tr> <td data-bbox="125 1075 584 1161">Direct Payments (Personal Assistant)</td> <td data-bbox="584 1075 949 1161">7.61</td> <td data-bbox="949 1075 1234 1161">7.90</td> </tr> </tbody> </table> <ol data-bbox="170 1206 1335 1283" style="list-style-type: none"> To agree that charges to service users be increased subject to a financial assessment in order to reflect the new and revised cost of providing services as agreed in 1 above. 	Rate Description	Current Rate £	Proposed Rate £	Care at Home	13.21	13.70	Supported Living / Learning Disability	13.71	14.20	Sleep-in	8.55	10.77	Standard Residential	420.07	434.14	Higher Residential	460.88	476.49	Direct Payments (Personal Assistant)	7.61	7.90	<p data-bbox="1384 323 1682 1018">Following the Central Government announcement in the Spring Budget of additional funding for adult social care, the purpose of the report is to consider a further increase in contract rates in 2017/18 for care at home services, residential care and direct payments. This increase is effectively bringing forward the uplift that had been planned in the next financial year.</p>	PH40/2017	14 July 2017	Cllr Amy Cross Cabinet Member for Adult Services and Health
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<p><u>LEARNING DISABILITY STEP DOWN SERVICE</u></p> <p>The Executive agreed the recommendation as outlined above namely:</p> <ol style="list-style-type: none"> 1. To agree to the development of the service and the use of 29a Mansfield Road as the location for the service. 2. To agree that the capital work required to develop the service is prioritised on Property and Asset Management’s planned programme of works. 3. To agree the draft technical plans for the development as attached at Appendix 5a and delegate the approval of the final plans to the Director of Adult Services following consultation with the relevant Cabinet Member. <p>Note – The Health Scrutiny Committee previewed the decision as part of the Forward Plan item at its meeting on 5 July 2017. This had been under the title of ‘Creation of a specialised supported living service at Mansfield Road’.</p>	<p>To consider the proposal for establishing a step down service in Blackpool for individuals with a learning disability and/or autism with behaviour that challenges, who have been assessed as requiring a specialist model of care following a stay in a secure inpatient or other specialist inpatient setting.</p>	<p>EX27/2017</p>	<p>17 July 2017</p>	<p>Cllr Amy Cross Cabinet Member for Adult Services and Health</p>

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officers:	Sheralee Turner-Birchall, Chief Executive Katie Taylor, Senior Project Officer
Date of Meeting:	27 September 2017

HEALTHWATCH BLACKPOOL ANNUAL REPORT AND WORK PLAN

1.0 Purpose of the report:

1.1 To consider the Annual Report of Healthwatch Blackpool for 2016-2017 including key findings from service reviews and changes made as a result of the involvement of the organisation; and to consider the operational Work Plan for 2017-2018.

2.0 Recommendation(s):

2.1 To scrutinise the work undertaken and progress made in 2016-2017 and to comment on the Work Plan for 2017-2018.

3.0 Reasons for recommendation(s):

3.1 To provide an independent view of Healthwatch’s effectiveness, ensuring that service users are listened to.

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

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

3.3 Other alternative options to be considered: None

4.0 Council Priority:

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

5.0 Background Information

5.1 Healthwatch Blackpool is an independent organisation, commissioned by the Council, able to decide its own priorities and programmes of work. It is subject to scrutiny by the Committee. It is also accountable to the Council (Commissioning Team) for its effectiveness and use of public funds.

- 5.2 The Committee is asked to note arrangements for receiving the reports and recommendations of Healthwatch Blackpool, and confirm its preferred method for reviewing Healthwatch Blackpool's effectiveness.
- 5.3 See Appendix 5 (a) for the summary of What is happening at Healthwatch Blackpool?
- 5.4 Does the information submitted include any exempt information? No

List of Appendices:

Appendix 5 (a) Summary of What is happening at Healthwatch Blackpool?

Appendix 5 (b) Healthwatch Blackpool Annual Report 2016-2017 including Healthwatch Blackpool Work Programme 2017-2018

6.0 Legal considerations:

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

7.0 Human Resources considerations:

- 7.1 1.5 full time equivalent supported by infrastructure from Healthwatch Lancashire Ltd.

8.0 Equalities considerations:

- 8.1 Healthwatch Blackpool conduct a "Have your Say" campaign to reach a wide range of members of the public with a variety of characteristics. All staff are trained in Equality and Diversity. All engagement surveys from April 2017 onwards will include equality and diversity questions in order to monitor our reach and ensure different communities are proportionally represented.

9.0 Financial considerations:

- 9.1 Current contract value is £58,000 with top-up funding to £71,000.

10.0 Risk management considerations:

- 10.1 None.

11.0 Ethical considerations:

11.1 Healthwatch Lancashire Ltd as the contract holder has a clear and robust governance framework and operates within the Nolan principles. Healthwatch Lancashire Ltd has high standards of accountability for public services. Local Healthwatch are required to operate within its required eight statutory responsibilities.

12.0 Internal/External Consultation undertaken:

12.1 Included in this report.

13.0 Background papers:

13.1 None.

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WHAT IS HAPPENING AT HEALTHWATCH BLACKPOOL?

1. In January 2017, Healthwatch Lancashire Ltd became the contract holder for Healthwatch Blackpool.
2. During the 9-month period of April 2016 – January 2017, while Empowerment held the contract, the following themes and programmes of work were undertaken:
 - Care Home Reviews
 - The Carers' Consultation
 - The Community Adult Mental Health Services Review
 - Review of Outpatient Department of Blackpool Victoria Hospital
 - The Harbour Conversation (Review)
3. During the 3-month period of January 2017 – March 2018, from when Healthwatch Lancashire Ltd obtained the contract, the following activity was undertaken:
 - Concluding and publishing work undertaken by previous contract holders
 - Transition work between providers including; governance, staff and volunteers
 - Development of the 2017-2018 operational programme of work
 - Developing relationships and ascertaining the meetings and forums appropriate to attend
 - Accessibility review (mystery shopping) – Visually Impaired access at Blackpool Victoria Hospital
4. In addition, work was also undertaken in Blackpool as part of a joint Healthwatch operational approach including:
 - Pharmacies Project
 - Winter Pressures Review - Accident and Emergency at Blackpool Victoria Hospital
 - Access to Cervical Screening Project
 - Access to Mental Health Services Project
5. Throughout each piece of work Healthwatch Blackpool consulted with those using the services, then produced a report with findings. Each report was sent to the service provider prior to publication to check for factual accuracy and to offer the opportunity to provide a comment. These were then published on the Healthwatch Blackpool website and shared with stakeholders including members of the public, Local Council and/or Clinical Commissioning Group (CCG) governing bodies and shared with the Care Quality Commission (CQC), Healthwatch England, and NHS England.
6. Healthwatch Blackpool has published 22 reports, reached over 44,000 people through social media engagement.
7. Healthwatch Blackpool has representation on at the following groups/forums/meetings:
 - Blackpool Health and Wellbeing Board
 - CCG Governing Body and Primary Care Commissioning Group Meetings
 - Patient and Carer Experience and Involvement Committee
 - Patient Participation and Involvement (PPI) Forum
 - Blackpool Patient Participation Networking Group (PPNG)
 - Blackpool Safeguarding Adults Board (BSAB) - Strategic and Shadow Boards
 - Harbour Information and Improvement Project (HIIP)

- Joint Strategic Needs Assessment (JSNA) steering group
- Blackpool Fylde and Wyre Mental Health Forum
- Blackpool Disability Partnership
- Blackpool Public Health Self Care Strategy

Impact

8. As the new contract holder for Healthwatch Blackpool we have been mindful not to disregard work completed by the previous contract holders, Empowerment and Groundwork, over the past 2 years. As such, Healthwatch Blackpool as part of a joint impact assessment, has focused on the outcomes of the work that had been undertaken, 2015 - 2017.
9. The impact report is due to be published imminently and will explore the work completed by both Healthwatch Lancashire and Healthwatch Blackpool. The focus of this report is to ascertain what difference the work local Healthwatch has made as a result of its operational activities and how this has influenced service improvement and service redesign. In addition, this has enabled us to explore trends and themes across health and social care and identifies which organisations truly listen and respond to the service user voice.
10. Healthwatch Blackpool will share the Impact report with the Health Scrutiny Committee, and members will be invited to Healthwatch Lancashire and Healthwatch Blackpool Impact Event where the report will be presented.

Consultation

11. Healthwatch Blackpool continues to consult the public on their experiences and opinions, both positive and negative, about health and social care in Blackpool. Healthwatch Blackpool continues to engage with members of the public, patients and users of services at 'Pop-Ups' (ad-hoc stands in public places e.g. libraries, town centres) and Care Circles (focus groups at existing community groups e.g. older persons' group, learning disability community forum).
12. Members of the public, patients and users of services are reached via social media engagement, email communication, and the dedicated and redesigned Healthwatch Blackpool website.

Operational Work Plan for 2017-2018

13. Focused projects for the work plan year 2017-2018 will include;
 - Enter and View in GP Practices
 - John's Campaign Review at Blackpool Teaching Hospitals
 - Learning Disability and Autism Service Review
 - Children and Young People Service Review
 - Bringing information about the Lancashire and South Cumbria Sustainability and Transformation Plan to members of the public and Voluntary and Community Faith Sector (VCFS) groups
 - On the Buses – working with Blackpool Transport around how transport affects access to services
 - Voice Box Online – Utilising Facebook as an online community space

- Voice Box on Tour – Using our interactive kiosk along with staff and volunteers to be on show at various locations
- Continued recruitment and retention of volunteers
- Recruitment of two Non-Executive Directors (recruitment window of August 2017)

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healthwatch Blackpool



Healthwatch Blackpool Annual Report 2016/17



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Message from our Chair

Healthwatch Blackpool is actively monitoring changing health and care provision. The English Health Service reflects a complex conceptual framework. Success, demands, collaboration and partnership.



It means delivering integrated local policies and improved services. Healthwatch reviews: hospitals, family doctors, dentists, pharmacists, social care and local government services.

The context for improvements presents significant challenges. We do this by monitoring and reviewing users' experiences. By engaging and consulting a wide variety of users, Healthwatch delivers feedback reports.

Our role is to provide patients and users with an informed voice. Through feedback to commissioners of health and social care organisations, we improve services.

The heightened demand for NHS-care services present challenges to everyone involved. Advances in health sciences and the age composition impact on Blackpool's population.

New ways of monitoring patients experience have evolved. We moved to a new structure to cope with this scenario. Healthwatch Blackpool now benefits from the expertise and support of Healthwatch Lancashire.

“Our role is to provide patients and users with an informed voice.”

Together with Cumbria and Blackburn and Darwen, this creates a regional Healthwatch Collaborative. The new consortium matches and reflects a geographical locality model of service provision.

Emerging from the NHS and Local Government developments, Healthwatch needed to be responsive.

Healthwatch Blackpool must be ambitious to succeed. By striving to produce well-informed peoples' feedback reports, it aims to improve services.

Our work is about improving well-being, health, and care. Reducing health inequalities in Blackpool is important.



Message from our Chief Executive

Welcome to our annual report.

I feel that I must start my message by introducing myself and in telling you of some changes to how Healthwatch Blackpool is being delivered. In January 2017, the contract for the delivery of Healthwatch Blackpool changed hands, with Healthwatch Lancashire being awarded the commission to deliver your local Healthwatch. I have worked for Healthwatch Lancashire for just over three years and in April of 2016 took on the role of Chief Executive.

I am so please to be able to present to you this annual report, summarising the work of the previous contract holder and some new programmes of work we undertook in the first part of this year. I am really excited about our work in Blackpool, already from our community engagement we are identifying what matters most to local people about their health and social care services. This feedback will enable us to plan future projects.

During 2016/17 Healthwatch Blackpool has observed and experienced significant changes, challenges and developments within the boroughs health and social care services. Considering the health and social care needs for our future, the NHS Five Year Forward View sets out a clear direction for the NHS and outlines why change is needed and what the service will look like in the future. For Blackpool as part of the Lancashire and South Cumbria footprint, this has meant the coming together of many different organisations who are working together to create solutions to



ensure we have a care system that meets the health and social care needs for Blackpool today and for the future. There will be significant decisions that need to be made and we, as your local Healthwatch, firmly believe that there should be no decisions made without patient or service users' needs being put first - meaning that local people are involved in deciding how, what and where services should and ought to be delivered.

As a local Healthwatch it can be very difficult for us to maintain an unbiased course between service providers, commissioners, the regulator and politicians, however during this year we have worked hard to ensure we have developed conducive relationships with these organisations, without compromising our independence.

Healthwatch Blackpool's team of staff and volunteers have worked hard in reaching the residents of Blackpool to gain people's views and opinions in relation to what is working



well and what needs to be improved. This has been done through face to face engagement in community and health & social care settings. We continue to use IT and social media to reach people who prefer to connect with us online. We aim to keep you informed of our work through our regular newsletters, e-bulletins and press releases. Where we hear of serious concerns, these are passed on to the Care Quality Commission, NHS Improvement and other appropriate organisations.

