Blackpool Council

1 May 2018

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, 9 May 2018 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 either a

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

and

(2) the nature of the interest concerned

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

2 MINUTES OF THE LAST MEETING HELD ON 14 MARCH 2018 (Pages 1 - 8)

To agree the minutes of the last meeting held on 14 March 2018 as an accurate record.

3 PUBLIC SPEAKING

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

4 HEALTHY WEIGHT STRATEGY (Pages 9 - 30)

To present a comprehensive update on progress tackling childhood and adult obesity.

5 MENTAL HEALTH COMMISSIONING UPDATE (Pages 31 - 86)

To present progress made and plans for improving mental health service provision.

6 BLACKPOOL'S DOMESTIC ABUSE NEEDS ASSESSMENT AND STRATEGIC PARTNERSHIP ACTION PLAN (Pages 87 - 160)

To provide an update in respect of the completed Domestic Abuse Needs Assessment 2018; and progress with delivering the Blackpool Domestic Abuse and Interpersonal Violence (DAIV) Partnership's Action Plan.

7 HEALTH AND SOCIAL CARE INTEGRATION PROGRESS (Pages 161 - 186)

To present progress on health and social care integration including Enhanced Primary Care and neighbourhoods work and planning for 2018-2019.

8 ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018 (Pages 187 - 200)

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, 4 July 2018 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

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

MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 14 MARCH 2018

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Owen	L Williams
Mrs Callow JP	Hutton	Mrs Scott	

In Attendance:

Councillor Amy Cross, Cabinet Member for Adult Social Care and Health
Ms Karon Brown, Head of Integrated Services, Delphi Medical Consultants Limited
Ms Nina Carter, Commissioning Manager
Ms Judith Mills, Public Health Consultant
Dr Arif Rajpura, Director of Public Health
Ms Karen Smith, Director of Adult Services
Mr Sandip Mahajan, Senior Democratic Governance Adviser

1 DECLARATIONS OF INTEREST

Councillor Hobson declared a personal interest in the Health and Wellbeing housing priority detailed in the 'Public Health Directorate - Overview Report' as he was the Chairman of Blackpool Housing Company.

Councillor L Williams declared a personal interest in the 'Adult Social Care Regulated Care Services – Overview Report' as her husband worked for the Council's Commissioning Team.

2 MINUTES OF THE LAST MEETING HELD ON 24 JANUARY 2018

The Committee agreed that the minutes of the Adult Social Care and Health Scrutiny Committee meeting held on 24 January 2018 be signed by the Chairman as a correct record.

3 PUBLIC SPEAKING

The Committee noted that there were no applications to speak by members of the public on this occasion.

4 EXECUTIVE AND CABINET MEMBER DECISIONS

The Chairman explained that there was one Cabinet Member decision which was covered in more detail under the Adult Social Care Regulated Care Services – Overview Report later on the meeting agenda.

The Committee agreed to note the Cabinet Member decision.

5 UPDATE ON THE INTEGRATED DRUG AND ALCOHOL TREATMENT SERVICE FOR ADULTS

Ms Karon Brown, Head of Integrated Services, Delphi Medical Consultants Limited presented an update on the first year of the integrated Drug and Alcohol Treatment Service to support adults. Also in attendance were Ms Nina Carter, Commissioning Manager; Ms Judith Mills, Public Health Consultant; and Dr Arif Rajpura, Director of Public Health.

Ms Brown explained that the Service provider was Horizon (part of Delphi). She outlined the background to the current service.

The Care Quality Commission had been critical that all support was provided in one building. Horizon recognised that it was important for clients to see a clear pathway of treatment progress to enable them to see their lives were moving forward.

It was reported that first-line support (including outreach services to hostels and other places) was provided at the Dixon Road building and focused on community detox models involving key workers supporting clients. Most clients then moved on to Winston House where specialist support was offered, e.g. with mental health workers. Clients were often struggling with alcohol, drug, mental health and other problems such as smoking. They were initially supported with the first condition that they presented but most did have emotional and mental health issues. Staff included a psychologist and family worker to recognise that people were part of families suffering pain and loss. GPs were involved with meetings too. Ms Mills added that people presented with complex conditions but the services were well embedded to support them.

Ms Brown added that death rates were high with particular risks associated following the period immediately after finishing detox so support needed to be wide, including managing drug withdrawal, peer networks, art groups. It was a challenge supporting people with serious addictions to fully recover. She referred to a YouTube link within the report which featured examples of success stories.

Members accepted that the first year involved transitional change but were concerned that the recovery rates at the end of January 2018 were well short of end-year targets (end March 2018). The number of people recovering from opiate use was at 104 with a target of 200, non-opiates at 44 (target 200) and alcohol recoveries at 226, with a target of 500. They queried if the targets would be met or if they were unrealistic and how many people were waiting for treatment.