All our conversations with the residents of Blackpool are presented in our reports and are available on our website. But, so what? How do these reports translate into action?

“Healthwatch Blackpool’s staff and volunteers have worked hard in reaching the residents of Blackpool to gain people’s views.”

Healthwatch Blackpool presents the feedback we obtain through our attendance and participation in a variety of meetings and forums across the borough, these include Patient Engagement Forums, Quality Groups, Board and Governing Body meetings with NHS England, local Commissioners and the Hospital Trust. We also attend the Blackpool Safeguarding Adults Board and its sub groups, the Blackpool Health and Wellbeing Board and Healthier Lancashire & South Cumbria Sustainability and Transformation Partnership Programme Board.

A significant challenge for Healthwatch Blackpool has been in demonstrating the impact of our work. In March 2017, we commenced an important piece of work to gather and analyse the outcomes from our activities, projects and programmes of work over the past two years.

This involved working with service providers, regulators, and commissioners to determine what difference Healthwatch has made within the health and social care sector over this period. The report will explore and summarise various aspects of Healthwatch Blackpool’s impact and how we empower the public voice to influence the design of, and improve upon, health and social care services in Blackpool.

The findings from our Impact Report will be published and made available publicly through our website, shared at meetings and forums and will be presented at an event we are to hold in late summer.

Over the coming year, we will continue to strive hard to ensure we obtain the views and gather experiences from the people of Blackpool with our vision of being the ‘go-to’ organisation for all members of the public in the borough to talk about their experiences. We want to ensure that what we hear and see for ourselves is received, understood and acted on by those who commission, run, regulate and support our local health and social care services.

In concluding my message, I would like to say a huge thank you to all the members of the public who shared their stories with us, my dedicated and committed staff team, the board of directors and our volunteers, all of whom ensure that Healthwatch Blackpool continues to deliver on its statutory responsibilities in ensuring that the people and communities of Blackpool have a stronger voice to influence and challenge how health and social care services are provided.

Kindest regards,

healthwatch
Blackpool



Your voice counts!

Have your say on health and social care



I've had my say!



Highlights from the year

This year we reached more than **44,000** people on social media.



Our volunteers help us with everything from engagement with the public to our many consultations.



We visited **17** care homes and spoke to **126** residents and family members.



We published **24 reports** tackling issues ranging from substance misuse to A&E winter pressures.



We spoke to **81** members of the public about mental health services.



We met hundreds of local people at our community engagement activities.





Who we are

Healthwatch Blackpool is the public voice for health and social care in Blackpool and exists to make services work for the people who use them.

We believe that the best way to do this is by providing the people of Blackpool with opportunities to share their views and experiences.

Our focus is on understanding the needs, experiences and concerns of people of all backgrounds who use services and to speak out on their behalf. It is often those closest to the process who are best placed to give useful feedback on the way services work and how they can be improved.

As patients and relatives are the ones who experience the process or service first hand, they have a unique, highly relevant perspective. Patients and relatives input into designing services can be invaluable as seeing services from their point of view opens up real opportunities for improvement that may not have been considered before. Healthwatch Blackpool was established following the introduction of the Health and Social Care Act in 2012.

Healthwatch Blackpool also has a seat on Blackpool's Health and Wellbeing Board, and we are the only statutory body in Blackpool looking solely at people's experiences across health and social care.

In December 2016, Healthwatch Lancashire were selected to deliver the contract for Healthwatch Blackpool. Healthwatch



Lancashire began running the contract from the beginning of January 2017.

Our statutory responsibilities

Healthwatch Blackpool's statutory responsibilities are:

- 1.** To promote and support local people to be able to get involved in deciding what services should be paid for, where and when. We have to help local people examine the services for themselves.
- 2.** To help local people check the standard of care on offer and whether the services can and should be improved.
- 3.** To meet with local people and groups to gather information on your experiences of local care services and make your information known to the people who run, pay for and check these services.

- 4.** To produce reports about how local care services can and should be improved.
- 5.** To provide advice and information about how to access local care services so people in Lancashire can make their own choices.
- 6.** To express people in Lancashire's views to Healthwatch England.
- 7.** To make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews and investigations when there may be concerns about a service. We also request that Healthwatch England publish reports about particular issues, to raise awareness nationally.

- 8.** To provide Healthwatch England with the information and understanding it needs to perform effectively.

Our vision

Healthwatch Blackpool will be the 'go-to' organisation for all members of the public in the borough to talk about their experiences of health and social care.



its!

Care

Your views on health and care

Listening to local people's views

We would like to acknowledge the work completed previously from March 2016 to December 2016, by the former contract holder, health and social care charity Empowerment.

Projects March 2016 - January 2017

Listening to people in care homes

In June 2016 Healthwatch Blackpool produced a report which asked Blackpool residents which health and social care services were of concern to them. Care homes were reported as the 5th most concerning service in Blackpool.

As a result of this Healthwatch Blackpool set out a statutory annual work plan which included reviews of all Blackpool care or nursing homes deemed to be “requiring improvement” in any of the five inspection areas in their latest Care Quality Commission (CQC) reports.

The purpose of the Enter and View programme was to gather information about the experience of living in a care home in Blackpool directly from those who reside in them, including quality of Life factors such as privacy and dignity, quality of care, and choice of activities and food.

Listening to people about mental health

Healthwatch Blackpool identified through their intelligence that the public raised mental

health as an issue of concern. Healthwatch Blackpool have previously consulted the public on their experience of mental health service provision, young people's emotional health and wellbeing, and performed specific reviews into The Harbour, and Child and Adolescent Mental Health Service. It was felt that approaching community adult mental health services would help to provide a broader and clearer picture of service provision across the area.



Throughout December 2016 staff from Healthwatch Blackpool gathered survey responses from patients using community based adult mental health services provided by Blackpool Clinical Commissioning Group (CCG) to obtain the views of people using the service and to observe the practices.

The report summarises the reviews of:

- 13 service users over a 6-week period
- 4 service users of Single Point of Access Services

In addition to this Healthwatch Blackpool conducted an online mental health survey throughout December 2016. A total of 64 members of the public completed the survey giving their feedback on access to and use of mental health services.

Listening to carers

Blackpool Council Carers Partnership Board, which includes representatives from Blackpool Council and Blackpool Clinical Commissioning Group (CCG) approached Healthwatch Blackpool to undertake a public consultation for carers in Blackpool, ahead of a recommissioning of carers services.

The aim was to inform the commissioning and design of carers services by reaching out to carers across the local area with a comprehensive survey asking about their experiences of caring, views on services and what could help to support them.

160 people took the survey including 113 eligible carers.

Of those spoken with, 102 said they know someone who needs extra support with 91 of those saying they provide some of that support. Of 35 young people (under the age of 18), 26 knew someone who needs extra support, with 22 of those saying they provide support. It equates to 91 eligible adult carers, and 22 young carers.

Listening to people at Blackpool Teaching Hospital

Healthwatch Blackpool undertook a review in Blackpool Victoria Hospital.

The focus of this review was to gather patient views on the accessibility of the outpatient's service, with specific regards to appointment times and communication. The team of project officers and volunteers spoke with patients in all refurbished waiting areas and recorded their feedback. The team also collated observations of what was seen on the visit.

Patient feedback enabled the public to have a voice to influence the hospital's services. This was done through Healthwatch Blackpool discussing the findings with the hospital trust, and requesting responses and action plans where necessary.



160 people completed Healthwatch Blackpool's carers survey.

Projects January 2017 - March 2017

Since January 2017 we have developed a comprehensive programme of work for the Blackpool engagement activities.



Listening to people at A&E departments

Healthwatch Blackpool arranged a series of Patient Engagement Days in Blackpool Victoria Hospital's A&E department.

The aim of this activity was to gain insight from the public about their experience of using the A&E service during the winter period.

Healthwatch Blackpool gathered patients' views on the accessibility of the hospital's A&E department and the quality of care provided whilst also attempting to pick up on appropriate use of A&E.

Healthwatch Blackpool, along with colleagues of Healthwatch Lancashire spoke with patients and their relatives in the waiting room and recorded their feedback.

The team also collated observations of the A&E department.

"Blackpool Teaching Hospitals would like to thank Healthwatch Blackpool for visiting our emergency department in January 2017. We are very pleased to receive the encouraging comments we have been given, and value the constructive feedback that has been raised."

(Blackpool Teaching Hospital's response to our A&E report.)

Listening to people's views on community pharmacies

Healthwatch Blackpool, Healthwatch Lancashire and Healthwatch Blackburn with Darwen were approached to help Community Pharmacy Lancashire gain feedback on their services to the public across Lancashire.

The local Healthwatch collaborated and developed a programme of work which officially began in January 2017 and ended in March 2017.

We wanted to find out about:

- Access to pharmacies and factors influencing choice.
- Awareness and usage of community pharmacy services.
- Quality of care provided and whether it changes views and behaviours in accessing other services less.
- Awareness, usage and helpfulness of the Electronic Prescribing Service.

Your Voice Counts!

**Helping
you find the
answers**

healthwatch
Lancashire

Have your say on
and social care
Lancashire

How we have helped the community access the care they need

Healthwatch Blackpool has a dedicated Help Centre on its website that gives people the opportunity to locate information about health and social care services in the county.

Our 'How to complain' section in the Help Centre is a helpful guide for people who wish to make a complaint about the care they have received.

Our team continues to signpost members of the public to support, advocacy and complaints services.

Our contacts database

As part of the contract handover, we inherited a contacts database of 287 public contacts and 131 organisation contacts which have been input on to a new online database system.

This will enable Healthwatch Blackpool to better engage with the public in distributing our latest news, reports and information.

It also enables us to continue to build a strong digital presence for us to share information from Clinical Commissioning Groups, hospital trusts, charity organisations and the Care Quality Commission. This includes the sharing of Care Quality Commission reports published in Lancashire and news stories from health and social care services on our website.



The Healthwatch Blackpool website

In the coming months, the Healthwatch Blackpool website will undergo a full redesign in order to better improve the online experience for members of the public in Blackpool.

It is intended that the website will be easier to use, including searching for our reports, news items and leaving feedback.

“The new Healthwatch Blackpool website will give people the opportunity to find services and information about health and social care in the county and leave their feedback.”



Our plans for next year

New Projects 2017/18

2017/18 will see Healthwatch Blackpool undertake major projects focussing on:

- Identifying the impact of our work undertaken between 2015-2017
- How it feels for people with learning disabilities to access and use health and social care services
- What children and young people think about their health and social care services
- A further project to be confirmed later in the year

The decision for projects is based upon the feedback received from members of the public.

In addition to these projects, we will also run other activities within health and social care settings including Enter and View Visits, Patient Engagement Days, Mystery Shopping, Care Circles and Pop-Ups.

1. Identifying the impact of our work undertaken between 2015 - 2017

Healthwatch Blackpool is keen to measure the impact that our public engagement activities have had in the wider community and how it has influenced change. We are doing this as the public often ask us what difference will be made to services as a result of their feedback. They want to know that their voice is not just heard, but has had an impact on the improvement of our health and social care services.

Healthwatch Blackpool is planning to analyse data collected over the last two years. This work will aim to highlight trends and themes from feedback received via all sources of intelligence. The feedback gathered will be produced in a final impact report and will



support Healthwatch Blackpool in planning future projects as well as helping us measure the impact that our activities have had in influencing change in the wider community.

2. How it feels for people with learning disabilities to access and use health and social care services

We know that people with learning disabilities have a shorter life expectancy and the amount of adults who have a learning disabilities is predicted to rise significantly.

Nearly half of people with a learning disability live in the most deprived areas of Lancashire and people with learning disabilities experience much poorer health outcomes across a range of conditions.

We also know that people with learning disabilities are at an increased risk of many health conditions.

We aim to engage with people who consider themselves to have a learning disability to find out what's important to them in terms of their health and social care.

From the initial engagement, we will identify key themes and issues from the public which will steer the focus of the project.

3. What children and young people think about their health and social care services

Healthwatch Blackpool aims to ensure that children and young people from Blackpool have the opportunity to have their say on health and social care services.

According to the Lancashire Children and Young People's Trust, more than 274,000 of the 1,470,000 people in Lancashire are children and young people and we believe it is important that they are given the opportunity to have a voice.

We aim to engage with children and young people in a wide range of settings to find out what's important to them in relation to their health and social care needs.

From the initial engagement, we will identify key themes and issues from children and young people which will steer the focus of the project.

4. Project to be confirmed later in the year

Our last project of the year will be decided based on the outcomes of the major projects running throughout the year and as a result of public feedback received from our ongoing projects and engagement activities.

In addition, we will be reviewing feedback gathered via our 'Have Your Say' campaign and discussions within the Local Healthwatch Your Voice Groups.

We also receive feedback from members of the public via our website and social media channels which will be used to steer future projects.

Enter and Views in GP surgeries

Healthwatch Blackpool has spoken to members of the public at a series of pop-up and care circle engagement activities.

The feedback we have gained highlighted issues with local GP surgeries. Therefore, Healthwatch Blackpool will run a programme of Enter and View visits to gather feedback from local people about their experiences using GP services.

Home Care Services

Through its engagement work, Healthwatch Blackpool has recognised that people who receive home care services can be isolated and unheard within society.

We will therefore be undertaking a project to reach out to these people and find out their views on the care service they receive.

John's Campaign

Blackpool Teaching Hospitals are considering changing visiting times following pressures from the John's Campaign to grant access onto wards to visitors/carers outside of structured visiting hours.

Healthwatch Blackpool are in the process of planning Patient Engagement Days focusing on visiting times particularly for patients with dementia in support of the John's Campaign and to ensure the true voice of the patients are heard.

On the Buses

'On The Buses' will see Healthwatch Blackpool working in partnership with Blackpool Transport to support our 'Have Your Say' Campaign.

Healthwatch Blackpool's 'Have Your Say' aims to capture real time feedback from members of the public regarding how they feel about health and social care services in their area.

Healthwatch Blackpool aims to reach members of the public who are seldom-heard and focus on issues of access that particularly affect the users of public transport regarding their health needs.

Have Your Say

Healthwatch Blackpool will be delivering its #HaveYourSay campaign throughout 2017/18.

This community engagement project will focus on raising awareness of the role that Healthwatch Blackpool plays in local communities, as well as encouraging people to have their say on health and social care.

The project will be delivered using a range of activities including engagement with groups and members of the public including our Care Circles and Pop-up activities.

Care Circle activities allow the Healthwatch Blackpool team, through round-table discussions, to listen to views from communities and seldom-heard groups which include:

- Black and minority ethnic groups
- Carers
- Prisoners/offenders
- Social housing
- Drugs and alcohol
- Travellers

- Not in education, employment or training
- Lesbian, Gay, Bisexual, Transgender
- Sex workers
- Domestic violence
- People in rural communities
- Homeless or living in deprivation
- Service personnel and workforces

Our pop-up engagement provides an opportunity for Healthwatch Blackpool representatives to gather feedback and responses to surveys in community venues and in busy public locations in Lancashire such as bus stations, health events and shopping centres.

During these activities, Healthwatch Blackpool also has an important role in signposting members of the public to health and social care services.

The #HaveYourSay project will also see us attend local events and run a dedicated social media and communications schedule along with our #HaveYourSay survey.

Voice Box

The Healthwatch Blackpool 'Voice Box' is a creative way to enable us to engage with people who reside in Blackpool.

We are aware that the people who reside in Blackpool are a great source of intelligence in helping us to understand the specific needs of the town.

Our Voice Box will take the form of:

- Voice Online - Utilising Facebook as an online community space.
- Voice Box on Tour - Our interactive kiosk, along with staff and volunteers, will be on show at various locations across the borough.

Our people



Our Staff

From January 2017, the existing Healthwatch Blackpool staff, board members and volunteers transferred over to the new contract holder, Healthwatch Lancashire.

As of 31 March 2017, the team comprises of a Chief Executive and two operational staff members who plan and undertake high quality engagement projects, Enter and View activities, creative communications and marketing, administrative and clerical support for board members and volunteers amongst many other disciplines.

The operational team is committed, driven and dedicated to ensuring that all people in Blackpool are given the opportunity to have their say and voice their views.

Healthwatch Blackpool core team members are:

- Sheralee Turner-Birchall (Chief Executive)
- Katie Taylor (Senior Project Officer)
- Nick Colledge (Project Officer)

Healthwatch Blackpool is also now supported by the Healthwatch Lancashire team.

Our Healthwatch Team (from left to right): Nick Colledge; Lesley Miller; Liz Thatcher; Sheralee Turner-Birchall; Katie Taylor; Michele Chapman; Kerry Galloway; Sam Parker; Amanda Higgins; Linda Brown; Jess Wood; Beth Tildesley.



Our authorised Enter and View representatives

Below is a list of authorised members of staff and volunteers who are permitted to undertake Enter and View assessments for Healthwatch Blackpool.

- Alison Balkas
- Amanda Higgins
- Ann Clarke
- Aysha Desai
- Barbara Everitt
- Bernice Crawshaw
- Bethany Tildesley
- Bev Evans
- Bob Harbin
- Carolyn Stuart
- David Barnett
- Deborah Mckno
- Doreen Lee
- Efeosa Ejah
- Gill Green
- Ian Langeveld
- Ilyas Patel
- Jacqui Vella
- Jeannie Colhoun
- Jessica Wood
- Katie Taylor
- Keith Middleton
- Kerry Galloway
- Kim Rushton



- Lawrence Houston
- Lesley Miller
- Lesley Whitehead
- Linda Broomhead
- Linda Brown
- Liz Butterworth
- Liz Housden
- Lynn Yates
- Michele Chapman
- Neil Greenwood
- Nick Colledge
- Peter Dargue
- Peter Osborne
- Roy Banks
- Sam Parker
- Selina Coppin
- Sheena Thompson
- Sheralee Turner-Birchall
- Tim Snashall
- Wendy Stevenson

Our Board

As of the 31st March 2017, the Non-Executive Directors on our board are:

- **Mr E Jackson (Chair)**
- **Ms K Burrell**
- **Mr G Molyneux**

Our volunteers

Healthwatch Blackpool recognises the benefit from engaging a cohort of local volunteers are skilled and experienced in engaging with members of the public.

Volunteers not only enrich the organisation by sharing their extensive local knowledge and intelligence but also support the Operational Team with our work by helping us to carry out our statutory responsibilities (see pages 7-8).

As of 31 March 2017 Healthwatch Blackpool supported by four local volunteers who all reside in Blackpool.

All Healthwatch Blackpool activities are also supported by a team of volunteers at Healthwatch Lancashire.



Healthwatch Blackpool volunteers are subject to an enhanced Disclosure and Barring Service Clearance, reference checks and undergo induction and other relevant training.



Our finances

Income	£
Public sector income contribution 1st January 2017 - 31st March 2017 <i>(Awaiting finance statement from previous contract holder for 1st April 2016 - 31st December 2016)</i>	21,951.00
Other Income	4,004.20
Total income	25,955.20
Expenditure	£
Associated costs related to 'other income' projects	203.60
Wages and salaries	8,273.70
Employer's national insurance contributions	837.00
Staff expenses	712.41
Project costs	8,750.00
Premises costs	502.96
Printing, postage and stationery	129.96
IT and telephony	1016.72
Professional fees	939.40
Consultancy fees	187.74
Volunteer expenses	384.56
Bank charges	35.08
Total expenditure	21,973.13
Operating profit	3,982.07
Bank interest	28.25
Profit before taxation	4,010.32

Note: The costs outlined in this annual report relate to the period of the current contract holder 1st January 2017 to 31st March 2017.

Your voice can make a difference...

Healthwatch Lancashire works with health and social care services in Lancashire to make sure that your views and experiences make a difference to the services we all use.





Contact us

Address:

Heathwatch Blackpool
Leyland House
Lancashire Business Park
Centurion Way
Leyland
PR26 6TY

Phone number: 01524 239100

Email: enquiries@healthwatchblackpool.co.uk

Website: www.healthwatchblackpool.co.uk

Twitter: @HealthwatchBpl

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

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

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

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tw: @HealthwatchBpl
fb: facebook.com/Healthwatchblackpool

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officers:	David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Date of Meeting:	27 September 2017

HEALTH AND SOCIAL CARE INTEGRATION

1.0 Purpose of the report:

1.1 To present progress on health and social care integration for new models of care.

2.0 Recommendation(s):

2.1 To comment on progress made in relation to health and social care integration.

3.0 Reasons for recommendation(s):

3.1 To ensure that effective progress is being pursued.

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

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

3.3 Other alternative options to be considered:

Not applicable.

4.0 Council Priority:

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

5.0 Background Information

5.1 This paper aims to provide a briefing to members of the Committee on the work to better integrate health and social care organisations in Blackpool and as part of the Lancashire and South Cumbria Sustainability Partnership.

5.2 Blackpool and the Fylde Coast are one of eight first wave Accountable Care Systems (ACS) recently announced by NHS England but this will be extended to the rest of Lancashire and South Cumbria when each local system is ready to meet the requirements set for an Accountable Care System.

5.3 The concept behind the development of Accountable Care Systems was launched in the Five Year Forward View, published by NHS England in October 2014. The document states:-

“The traditional divide between primary care, community services and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three.

Over the next five years and beyond, the NHS will increasingly need to dissolve these traditional boundaries. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected ‘episodes’ of care. As a result, there is now quite wide consensus on the direction we will be taking.

Increasingly we need to manage systems – networks of care – not just organisations.

Out-of-hospital care needs to become a much larger part of what the NHS does. Services need to be integrated around the patient. For example, a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.

We should learn much faster from the best examples, not just from within the UK but internationally.

And as we introduce them, we need to evaluate new care models to establish which produce the best experience for patients and the best value for money.”

5.4 There are a number of barriers in the current operating environment that inhibit our ability to address these challenges effectively and/or sustainably. These are primarily related to the contracting and payment mechanisms that are currently in place, and the different regulatory regimes under which each organisation operates. Other barriers include the current lack of effective forums to take a system approach to addressing deficiencies in patient care; the lack of a coherent approach to the implementation and use of technology; insufficient focus on the development of an overarching Fylde Coast-wide workforce strategy; and the need for increased patient engagement and empowerment.

- 5.5 The Accountable Care System will be a catalyst to re-balance primary, community, social and acute care through a system-wide transformation of our service profile to achieve expanded, improved and equitably delivered out-of-hospital services and other forms of support across all of our ten neighbourhoods. At the same time, we will ensure that we are using our valuable resources in the acute sector in the most appropriate way to look after our sickest patients.
- 5.6 To meet our challenges and overcome the barriers to change in the current system, the Fylde Coast is proposing to design and implement various new models of care (some of which are already underway through the Fylde Coast Vanguard Programme) and to operating as an Accountable Care System. The Accountable Care System is a collective enterprise that will unite its members and bind them to the goals of the health and social care system as a whole. In doing so, we will hold ourselves collectively to account for delivering the necessary transformation of services and in getting the most out of each pound spent within the Fylde Coast (“the Fylde Coast £”).
- 5.7 Partner organisations will retain their own statutory status and organisational identity, but share responsibility, risks and resources. Commissioners would hold long term contracts with providers within the Accountable Care System, as a means of achieving greater system-wide clinical and financial stability. The Accountable Care System would establish a capitated budget to deliver local services, with clear outcomes to be achieved and appropriate incentives linked to these. Commissioning would hold long term contracts with providers within the Accountable Care System, as a means of achieving greater system-wide clinical and financial stability. The Accountable Care System would establish a capitated budget to deliver local services, with clear outcomes to be achieved and appropriate incentives linked to these. Commissioning would become more strategic, focussed on delivery and assurance. We believe that it is important for commissioners to play a key part within the Accountable Care System and not to stand to one side (as would be the case with a ‘lead provider’ model). Commissioners will bring vital support including needs assessment, identification of priorities, service redesign skills, setting and monitoring outcomes and engaging with public and professional stakeholders.
- 5.8 Further information will be presented at the meeting to demonstrate the practical application and impact of local integration of health and social care services.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 6 (a) - New Models of Care

6.0 Legal considerations:

6.1 Not applicable

7.0 Human Resources considerations:

7.1 Not applicable

8.0 Equalities considerations:

8. Not applicable

9.0 Financial considerations:

9.1 Not applicable

10.0 Risk management considerations:

10.1 Not applicable

11.0 Ethical considerations:

11.1 Not applicable

12.0 Internal/ External Consultation undertaken:

12.1 Not applicable

13.0 Background papers:

13.1 The full Sustainability and Transformation Plan, is available via the Healthier Lancashire and South Cumbria engagement hub website:

www.lancashiresouthcumbria.org.uk

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New Models of Care Health and Social Care Integration