Members also queried the percentage of people entering treatment against those successfully completing treatment and it was agreed that a written answer would be provided following the meeting.

Ms Nina Carter explained in-depth analysis had been undertaken and the figures did not show the complexities involved, e.g. people often had a primary substance which they had recovered from but used other secondary substances. People also used drugs and alcohol making recovery challenging.

Ms Brown added that the previous service had been clinically focused, i.e. if people were identified as 'drug-free' then that counted as a successful completion. However, people were now supported for much longer periods, e.g. over six months to ensure that they achieved sustained recovery. She added that they had a 100% target that all new clients were seen within two weeks and that most were seen within one week. She reported that there had been 170 new clients in December 2017 and a further 130 in January 2018, all of whom had been seen in good time.

Ms Brown explained that national targets were being met and a meeting was to be held with the national body (National Reporting System for Drug and Alcohol) to agree targets which were more relevant to Blackpool. Dr Rajpura agreed that the original targets were not realistic and added that there had been data recording issues. Members acknowledged the national system but recommended that there should still be relevant local data and targets.

Dr Rajpura acknowledged that it had taken time for the new service model to become embedded but it was a much better approach which was far more focused on sustaining recovery and better futures for people, i.e. becoming genuinely drug-free and integrated back into society with prospects such as employment, housing and socially finding friends.

Members noted that 35 people had secured employment and enquired how many of those had sustained employment. Ms Mills would provide a written answer. Ms Brown added that as part of a new national research pilot, which Horizon was involved with, employment workers would be used to support people. Dr Rajpura added that this had been a successful funding bid and more funding opportunities were being pursued.

Members noted the high numbers of people facing difficulties and the impact on them and society. The impact of drugs and other substances was high including on limited resources but the profile was low. They acknowledged the work of staff. Members were concerned that whilst good outcomes were being achieved, the numbers were growing and they queried how many people might be missed. A representative from Streetlife explained that they did refer people into services but only if they were looking for support. Streetlife accepted people as they were and aimed to support them to recover. Councillor Amy Cross, Cabinet Member for Adult Social Care and Health agreed that people needed to want to recover.

Members suggested that cost savings could be used to increase treatment spend and that the public perception of Blackpool needed to be improved as well as getting across the message that people with problems were ill so needed support.

Dr Rajpura agreed that these were real people with real issues whose stories needed to be listened to. Councillor Cross added that a new Drug Strategy was being developed which would provide a more effective way forward.

The Committee agreed:

1. That Ms Mills would provide written details of sustained employment.
2. That Ms Mills would provide written details of the percentage of people entering treatment against those successfully completing treatment.

6 PUBLIC HEALTH DIRECTORATE - OVERVIEW REPORT

Dr Arif Rajpura, Director of Public Health presented an update from the Public Health Directorate on the following work areas: New model for 0-5 year olds' public health services; Due North; and the Health and Wellbeing Strategy.

He explained that the new model for 0-5 year olds' public health services offered eight structured visits (previously five) from a Health Visitor for mothers during pregnancy and until their children had reached 3.5 years old. The key aim, based on research, recognised the importance of early life development with increased opportunities for early help support to ensure children were prepared for starting school.

The Lottery funded Better Start Programme (2015-2025) also involved a significant investment over ten years of £45million for families and children particularly in deprived areas. He added that Blackpool Teaching Hospitals was on the Better Start Board and the maternity workforce was being developed appropriately. He emphasised that over time it would be possible to 'break the cycle' of deprivation.

The new health visiting model would be launched on 1 April 2018.

Councillor Cross added that Public Health England had commended the new model. She added that breastfeeding was part of the new Health Visiting service and volunteers had been trained to offer peer support for mothers.

Members agreed with the importance of good early development for children and ensuring that they were ready to start school although not all parents were proactive. Members also supported the £1.6million investment in local parks and green/open spaces. Dr Rajpura re-iterated that the Better Start Programme also aimed to develop parents to better support their children.

Dr Rajpura referred to the Due North Report (2014) which had reviewed health inequalities and aimed to:

- Tackle poverty / economic inequality in the North (and with the rest of England)
- Promote healthy early childhood development
- 'Share' power for resources / public able to influence spending (improve health)
- Health sector to promote health equity (fairness)

Members queried whether health inequalities had improved over the last four years. Dr Rajpura reported that the inequality gap had not narrowed in the last four years. Life expectancy was a key inequalities measure and had been going up across the country including Blackpool but increases had been faster elsewhere. This year had been the first drop in life expectancy for some years. For babies born in Blackpool now, life expectancy was five years less than some other areas.

He referred to the wider determinants of health such as poverty, employment and housing. Transience was a significant issue with access to cheap quality housing. Councillor Cross agreed that access to quality housing was a key priority.