David Bonson, Chief Operating Officer

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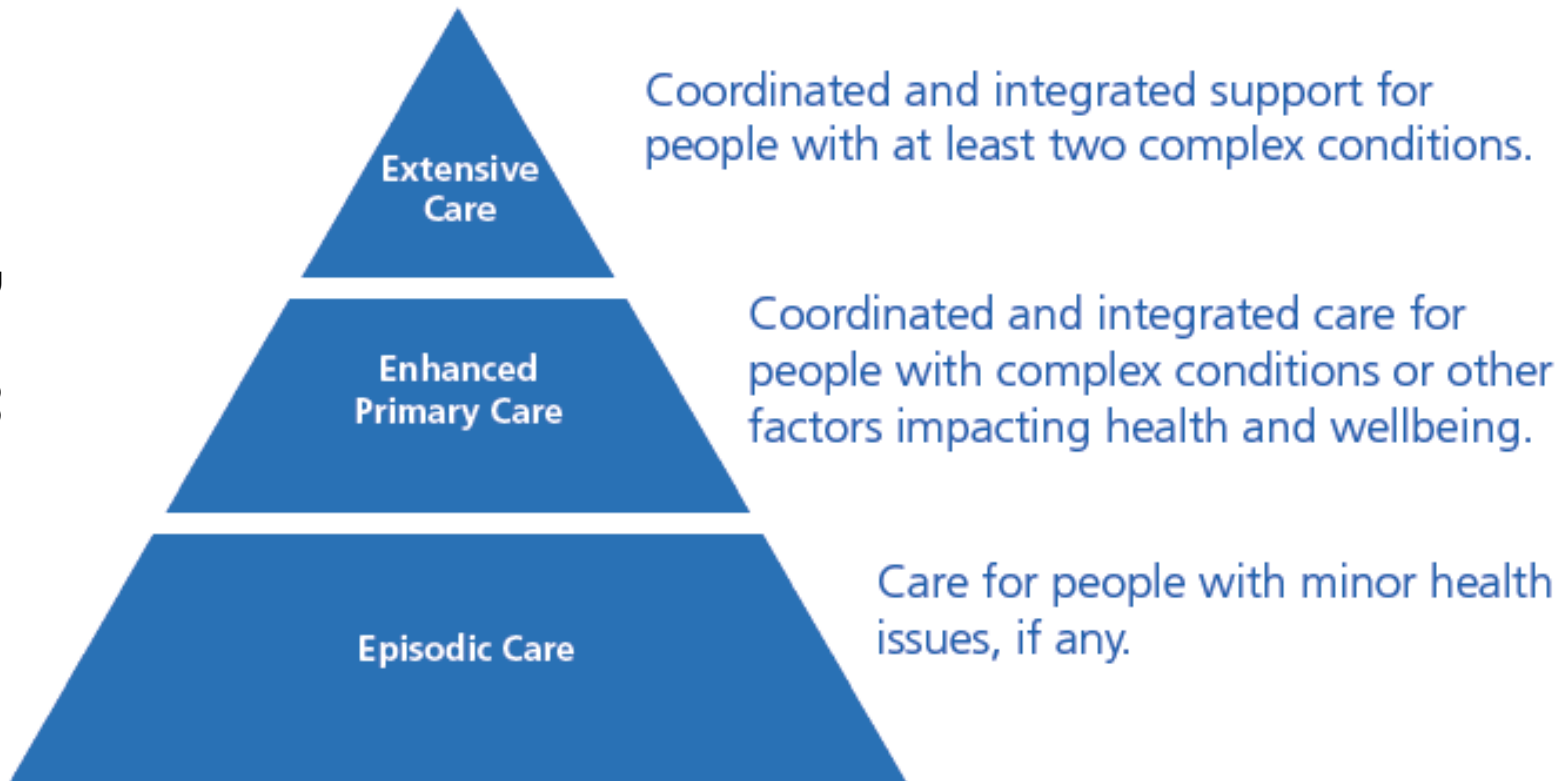
1. Introduction and context

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Our new models of care

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Our neighbourhoods

Far North

Cleveleys Group Practice
The Crescent Surgery
Population = 19,450

North

Glenroyd Medical Centre
North Shore Surgery
Population = 25,500

Central West

Adelaide Street Surgery
Elizabeth Street Surgery
Gorton Street Practice
South King Street Medical Centre
St Paul's Medical Centre
Population = 39,150



Central East

Grange Park Health Centre
Layton Medical Centre
Marton Medical Centre
Newton Drive Health Centre
Population = 25,900

South Central

Bloomfield Medical Centre
Waterloo Medical Centre
Population = 23,100

South

Abbey Dale Medical Centre
Arnold Medical Centre
Harrowside Medical Centre
Highfield Surgery
Stonyhill Medical Practice
Vicarage Lane Surgery
Population = 37,400

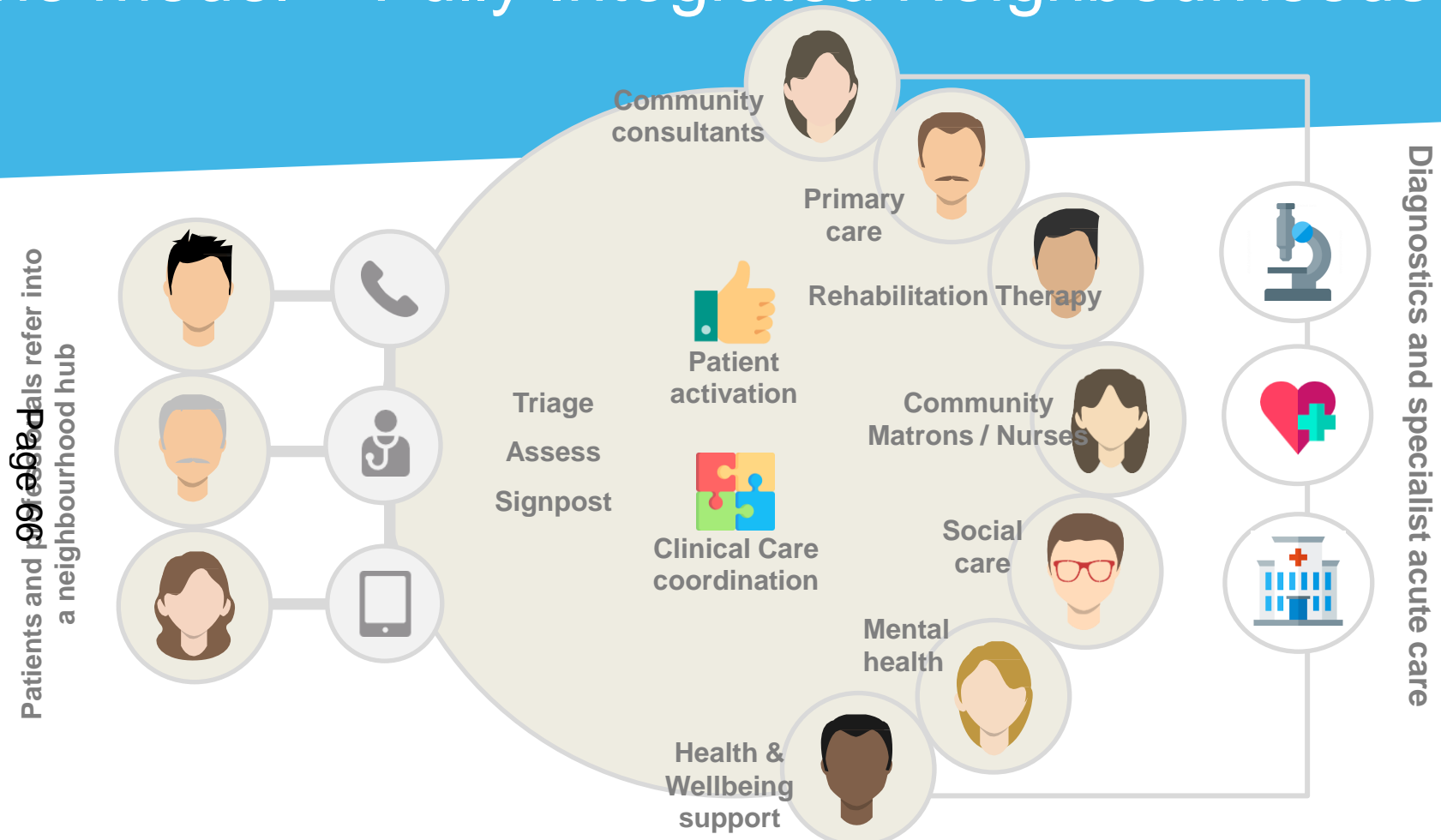


3. Enhanced Primary Care

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The model – Fully Integrated Neighbourhoods



1

Improved outcomes and experiences of care for patients

2

Better utilisation of the local health and care workforce

3

Improved utilisation and sustainability of local services



What do they provide?

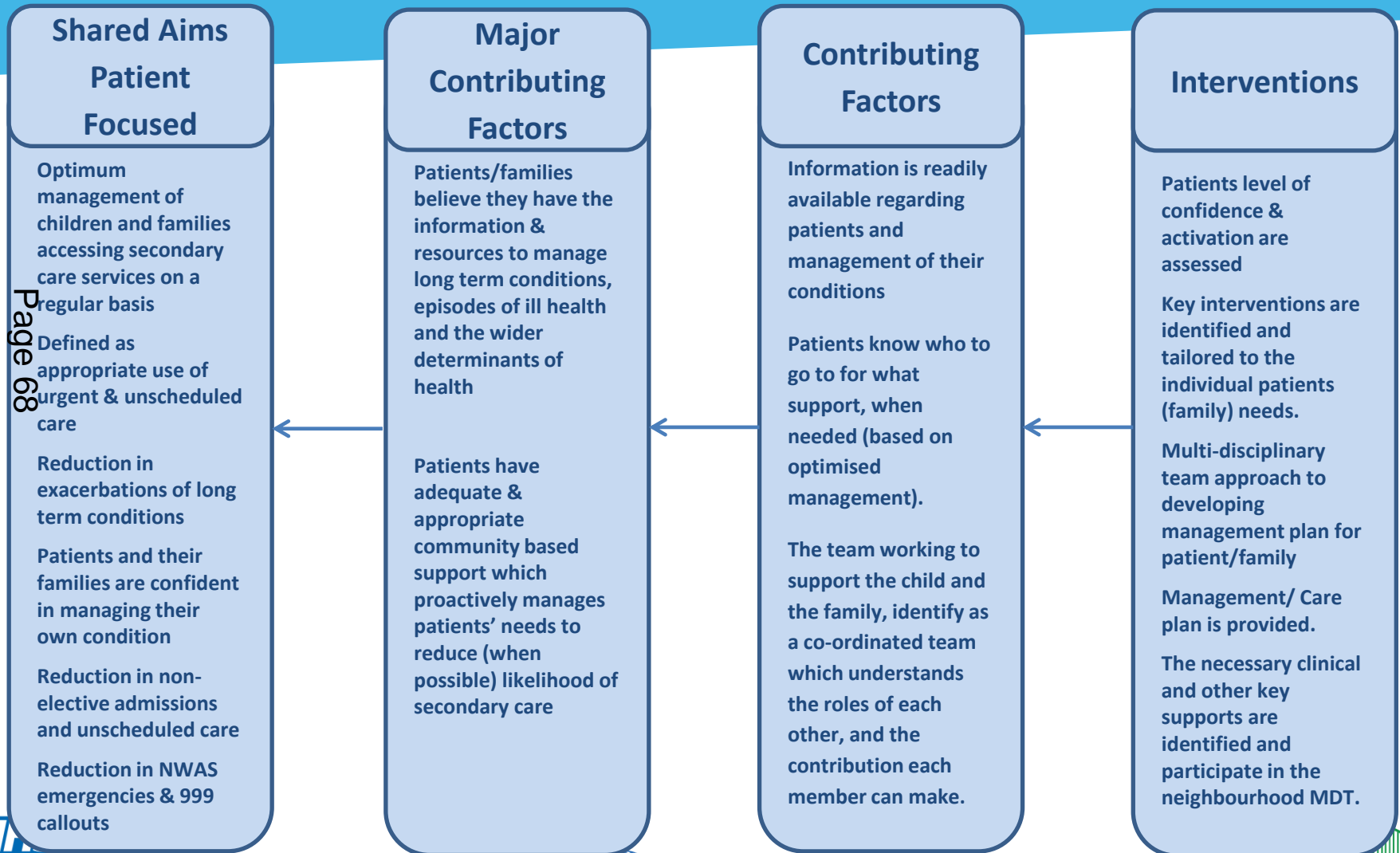
Large teams of staff comprising of:-

- Team Leader
- Community nursing
- Community matrons
- Rehabilitation therapists (Occupational therapist and physiotherapists)
- Clinical care coordinators
- Health and Wellbeing Workers
- Neighbourhood assistants
- Social workers and Home First carers
- Drug and alcohol services
- Refer to other services
- Education and training
- Step up /step down provision to Extensive care
- Further integration planned with the Fire service, Police

- ✓ Covering areas such as:-
 - Chronic Disease Management reviews
 - heart failure
 - Diabetes
 - COPD
 - Falls
 - end of life care (Electronic Palliative Care Plan)
 - flu injections
- ✓ Monthly neighbourhood and Multi Disciplinary Team meetings
- ✓ Re-referral / follow ups
- ✓ General advice i.e. nutrition and hydration
- ✓ Future development - Hospital discharge processes; self referral



Empowering Families



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5. Care Homes

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Blackpool Care Home model



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- A care home model is being integrated into the neighbourhood teams with roll out planned across Blackpool from December
- The model will provide planned regular reviews for patients with long term conditions or who are end of life
- Care homes will be asked to ring the neighbourhood teams who will be responsible for signposting or triage.
- The model will provide a responsive same day service for care home patients either by phone, visits or via care home connect
- All phones calls from care homes will be via the hubs, not to primary care, who are responsible for signposting or triage.