The Chairman referred to councils who had used planning policies to restrict the number

of fast-food takeaways in areas where a 'saturation' point had been reached of these outlets. Councillor Cross acknowledged the issue and options. She explained that alcohol premises could be restricted through licensing laws where there were alcohol related issues. Licensing could not be used for limiting the number of fast-food premises but planning was an option being considered.

Dr Rajpura referred to progress with the Health and Wellbeing Strategy aims:

- Housing
- Tackling substance misuse / alcohol / smoking
- Community resilience / reducing social isolation
- Early intervention

The Chairman noted that options for the new smoking reduction service would be considered at the next meeting. He referred to Public Health England advocating the use of e-cigarettes and how this was being considered. Dr Rajpura acknowledged that Public Health England was promoting harm reduction. He had concerns that internationally e-cigarettes were still not recognised in that respect and there could be risks and unknown factors. He added that older people who had struggled to quit smoking might benefit but there was a risk that younger people were taking up e-cigarettes in high numbers and then might move onto cigarettes. He advocated a precautionary approach.

7 ADULT SOCIAL CARE REGULATED CARE SERVICES - OVERVIEW REPORT

Ms Karen Smith, Director of Adult Services presented an update on the current status and developments in the care sector for Blackpool. The update included residential and nursing provision, regulated placements, care at home services and other ongoing work and plans.

She referred to the Care Quality Commission, the national regulator responsible for inspecting health and social service providers including care homes and care at home. The Commission had rated Blackpool well against regional and national peers for residential and nursing provision and also care at home in February 2018.

The Commission provided monthly feedback and was impressed with the support provided, for service providers, especially by the Council's Quality Monitoring Team.

The Team aimed to ensure that providers did not run into difficulties and encouraged providers to seek help early, e.g. managing limited resources better for a quality service. Structured support could include training opportunities, effective recruitment and feedback from families could be used to help improve services.

Enforcement action was taken if providers did not improve, e.g. they could be suspended from taking on new packages or clients and if necessary contracts were withdrawn.

Some case studies of work had been included which showed the challenges and effective range of action taken.

Ms Smith referred to the current re-tendering exercise for 'care at home' provision. The exercise had involved a range of professionals, e.g. social workers and health staff

considering needs and options to design a new specification. A realistic practical approach was being developed working with care providers. She reported that a new Extra Care Housing provider had been awarded the contract for this service.

Ms Smith referred to regional benchmarking of Adult Social Services and reported that Blackpool had performed well particularly with people feeling that they could easily access good support. There were a few areas where performance was less good compared to others such as people being admitted to homes on a 'permanent' basis and delayed transfers of care from health services to social care.

Some of these were national issues but were being looked at with various initiatives, e.g. extra staff investment over the Christmas period. She added that this had meant no people were waiting for packages of care but there were growing challenges such residential beds for people with challenging behaviour with dementia. She referred to integrated work between social care and health services, New Models of Care (through neighbourhood hubs housing a range of professionals working together) and the Better Care Together fund.

Ms Smith highlighted that the focus was on preventing people needing to go to hospital in the first place and promoting independent living.

Ms Smith referred to fee rates for Adult Social Care contracts. Work had taken place closely with providers to ensure that best value was secured.

Members noted that care at home provision had been rated highly by the Care Quality Commission and Ms Smith clarified that all seventeen providers had been rated as good. Members queried what was being done to promote improvement at the residential nursing homes requiring improvement and how often monitoring visits took place.

Ms Smith explained that the Commission shared draft inspection information and ratings which allowed the Quality Monitoring Team to visit providers, discuss the improvements required and actions proposed. The aim was to help providers to improve although in some cases they would be suspended from taking on new clients and, in the worst cases, contracts were terminated. Support to deliver improvement actions was ongoing. The Team also took on board feedback from residents and staff. They would visit providers at least annually but more if there were perceived risks or their track record needed improving.

Members expressed concerns that a person who was very vulnerable was not accessing support that might be available for basic needs. Ms Smith explained that if people were deemed to have mental capacity to make their own decisions then it was not possible to generally intervene unless they requested help. It was important to make people aware of services available to them. Social Care would undertake a needs-based assessment allowing support to be tailored which could include shopping and looking after other needs.

She added that there was a range of support available including for people needing care after being discharged from hospital. She explained that nearly half of supported people did not need to pay for the care following the means test. Blackpool had a high rate of

poverty so people were assisted as such.

A representative of the Blackpool Carers' Centre added that there was a range of voluntary care support available too, particularly if people did not meet social care criteria. She added that the Centre helped provide support and training for carers themselves. Ms Smith added that the Council worked closely with the Carers' Centre as well as other partners such as Blackpool Clinical Commissioning Group.

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

Members were advised that the Work Programme was as presented with the new smoking reduction service item having moved to the May 2018 meeting.