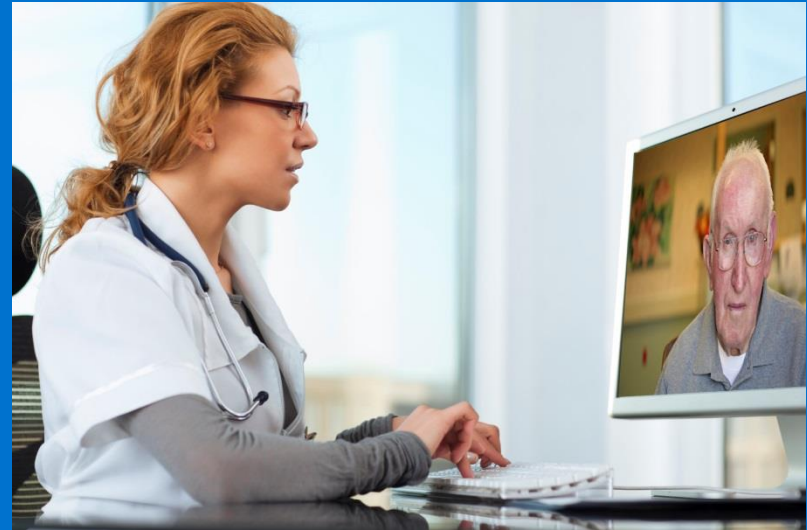


Blackpool Care Home model

- As part of the Vanguard Proposition 2, funding has been made available to provide telecare in care homes.
- The Information Technology project teams have worked alongside the Care Home team to roll this out and provide support.

Identified care homes have been provided with wifi and ipads which link to the care home team and eventually primary care and out of hours services.

- Primary care already have the technology and will be able to link into this.



Other information

Outcomes

The Fylde Coast Vanguard team is evaluating the model

Key performance indicators have been agreed for Enhanced primary care which are due to be reported this month.

The key performance indicators for the care homes model are being developed.

Funding



6. Empowering People and Communities

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Health and Wellbeing Inquiries

- Resident led inquiries to understand the wider determinants of health and wellbeing within a neighbourhood and wards.
- First piloted in Central Blackpool, Talbot and Brunswick ward.
Residents undertake inquiry process over 12 weeks, including questioning of 'local experts' such as Dr Arif Rajpura, Dr Amanda Doyle and Wendy Swift.
- At the end of the process, residents present their findings and recommendations to tackle the issues they have discovered. Working with local stakeholders they then agree and action plan to address. This includes shared actions between the residents and organisations.
- Similar inquiries now being planned for the other Blackpool neighbourhoods.

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Health and Wellbeing Inquiries

Why did I take part?

'I became involved partially because I'm nosy but mostly because I wanted to have an input in to how Blackpool could be a better place for my children to grow up. Too often things get changed and then the community are consulted. However, this felt like an opportunity to be part of the process before any change was a done deal. It's been a really interesting journey and I've enjoyed meeting and hearing from everyone in the group. I think it's been beneficial that the backgrounds, ages, gender etc of the group members are so varied; the differing perspectives and experiences of the group's members helped me to see Blackpool in a different light but at the same time it was amazing to see how we still had the same issues / concerns despite being from differing walks of life. I'm extremely proud of what the group has done'.

I'm a working Mum of a seven year old and nearly one year old. I've lived in Blackpool since 2003 and both my children are sandgroununs.

Why did I take part?

'I am a student living in central Blackpool. I took part in this programme because I felt as a young person that a lot of things needed to be done for Blackpool and to improve the state and life of the young people like myself living in Blackpool'.

'After the CCG commentator came and saw us they sent someone to come speak to the group at a later session to discuss the wording we wanted including (in the GP contract) around getting an appointment. I feel this was a quick win for the group. Personally this went a long way to proving to me that this group were being listened to and that we could (and already were) making a difference'.



FYI – New Directory of Services

- A new unique tool to aid self care, self-referral and signposting.
- Brings together existing directories such as Blackpool4Me, third / voluntary sector equivalents and NHS 111 directory to form one comprehensive resource for the public and professionals.
- Tested thoroughly with patient and professional groups during summer period before launch at start of September.

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www.fyidirectory.co.uk



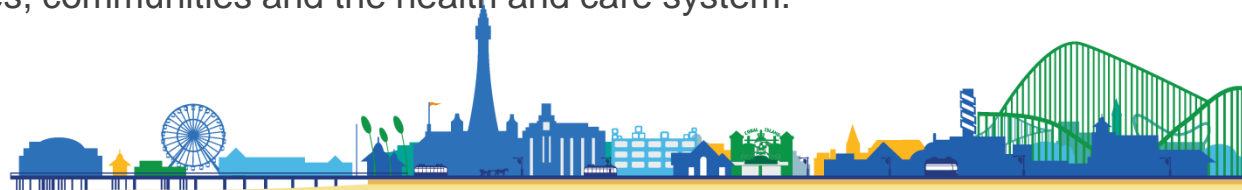
Self-Care Strategy

- Fylde coast wide strategy being developed across partners. Wide range of engagement has taken place to inform it to date, including large public opinion gathering exercise via surveys, events and focus groups.

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Draft strategy now developed and subject to consultation with consultation. Main aims covered by the strategy are:

- Focus on healthy lifestyle choices, getting people to quit smoking, drink less alcohol, eat a healthy diet and take more exercise;
- Increase levels of social prescribing as an alternative to medication, and connect people more so that peer support is widely available to those who want it and group activities to support health and wellbeing are inclusive to all and well publicised;
- Value the role of people and communities in their health and wellbeing (focusing on their strengths and what they can do, not what they can't), including through co-production, volunteering and social movements for health;
- Support and integrate the voluntary, community, faith and social enterprise sector, working alongside people, families, communities and the health and care system.



Third / voluntary sector engagement

- Fairness Commission event being planned on October 18th to further develop engagement between the third / voluntary sector and statutory services.

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This has engagement is a critical factor for the implementation of the self-care strategy and driving forward the Empowering People and Communities agenda locally.



Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr Tim Bennett, Deputy Chief Executive and Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting:	27 September 2017

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST: STRATEGY, AMBITIONS AND WORK PROGRAMMES - PROGRESS

1.0 Purpose of the report:

1.1 To consider a progress report on Blackpool Teaching Hospitals NHS Foundation Trust's (the 'Trust') strategy, including progress against strategic ambitions and the financial position.

2.0 Recommendations:

2.1 To consider, scrutinise and comment upon the progress and ongoing work of the Trust in relation to clinical and financial sustainability.

2.2 To consider what further progress assurance the Committee may wish to receive in relation to continued implementation of the work programmes (Blackpool Clinical Commission Group's six-monthly performance reports include Trust performance for key performance indicators as required by the NHS Constitution).

3.0 Reasons for recommendations:

3.1 To ensure constructive and robust scrutiny of the clinical and financial sustainability of Blackpool Teaching Hospitals NHS Foundation Trust.

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

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

3.3 Other alternative options to be considered: None.

4.0 Council Priority:

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

5.0 Background Information

- 5.1 The report for consideration is attached as Appendix 7 (a). At the Resilient Communities Scrutiny Committee meetings on 5 November 2015 and 4 February 2016 and the Health Scrutiny Committee meeting on 14 December 2016, Mr Tim Bennett, Deputy Chief Executive and Director of Finance at Blackpool Teaching Hospitals NHS Foundation Trust presented Members with details of the Trust's financial deficit and the need to ensure that the financial position did not impact on the quality of care. The minutes of those meetings are attached at appendix 7 (b). The web links to reports are listed at paragraph thirteen below.
- 5.2 The Committee discussed the financial challenge the Trust was facing, the core reasons behind the deficit and the action being taken to address the deficit through the Improvement Action Plan and Strategy for Financial Recovery.
- 5.3 Members had previously asked a number of questions including whether the Trust had developed a plan for financial recovery, which was subsequently presented at the meeting on 14 December 2016. Mr Bennett agreed to return to the Committee at a future meeting to present progress following anticipated acute pressures (clinical and financial) over the winter period for 2016-2017. The report was delayed due to the 2017 General Election.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 7 (a): Strategy, Ambitions and Work Programmes - Progress

Appendix 7 (b): Minutes extracts of Resilient Communities Scrutiny Committee meetings held on 5 November 2015, 4 February 2016 and Health Scrutiny Committee meeting held on 14 December 2016.

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13. Previous reports concerning sustainability issues from Blackpool Teaching Hospitals Trust to the Resilient Communities Scrutiny Committee on [5 November 2015](#) and [4 February 2016](#) and Health Scrutiny Committee on [14 December 2016](#).

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The Trust's Strategy Ambitions & Work Programmes

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Health Scrutiny Committee
Wednesday 27th September 2017

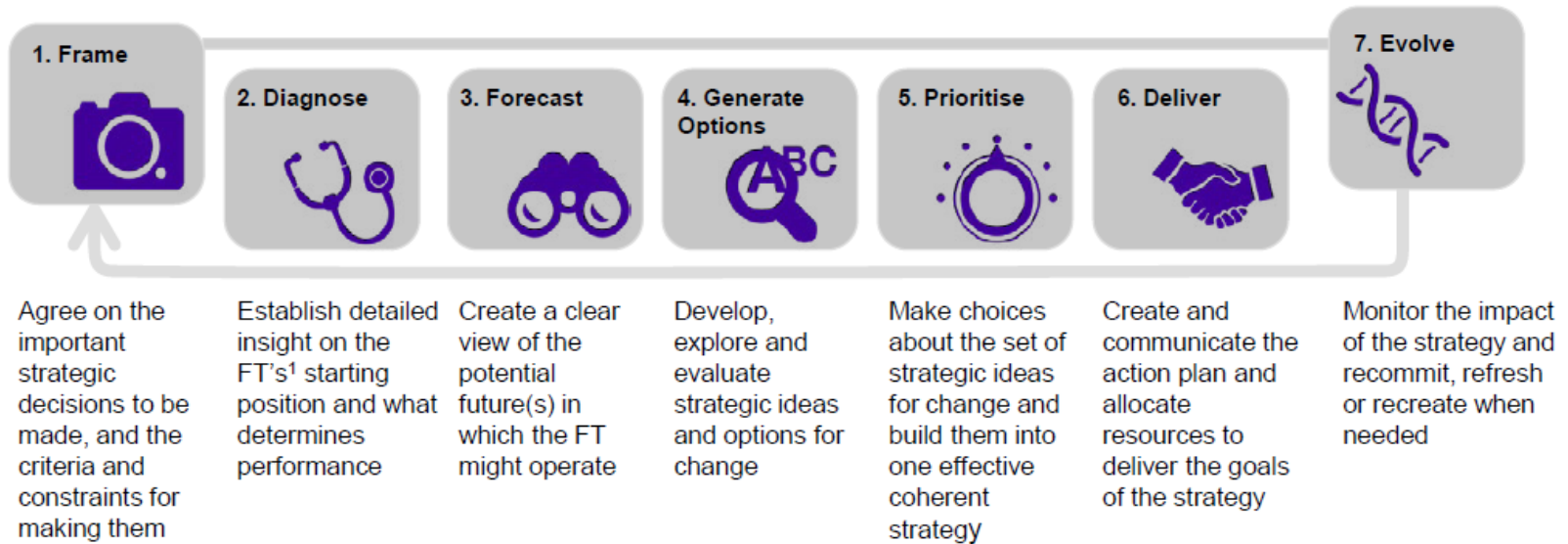
Tim Bennett
Deputy Chief Executive

Our strategic review...

We began this process in June 2015, when the Board of Directors considered the Trust's clinical and financial sustainability

We asked leaders within the Trust and local health and social care economy to participate in all stages of our strategic review, sharing knowledge and experience at large-scale events and in smaller working groups

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Our strategic vision...

“As a high performing Trust, operating as part of an accountable care system for the Fylde Coast, we will provide high quality, safe and effective care in a financially sustainable way, through our skilled and motivated workforce”



Together we care



Our strategic ambitions...

REDUCING MORTALITY

CURRENT **114**
IN 3 YEARS **100**
SHMI

IMPROVING FINANCIAL SUSTAINABILITY

CURRENT RISK RATING **2**
RISK RATING IN 3 YEARS **3**



REDUCING LENGTH OF STAY

CURRENT **4.2**
IN 5 YEARS **3** DAYS



IMPROVING PATIENT EXPERIENCE

CURRENT **95.8%**
IN 3 YEARS **98%**



FRIENDS AND FAMILY TEST

IMPROVING STAFF SATISFACTION

CURRENT **69%**
IN 5 YEARS **85%**



STAFF FRIENDS AND FAMILY TEST

REDUCING STAFF VACANCIES

CURRENT **4.50%**
IN 5 YEARS **2.50%**





Together we care

Our strategic work programmes...



Efficiency

Reducing length of stay to deliver high quality care affordably



Quality

Consistency in care provision to deliver high quality care to all patients



Value

Getting most value from all of our resources



Appropriate

Transforming non-elective points of entry into the healthcare system



Partnerships

Working as part of the local health economy to develop new, integrated models of care



Collaboration

Working as part of a Lancashire-wide redesign team to develop new models of care



Enabling

Putting in place enablers such as improved use of information technology, making good use of our estate and enhancing our communications



Together we care



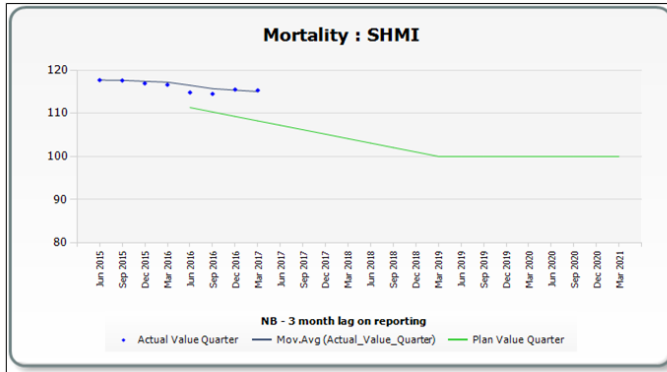
Our progress to date: Quality

REDUCING MORTALITY

CURRENT **114**
IN 3 YEARS **100**

SHMI

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SHMI	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Actual	112.53	112.53	115.51	115.00
Plan	111.35	110.32	109.29	108.25
Variance	-1.18	-2.21	-6.22	-6.75

Although higher than planned, mortality (SHMI) is trending in the correct direction.

Key areas of focus to maintain trend and achieve plan:

- Collaborative working with CCGs on whole system pathway(s)
- Review of SHMI by condition

Key areas of risk:

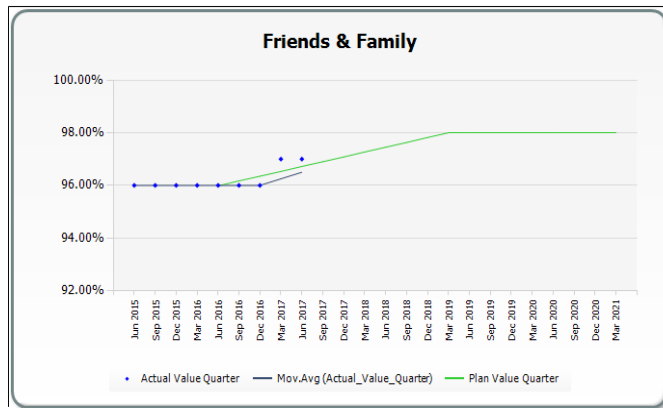
- Workforce and bed pressures

IMPROVING PATIENT EXPERIENCE



CURRENT **95.8%**
IN 3 YEARS **98%**

FRIENDS AND FAMILY TEST



F&F	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Actual	96.00%	96.00%	96.00%	97.00%
Plan	95.98%	96.17%	96.35%	96.53%
Variance	0.02%	-0.17%	-0.35%	0.47%

Performance in the Friends & Family Test has shown improvement and is now broadly in alignment with plan.

Key areas of focus to maintain performance and achieve plan:

- Improve inpatient only response rates to above 30%
- Consistent Maternity and A&E response above 20%
- Improve access mechanisms

Key areas of risk:

- Waiting Times within OPD and A&E
- Communication and information provided
- Discharge information, completion and waiting times



Together we care

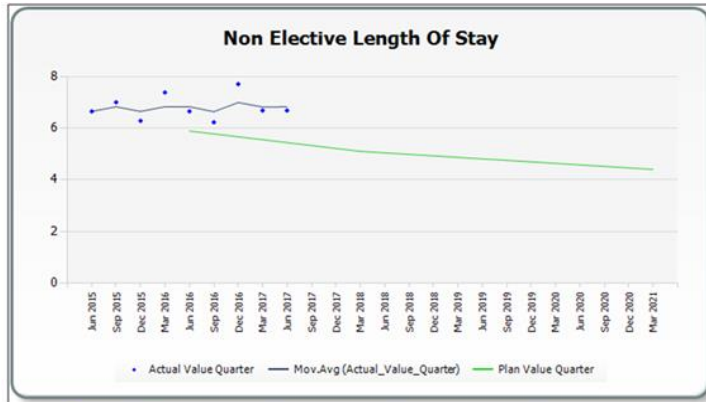
Our progress to date: Operations

REDUCING LENGTH OF STAY

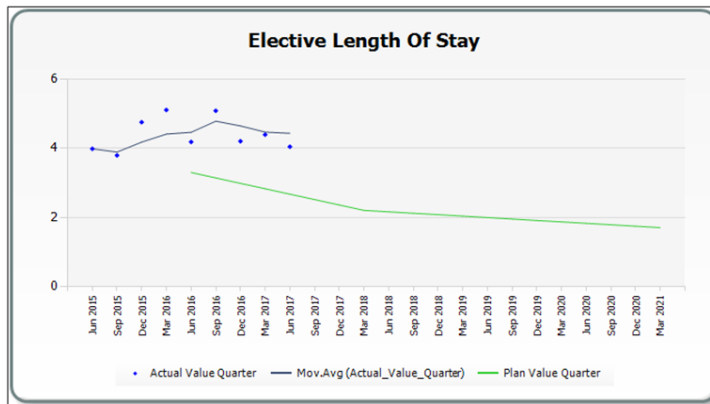
CURRENT **4.2**
IN 5 YEARS **3 DAYS**



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LOS NEL	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Actual	6.65	6.21	7.70	6.68
Plan	5.89	5.78	5.66	5.55
Variance	-0.76	-0.43	-2.04	-1.13



LOS NEL	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Actual	4.18	5.10	4.55	4.69
Plan	3.29	3.14	2.98	2.83
Variance	-0.89	-1.96	-1.57	-1.86

Non-elective (NEL) LoS is longer than planned, although it is trending in the correct direction.

Key areas of focus to maintain trend and achieve plan:

- Better Care Now programme with activities to support improved care, including ambulatory care model
- Focus on top ten conditions

Key areas of risk:

- Significant increase in delayed transfers of care (LCC) – number and duration
- Increased number of admissions with higher levels of acuity, and resulting operational pressure

Elective (EL) LoS is longer than planned, but did improve during 2016/17.

Key areas of focus to improve performance and achieve plan:

- Better Care Now programme with activities to support improved care
- Focus on top ten conditions by CCS code

Key areas of risk:

- Medical patients displacing surgical patients increasing the risk of delays in pathways
- Workforce pressures



Together we care

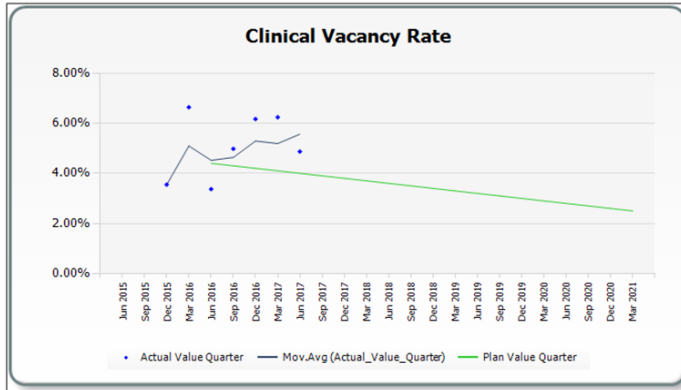
Our progress to date: Workforce

REDUCING STAFF VACANCIES

CURRENT
4.50%

IN 5 YEARS
2.50%

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Vacancy	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Actual	3.37%	4.98%	6.17%	6.24%
Plan	4.40%	4.30%	4.20%	4.10%
Variance	1.03%	-0.68%	-1.97%	-2.14%

The clinical vacancy rate trended upwards throughout 2016/17.

Key areas of focus to achieve plan:

- Focus on timely recruitment into clinical vacancies
- International recruitment into nursing vacancies
- Development of recruitment information pack and microsite for medical posts, which will be rolled out to other staff groups once developed

Key areas of risk:

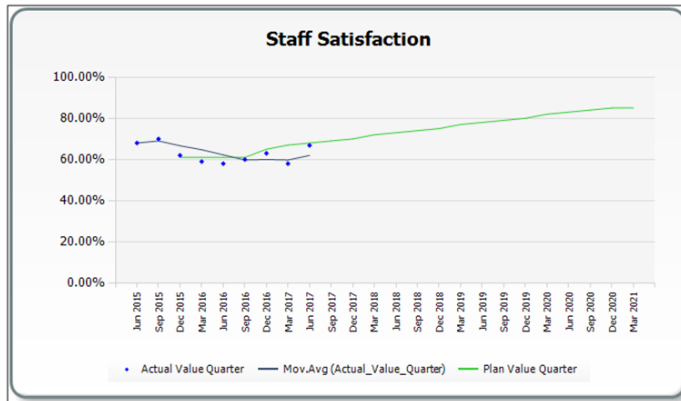
- Medical and Dental
- Nursing and Midwifery
- Allied Health Professionals

IMPROVING STAFF SATISFACTION

CURRENT
69%

IN 5 YEARS
85%

STAFF FRIENDS AND FAMILY TEST



Staff Sat	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Actual	58.00%	60.00%	63.00%	58.00%
Plan	68.00%	69.00%	70.00%	72.20%
Variance	-10.00%	-9.00%	-7.00%	-14.20%

Staff satisfaction rates are lower than planned but have shown some recent improvements.

Key areas of focus to improve performance and achieve plan:

- Improving response rate to survey to ensure it is representative
- Increase communication on what we have done with what staff have said
- Implementation of Divisional Improvement Plans

Key areas of risk:

- Implementation of ward moves
- Lack of engagement



Together we care

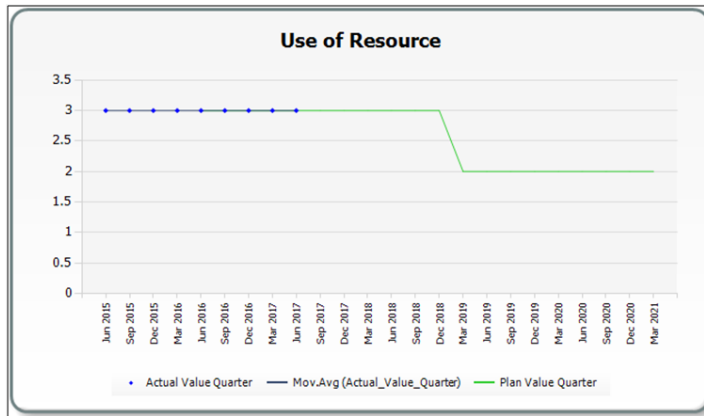
Our progress to date: Finance

IMPROVING FINANCIAL SUSTAINABILITY

CURRENT RISK RATING **2**
RISK RATING IN 3 YEARS **3**



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FSRR	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Actual	3	3	3	3
Plan	3	3	3	3
Variance	0	0	0	0

The Financial Sustainability Risk Rating (FSRR) was not intended to change during 2016/17 (note that this has been re-stated to reflect NHSI's revised definition).

Key areas of focus to maintain trend and achieve plan:

- A turnaround process has been initiated by Finance Committee. A Turnaround Director has been appointed and range of additional measures in place
- A review of why the Trust has not delivered the efficiencies required is taking place

Key areas of risk:

- Non-achievement of the cost improvement programme
- Non-achievement of the A&E performance standard (impact on STF Funding)

Financial position

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- The Trust ended 2016/17 with a surplus of £3.3m before exceptional items (which became a deficit of £4.7m after impairments);
- Significant one-off actions were taken to deliver this financial position;
- At the start of 2016/17 NHS Improvement announced additional funding to help deliver sustainability and transformation;
- An increase in the Trust's control total is required for 2017/18 and 2018/19.

	2016/17 (for reference)	2017/18	2018/19
STF Funding	£10.0m	£9.4m	£9.4m
Required control total	0	+£3.7m	+£8.6m



Together we care

Blackpool Teaching Hospitals



NHS Foundation Trust

Blackpool Teaching Hospitals

- In order to achieve the control total targets we have to deliver high levels of efficiency
- During the strategy review we concluded that part of this should come from traditional transactional savings, part through schemes more transformational in nature and part through collaborative working with partner organisations
- In 2016/17 the savings are largely from traditional approaches but moving forward we will need to focus increasingly on transforming how we provide care and also how we work collaboratively with other health and care partners.

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Questions

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**MINUTES EXTRACT OF RESILIENT COMMUNITIES SCRUTINY COMMITTEE MEETINGS
RELATING TO BLACKPOOL TEACHING HOSPITALS TRUST'S SUSTAINABILITY ISSUES**

FINANCIAL DEFICIT AND IMPACT UPON QUALITY OF CARE - 5 NOVEMBER 2016

Councillor Kath Benson, who had declared a personal and prejudicial interest in the item, left the room for the duration of its consideration. Councillor Andrew Stansfield was in the Chair.

Mr Tim Bennett, Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust advised that the Trust had a significant financial challenge that was not unique with 78 out of 83 foundation trusts' facing a financial deficit. He highlighted the key reasons for the deficit as the use of agency staff, the cost of pay awards and the increasing costs of clinical negligence.

Members queried the action the Trust would take in order to reduce the use of agency staff and increase recruitment and retention of NHS staff. Mr Bennett advised that agencies could charge a premium as demand for services exceeded supply of staff. To alleviate this pressure, a national policy had been put in place that would commence in 2016 and would limit the amount agency staff could be paid to 25% more than an NHS wage. This, in addition to the benefits of working for the NHS such as sick pay, annual leave and a pension, would hopefully have a positive impact on the retention of staff. Mr Bennett added that the Trust was also being innovative in its approach to recruitment and retention by seeking employees from outside of the UK and considering how to promote a better work life balance for current employees.

In response to further questions, Mr Bennett advised that the key reasons for employees' leaving the Trust had been identified as retirement and a desire to work more flexibly. He added that the NHS needed to be able to respond to agencies who could offer staff a working pattern that they could control.

Mr Bennett advised that the Trust was also aiming to reduce the length of stay in hospital and that Blackpool Teaching Hospitals Trust recorded a length of stay up to one and a half days longer than other trusts. He added that the Trust was hoping to achieve a reduction in length of stay through streamlining processes and ensuring patients were given an expected date of discharge upon admission, as this was proven to reduce length of stay.

In response to further questioning, Mr Bennett advised that the significant increase in the cost of clinical negligence was not due to an increase in claims, but a national policy to discontinue the 'no claims discount' previously awarded to Trusts with lower claims for negligence.

The Committee queried if the Trust had produced a plan for financial recovery that would allow Members to understand the key targets of the Trust and how it was meeting those targets. Mr Bennett agreed that he would present the recovery plan to a future Committee meeting in addition to the strategy that had also been developed.

The Committee agreed to add consideration of the financial recovery plan and strategy to the Workplan.

ACTION PLAN AND STRATEGY FOR FINANCIAL RECOVERY - 4 FEBRUARY 2016

Mr Bennett, Director of Finance advised that Blackpool Teaching Hospitals NHS Foundation Trust had reviewed clinical and financial sustainability over the previous 12 months. He highlighted the key challenges a growing financial deficit, higher than expected mortality rates as reported by the Keogh review in 2013, lower than desired Care Quality Commission (CQC) ratings, a growing demand for non-elective services, difficulties in meeting targets consistently and recruitment and retention of clinical staff. Mr Bennett advised that in order to provide a sustainable future the challenges must be addressed.

The Committee was informed by Mr Bennett that the Trust had established a number of working groups consisting of clinical and operational leaders in order to identify ways in which to address the identified challenges. He added that the working groups focussed on six subjects including urgent/emergency care and long term conditions/out of hospital care and that potential solutions had been divided into three timeframes. It was highlighted that some solutions could be achieved by the Trust and that others required a joined up working with partners.

Mr Bennett advised that the outcome of the working groups had been translated into six ambitions, each with a key measure of success. It was noted that the first ambition was to reduce the levels of mortality from the current level of 112 to less than 100 in three years, which was the current national average. Mr Bennett reported that in addition to the six ambitions, seven work programmes had been developed including standardising care to deliver high quality to all patients and getting the most value from resources.

The Committee discussed the ambition in relation to staff satisfaction noting the considerable increase in target from 69% to 85% in five years and queried how the increase would be achieved. Mr Bennett advised that the Trust was implementing an organisational development programme to ensure that leadership was more clinically focussed and that it was envisaged that a more engaged workforce would improve patient satisfaction.

Members queried the work programme to standardise care, in particular relation to maternity services, and raised concerns that patient choice would be removed. Mr Bennett assured the Committee that standardised care would not remove patient choice

and that the work programme related to the standardisation of outcomes and not the standardisation of the pathway.

The Committee queried how the Trust would achieve the target mortality rate whilst managing the financial pressures of the organisation. Mr Bennett advised that there would be financial consequences to achieving the target and that the predicted cost had been included in the financial plan. He added that achieving the mortality rate target would be difficult as the national average would also continue to reduce.

In response to questioning, Mr Bennett advised that the Trust was trying to address the recruitment and retention issue in innovative ways. He added that there was a national shortage of consultant in many specialties including Dermatology resulting in a need to redefine and redesign service models rather than continue to rely on consultant led services. In response to a further question Mr Bennett advised that staff turnover was comparable to other Trusts in Lancashire and that there were a number of reasons staff left the organisation including age and career enhancement.

Members discussed the timescales in relation to the targets and Mr Bennett advised that progress would be monitored on a regular basis. The Committee requested that Mr Bennett attend a future meeting of the Committee to report on progress made against the targets identified by the Trust.

The Committee agreed to request a report from Mr Bennett in approximately six months detailing the progress the Trust had made in relation to the ambition targets and work programmes.

STRATEGIC AMBITIONS, TARGETS AND FINANCIAL POSITION - 14 DECEMBER 2016

Mr Tim Bennett, Deputy Chief Executive and Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust presented a progress report on the Trust's strategic ambitions, targets and financial position. He explained that the Trust was a large complex entity with a wide range of specialist and community services. Progress reports had been delivered to the Resilient Communities Scrutiny Committee in November 2015 and February 2016 when that Committee had been responsible for health scrutiny.

The strategy ran from 2015-2020 and aimed to deliver improved long-term clinical and financial sustainability.

Tim Bennett explained that the strategic ambitions had measurable targets to: improve quality of care (reduce mortality rates and improve patient experience); reduce the length of stay for operations; to develop the workforce (improve staff satisfaction and reduce staff turnover); and improve financial robustness.

He highlighted patient care as being the Trust's primary goal. Mortality rates were based on average numbers of 'expected' deaths under normal conditions. The Trust's rates had been as high as 120 expected deaths in previous years and were now down to 114 with a target of 100 in three years. He added that reducing deaths by even small numbers required significant resource effort to improve patient care.

Tim Bennett referred to the aspiration to improve patient experience ('Friends and Family Test') from the current 95.8% satisfaction rate to 98% in three years. He added that good progress had been made.

He referred to the length of stay in hospital patients had for undertaking operations. It was important to consider people's needs carefully from admission to discharge and aim to discharge people in good time. He re-iterated comments made by health colleagues that, other than for emergencies, being in hospital was not the best environment for promoting health and wellbeing; discharging people into community care was better.

Tim Bennett reported that the current length of stay was higher than average at 4.2 days with a target of three days in five years. He explained that the target appeared a modest goal over a long period but it was a significant challenge to reduce length of stays and was a gradual process. Members noted that there were many thousands of different pathways of care for patients and that significant changes would be required particularly at admission stages for emergencies. He added that progress had been slow for elective (planned in advance) care. Complex surgery was often necessary but it was important to aim to get more people coming in just for one day.

He referred to supporting the workforce through improving staff satisfaction and reducing staff turnover. At the start of 2016, the Trust had been using a relatively high proportion of agency staff at a high cost. Agency use had been reduced by focusing more on filling permanent vacancies. Although good progress had been made continuing financial pressures meant that it had been necessary to impose a recruitment freeze (non-clinical staff) and improve 'back office' efficiencies. Clinic vacancies needed to be filled at appropriate times as non-clinical staff were needed to support them but were not currently being recruited.

Tim Bennett reported that the Trust's financial position remained at the same level two risk rating with a target to secure a better level three risk rating in three years. Good progress had been made and would continue with greater efficiencies in back office functions.

The Chairman enquired what the Trust's current financial position was. Tim Bennett explained that the target was to secure a balanced budget for the end of the current financial year, 2016-2017. He added that a further £22m savings had to be found by the end of March 2016. The NHS Improvement Agency had agreed to contribute £10m for

sustainability purposes leaving another £12m to be found which he was confident would be achieved through a range of in-house savings.

Tim Bennett added that winter was the most challenging period with greatest service demand. Precise demand and costs varied depending on the severity of winter. Use of agency staff could also increase during winter. In response to Members concerns on the impact on patients, he gave assurance that patients' needs came first across the Trust.

The Chairman referred to use by the Trust of the Aspire private hospital services at a cost of £9m. He was concerned about the long-term impact on in-house patient services due to use of private care at a high cost. Tim Bennett re-iterated priorities to ensure high quality care and patient satisfaction. However, NHS providers did not have full capacity to meet patient demand so had to consider all options.

Members referred to the high costs of Aspire and that the Trust previously had high levels of reserves which were now at seriously low levels and expressed concern at those in conjunction with the growth in patient demand and the sustainability of the trends going forward. Tim Bennett acknowledged the pressures and that demand had increased for beds in acute wards so it had been necessary to use other options.

The Committee noted that patient satisfaction was currently 95.8% but staff satisfaction was only 69%. Tim Bennett acknowledged that staff satisfaction needed to be improved. Efforts were being made to achieve better staff morale but it was recognised that they worked in a highly pressurised environment.

Members referred to accident and emergency turnaround targets of four hours which were not being met and gave an anecdotal example of a poor stay experienced by a patient but apparently deemed to be a 'normal' experience. As part of supporting accident and emergency, they enquired how long the recruitment freeze for non-clinical staff was projected to last. Tim Bennett explained that a range of initiatives were being pursued across the health and social care sector to reduce demand for acute services and improve efficiencies. The recruitment freeze would run until the end of March 2017. He added that example of poor experience being seen as normal was not usual practice and high standards were set and offered to follow up the case if details could be provided.

The Committee agreed to receive an assurance report in spring or summer 2017 on clinical care and financial performance achieved during the winter period (end March 2017).

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Lorraine Hurst, Head of Democratic Governance
Date of Meeting:	27 September 2017

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018

1.0 Purpose of the report:

- 1.1 To consider the Adult Social Care and Health Scrutiny Committee Workplan 2017-2018, together with any suggestions that Members may wish to make for scrutiny review topics.

2.0 Recommendations:

- 2.1 To approve the Adult Social Care and Health Scrutiny Committee Workplan 2017-2018, taking into account any suggestions for amendment or addition.
- 2.2 To monitor the implementation of the Adult Social Care and Health Scrutiny Committee's recommendations/actions.

3.0 Reasons for recommendations:

- 3.1 To ensure the Workplan is up-to-date and is an accurate representation of the Committee's work.

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

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

- 3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

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

5.0 Background Information

5.1 Adult Social Care and Health Scrutiny Committee Workplan

5.1.1 The Adult Social Care and Health Scrutiny Committee Workplan 2017-2018 is attached at Appendix 8 (a). The Workplan is a flexible document that sets out the work that the Committee will undertake over the course of the year.

5.1.2 Members are invited, either now or in the future, to suggest topics that might be suitable for scrutiny in order that they be added to the Workplan.

Potential Scrutiny Review for 2018

5.1.3 The Chairman requested that consideration be given to a potential scrutiny review on the significant issue of childhood obesity which is a Council priority to tackle as well being of notable public interest. The Council's Public Health Department is leading on this work within Blackpool working with other partners. It is a growing issue with significant health and financial costs and environmental too (encouraging people to cycle and walk as an alternative to driving). A review could also cover adult obesity (without much additional work) or at least inform adult obesity work.

5.1.4 A Scrutiny review needs to add significant value to support existing work and could particularly help achieve local awareness raising and firm recommendations which local people (children and families) would have the opportunity to inform and support. Consideration would need to be given to see what work is currently being pursued and planned, how effective that work is and whether a focused review would add significant value. The format of a review would also need to be considered, e.g. focused single-item meeting or other approach.

5.1.5 Various areas have undertaken significant work to tackle obesity which may provide practical evidence, e.g. in 2014 Wigan Borough Council ran a major campaign 'lose weight, feel great'.

5.1.6 [NHS estimates](#) for the health costs of obesity in 2015 for Blackpool were in the region of £30m per year. This is a significant amount so helping tackle obesity could alleviate some financial pressures on the local health sector.

5.1.7 It is recognised that there is considerable work going on locally and Scrutiny would need to add value. The Director of Public Health has been consulted. He agreed that tackling obesity is a priority and outlined the range of ongoing work and plans. He explained that obesity work was high profile with attention/coverage/scrutiny by way of the Health and Wellbeing Board and partners. There is active work including the Local Authority Declaration on Healthy Weight and two summits.

5.1.8 It is proposed that Members continue to review performance with Council obesity priorities through Priority 2 monitoring reports and Public Health Overview reports. A comprehensive progress report on childhood obesity will be the main item for the March 2018 Committee meeting. Members could then decide if further work was merited and what focus.

5.2 Adult Social Care and Health Scrutiny Committee Review Checklist

5.2.1 The Adult Social Care and Health Scrutiny Committee Review Checklist is attached at Appendix 8 (b). The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny.

5.3 Implementation of Recommendations/Actions

5.3.1 The table attached to Appendix 8 (c) has been developed to assist the Adult Social Care and Health Scrutiny Committee to effectively ensure that recommendations made are acted upon and also to review the effectiveness of outcomes. The table will be regularly updated and submitted to each meeting. The Resilient Communities and Children’s Scrutiny Committee was previously responsible for Adult Social Care scrutiny. Actions requested by the Resilient Communities and Children’s Scrutiny Committee were transferred over to the Adult Social Care and Health Scrutiny Committee to monitor.

5.3.2 Members are requested to consider the updates provided in the table.

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 8 (a), Adult Social Care and Health Scrutiny Committee Workplan 2017-2018
Appendix 8 (b), Adult Social Care and Health Scrutiny Committee Review Checklist
Appendix 8 (c), Implementation of Recommendations/Actions

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

Adult Social Care and Health Scrutiny Committee - Work Programme 2017-2018**27 Sept 2017**

1. **Annual Healthwatch Progress Report 2016-2017 (Apr 2016 - Mar 2017), 2017-2018 Priorities Timeline**
2. **Health and Social Care Integration - Progress** (focus on Sustainability and Transformation Planning including Projected Costings/Savings, New Models of Care, Healthier Lancashire). Interim update circulated to Members - Apr 2017.
3. **Clinical and Financial Sustainability - Blackpool Teaching Hospitals - Progress**
Follows Dec 2016 meeting and further assurance required following winter (pressures) performance

15 Nov 2017

1. **Blackpool Safeguarding Adults Board Annual Report 2016-2017**
2. **Priority Two - Key Priority Report: Public Health and Social Care**
3. **Adults Services Overview report** (to include dementia support)
4. **Public Health Overview report** (may include NHS Healthchecks explanatory update, Daily Mile progress, Free School Breakfasts, Life Expectancy, Sexual Health action plan)

24 Jan 2018

1. **Public Mental Health Strategy update** (including suicide prevention)
2. **Blackpool Clinical Commissioning Group Performance Report**
3. **Domestic Abuse Strategy - Action Plan**
4. **Transforming Care for Adults with Learning Disabilities progress**

14 March 2018

1. **Adult Services Overview** (may include Quality / Costs of Care Providers, Commissioning of Adult Services)
2. **Public Health Overview** (may include Due North progress; Lancashire/Blackpool Health and Wellbeing Strategy - Blackpool Action Plan; performance of new Public Health Services (0-19); and progress with new Integrated Drug and Alcohol Support Service)
3. **Tackling Childhood / Adult Obesity**

9 May 2018

1. **Homelessness Strategy and action plan** (preventing, supporting and managing homelessness)
2. **Availability/Duration of GP Appointments** (Access to Services and Quality)
3. **Health and Social Care Integration Progress** (focus on STPs)

4 July 2018

1. **Annual Council Plan Performance report on relevant Priority Two projects**, complete with 'Blackpool Outcomes' - for summer 2018.
2. **Adult Services Overview**
3. **Public Health Overview**

Items covered during 2017-2018

5 July 2017

SHORT PROGRESS ITEMS

1. **Council Plan Overview Report** (Adult Services and Health indicators) - End of Year 2016-2017 (Apr 2016 to Mar 2017) to include healthchecks explanatory update and Daily Mile - see action tracker
2. **Blackpool Clinical Commissioning Group Performance Report - End of Year 2016-2017** for quality of care (for all commissioned services), CCG referrals and commissioned hospital and ambulance services, GP practices and financial performance (improved access to psychological therapies links to mental health item - provision and quality)

PUBLIC HEALTH THEMED ITEMS (items 4-6 are linked)

3. **Young People's Mental Health.** Hear from young people concerning mental health concerns/support and the Child and Adolescent Mental Health Services (CAMHS) provider. Mainly consideration of the Transformation Action Plan (Young People's Emotional Health and Wellbeing, Resilience and Mental Health). This item was deferred from 22 Mar and 26 Apr 2017 (latter due to Purdah).
4. **Public Mental Health Strategy - Action Plan and Progress** (c/f) including improving feedback, speed, outcomes of GP mental health referrals for acute cases
5. **Mental Health Services - Provision and Quality** - outcomes of GP referrals for acute cases - speed of securing initial assessments, patient voice, information sharing feedback to GPs, quality of assessments, timely discharges with appropriate follow-on (commissioners / mental health parties discussion Jun 2017)

SUSTAINABILITY AND INSPECTIONS THEMED ITEMS

6. **The Harbour - Inspection Progress** [links to mental health items] following the CQC report of the Sept 2016 inspection which provided sufficient good quality and safety assurance. The CQC provided a 'good' rating overall including quality of care but the 'safe' domain 'required improvement' for the Lancashire Care Foundation Trust as a whole, i.e. across Lancashire without specific breakdown of performance in Blackpool (The Harbour) although local performance will be extracted. Staff survey outcomes and improvement actions also to be considered.

SCRUTINY SELECTION CHECKLIST

Title of proposed Scrutiny:

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

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

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

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

Please give any further details on the proposed review:

Completed by:

Date:

ADULT SOCIAL CARE AND HEALTH SCRUTINY - ACTION TRACKER

Note - from 5 July 2017 this replaced the extensive [Action Tracker](#) which contained historic actions from Health Scrutiny and actions transferred over from Resilient Communities Scrutiny. The numbering has been retained so do not start from number one. Actions from 5 July 2017 which were amber or new at that meeting have been included (some are now marked as green)

Colour code: red = significant risk of missing deadline / not being completed (mitigation required); amber = some risk; white = new action; green = complete

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE (NOTE - DETAILED RESPONSES ARE FURTHER BELOW AFTER THE TABLE)	RED / GREEN / AMBER (RAG)
4	RC Comm 10.12.15	To receive an update on the progress to meet the national waiting list target for Psychiatric Therapies in six months.	30 June 2016 (now end Nov 2016)	Helen Lammond-Smith, Blackpool Clinical Commissioning Group (CCG)	Update to be sought in June 2016. To be transferred to Health Committee. Update received 13 June 2016. The psychological therapy waiting time targets were achieved for April 2016, but not ratified yet by NHS England (two months lag period). 27 June 2016 - further information requested for 12 months (longer-term picture) and confirmation that the overall trend was meeting national targets with continuous improvement being pursued and was sustainable. 27 June 2016 - CCG actually have further targets to hit as they are a transformation area ref Fylde coast so need to increase access to 25% by March 2017. Latest figures expected 1 July 2016. 20 Sept 2016 update - 14 Dec 2016 meeting for final figures else 22 Mar / 26 Apr 2017 for enhanced targets. 26 Apr 2017 - will be considered at summer 2017 meeting as part of CCG performance targets and mental health quality provision item - see Actions 17 and 18. 5 July 2017 - considered at that meeting. Completed.	Green

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE (NOTE - DETAILED RESPONSES ARE FURTHER BELOW AFTER THE TABLE)	RED / GREEN / AMBER (RAG)
18	HSC 06.07.16	To receive information from BCCG on the provision of mental health services including progress with recovery rates at a future meeting.	28 Sept 2016	David Bonson, CCG	Update to be sought for 28 Sept 2016. Information to be received / circulated and progress tracked retaining option for a meeting report. Requested again on 25 Oct 2016. Will be requested again at 14 December 2016 meeting. Jan 2017 update – this will be covered under Action 4 update as the recovery rates relate to the provision of IAPT services. The update will also include reference to recent detailed discussions with Lancashire Care NHS Foundation Trust around mental health services. 26 Apr 2017 - will be considered at summer 2017 meeting as part of CCG performance targets and mental health quality provision item - See Action 4. 5 July 2017 - considered at that meeting. Completed.	Green
19	HSC 06.07.16	To receive a quality of care performance report from BCCG at a future meeting.	28 Sept 2016	David Bonson, CCG	Proposed to be included in current regular performance reports of CCG commissioned areas. Next performance report due 14 Dec 2016. Not done for 14 Dec 2016. Will be requested again at 14 Dec 2016 meeting. Jan 2017 - The quality of care indicators monitored by NHS England are reported in the normal performance report [Scrutiny Officer note - Members may wish to review those indicators and consider whether they are satisfied that sufficient quality of care info has been provided, e.g. recovery rates, feedback from patients] See Action 33.	Amber (now due summer 2017)

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE (NOTE - DETAILED RESPONSES ARE FURTHER BELOW AFTER THE TABLE)	RED / GREEN / AMBER (RAG)
21	HSC 12.10.16	Percentage of newly qualified staff when The Harbour (LCFT) started in 2015 and the current percentage.	Oct / Nov 2016	Steve Winterson	22.11.16 According to the LCFT Electronic Staff Record system, there are 156 staff occupying nursing positions (including matrons and senior matrons) - of these 20 meet the definition of "newly qualified" which equates to 12.8%. "Newly qualified staff" are defined as a nurse who is on the bottom incremental point on the Agenda for Change Band 5 scale (i.e. within their preceptorship period). Percentage still required (if Members wish) for parallel figures in 2015. Scrutiny Officer - this action could be considered complete, current data provided by LCFT (historic data of limited value).	Effectively green
25	HSC 12.10.16	Sight of CQC recent inspection (covers LCFT as a whole so aspects relevant to Harbour for highlighting)	Oct / Nov 2016	Steve Winterson	22.11.16 Reports expected late Dec 2016. Reports will be shared as soon as available. Likely that there will be a specific report on In Patient Mental Health Services rather than specifically The Harbour. 07.02.17 Emails sent by Scrutiny Officer to Members on 19.01.17 and 30.01.17. CQC gave LCFT an improved 'good' rating, some concerns on areas 'requiring improvement' e.g. 'safe' theme. LCFT gave a helpful summary listing good practice areas / improvements required along with a colour tracking table highlighting good practice / improvements needed. Brief progress requested and provided for 26.04.17 meeting (supersedes Action 11). Scrutiny officer comment - this action should be considered complete, future updates can still be requested as necessary.	Effectively green

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29	HSC 29.11.16 (14.12.16)	Health and social care integration (principally Sustainability and Transformation Plan) being reported to the Committee at its March 2017 meeting or another early date in 2017.	Mar 2017	Amanda Doyle / David Bonson	17.02.17 Email sent confirming integration / STPs update for additional 26.04.17 meeting. CCG update will include costing info. 26.04.17 Interim update circulated to Members. Comprehensive report summer 2017. 27.09.17 - on agenda (will be complete then subject to updates as required)	Amber
30	HSC 14.12.16	Update before the March 2017 meeting from Councillor Cross on GP patient referral rates for support to stop smoking.	Mar 2017	Cllr Cross	17.04.17 Reminder to be sent, response expected before 26.04.17. 27.09.17 - a comprehensive report on the new service will be provided as part of the Public Health overview report (Nov 17).	Amber
31	HSC 14.12.16	Receive an assurance report in spring or summer 2017 on Blackpool Teaching Hospital's clinical care and financial performance achieved during the winter period (end March 2017).	End Mar 2017	Tim Bennett	17.02.17 Email sent confirming assurance report required for additional 26.04.17 meeting. 26.04.17 - on meeting agenda, i.e. post-winter update received. Scrutiny Officer comment - action could be considered complete. Progress ongoing, Members may still request future updates as appropriate. 27.09.17 - on agenda (deferred from April due to Purdah), will be complete then subject to updates as required.	Amber
32	HSC 14.12.16	Future CCG performance reports should contain actual numbers and percentages for proper context as well as explanatory commentary.	Jul 2017	David Bonson / Kate Newton		Amber

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33	HSC 14.12.16	The next CCG performance report to include patient satisfaction data, quality of care figures and financial budget monitoring.	Jul 2017	David Bonson	13.03.17 CCG may be requested to bring the scheduled July 2017 update forward to additional 26.04.17 meeting. This is subject to CCG being able to verify final year-end figures for 2016/17 (end Mar '17) in time for Apr meeting. 26.04.17 - quality of care indicators monitored by NHS England are reported in the normal performance report [Scrutiny Officer note - Members may wish to review those indicators and consider whether they are satisfied that sufficient quality of care info has been provided, e.g. recovery rates, feedback from patients] See Action 19.	Amber
34	HSC 22.03.17	Explanatory report on NHS Healthchecks for people aged 40-74 years old at the Committee's July 2017 meeting as part of the regular report on the Council's health performance indicators.	Jul 2017	Liz Petch	27.09.17 - this will be reported as part of the Public Health overview report (Nov 17) then will be complete.	Amber
35	HSC 22.03.17	Young people who wanted to express interest in acting on any form of sounding board (set up by Blackpool Teaching Hospitals) relating to health needs of young people in care, could do so through Scrutiny channels who would forward on details to the Hospital's Looked after Children Team.	Jul 2017	All young people / Sandip Mahajan	26.04.17 - informal meeting held involving Scrutiny reps, young people and their reps to improve format for young people's views into Scrutiny. Young people and reps will be sent a reminder ref BTH interest. Scrutiny Officer note - after Jul 2017 meeting, this action may be considered complete.	Green

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36	HSC 22.03.17	Report concerning whether the 'Daily Mile' initiative would be progressing locally.	Jul 2017	Lynn Donkin	26.04.17 Public Health alerted local head-teachers and school reps (informal Schools/Public Health Working Party) to the Daily Mile initiative before Apr Scrutiny but up to individual schools whether to take up. Schools may have other practical work going on and will have staff capacity considerations. Primary schools due to be contacted (after 18.04.17). 08.09.17 The original action to circulate information on the Daily Mile to schools has been completed in a number of ways. Details of the scheme were circulated directly to all schools as part of a resource pack along with school level data from the National Child Measurement Programme. The scheme has been further promoted through verbally updates at the Schools Forum, opportunistic promotion at informal meetings and contacts with school heads, and the Public Health Directorate twitter feed. This action may be considered complete.	Green
37	ASCH 05.07.17	Demographic breakdown of service users and available facilities at 'The Cove' from the Lancashire Care Foundation Trust.	Jul / Aug 2017	Steve Winterson		
38	ASCH 05.07.17	Copy of Healthwatch Blackpool's patient experience survey findings concerning the Child and Adolescent Mental Health Services.	Jul / Aug 2017	Sandip Mahajan	02.08.17 Sent with work programme / action tracker. Complete.	Green