In response to a question, Members were advised that their previous recommendation for a 'zero suicide' target was on the Action Tracker with Public Health due to raise it at a Pan-Lancashire meeting later that week.

The Committee agreed:

1. To approve the Scrutiny Workplan 2017-2018.
2. To note the 'Implementation of Recommendations' table.

9 NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 9 May 2018, commencing at 6pm in Committee Room A, Blackpool Town Hall.

Chairman

(The meeting ended at 7.45 pm)

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

This page is intentionally left blank

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Date of Meeting:	9 May 2018

HEALTHY WEIGHT STRATEGY

1.0 Purpose of the report:

1.1 To present a comprehensive update on progress tackling childhood and adult obesity.

2.0 Recommendation(s):

2.1 To comment upon progress being made, propose potential improvements and highlight any areas for further scrutiny, which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of these areas of 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?	Yes
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 **Healthy Weight Overview**

5.1.1 Maintaining a healthy weight protects against a range of serious health conditions. Being overweight and obesity are risk factors for a number of serious health conditions including heart disease, diabetes, cancer and early death. Beyond the consequences for individuals, there are significant implications for the wider community and economy, through sickness absence, worklessness and the costs of treating the health consequences of obesity. It has been estimated to cost the NHS £6.1bn for treating health conditions associated with obesity.

5.1.2 The government acknowledges that obesity, particularly amongst children, is an issue. In August 2017, the Department of Health published a national strategy, *Childhood Obesity: A Plan for Action*. The strategy deliverables include:

- Soft drinks industry levy
- Reformulation of food products across nine categories that make the largest contribution to children's sugar intake
- Increasing physical activity in schools
- Making healthy options available in public sector – from leisure centres to hospitals
- Health rating scheme for schools (voluntary)
- Making school food healthier – updated standards

5.2 **Overview of Blackpool's Healthy Weight Strategy**

5.2.1 The strategy is structured around the following themes for local action:

- Increase knowledge, skill and abilities to make healthier choices
- Focus on children and young people
- Reducing sugar consumption
- Promoting the redesign of environments to promote healthier eating and physical activity
- Securing good quality weight management services for children

5.3 **Local Authority Healthy Weight Declaration**

5.3.1 The Local Authority Healthy Weight Declaration was launched in August 2015, and Blackpool Council was the first local authority to adopt the declaration in January 2016. The declaration provides Blackpool Council with the opportunity to lead on local action to tackling obesity and promoting health and well-being of local communities. The declaration is a strategic commitment made across the council to reduce unhealthy weight in our local community, protect the health and wellbeing of our staff and the population and to make an economic impact on health and social care and the local economy.

5.3.2 Since the launch of the declaration the council has been working with a number of departments such as procurement, leisure services, planning, linking to other strategies across the council, and working with other public sector organisations.

5.3.3 As part of the local authority declaration, as directed by the Chair of the Health and Wellbeing Board (Councillor Cain. Cabinet Secretary for Resilient Communities), there have been a series of healthy weight summits held during the course of 2017-2018. The purpose of these summits is to encourage our partners from the Health and Wellbeing Board to actively develop their own declaration and take action on obesity. The summits have been held on a quarterly basis as follows:-

- 2 February 2017
- 28 June 2017
- 24 October 2017
- 8 March 2018

5.3.4 The latest summit was held in March 2018 where there was a celebration of the work that has taken place over the course of the past 12 months. This summit brought together public sector organisations, major employers, schools and council arms length bodies. There were over 80 attendees and the evaluation of the event was very positive with 26 commitments to take action after the summit.

5.3.5 The progress that is being made against the commitments is shown in Appendix 4(a).

5.4 **Children and families weight management pilot**

5.4.1 This programme is provided by Blackpool Council's Leisure Services Department and targets children aged between five and eleven years who are above their ideal weight. The service has been commissioned as a two year pilot programme by the Public Health Directorate since September 2016.

5.4.2 The aim of the service is to manage and deliver effective weight management services to enable sustained long-term movement towards healthier weight among children in Blackpool. The service supports the participants to improve their knowledge and skills around healthy eating and physical activity, to enable them to use these skills to make and sustain healthy lifestyle choices. The objectives are:-

- Implement and deliver an accessible tier 2 child weight management programme for children aged 4/5-11 years and their families
- Provide training for front line staff to raise the issue of obesity and make appropriate referrals to the service
- Monitor and evaluate the programme against agreed outcomes
- Be tailored to service users' needs and preferences
- Develop parents' healthy lifestyle skills e.g. healthier shopping, recipes, cooking and reading food labels.

5.4.3 The service has been fully operating for a year. Initially the referrals were slow, but demand has now increased and caseloads have increased demonstrating a demand for the service. The early indications of the services delivery show:-

- Customer feedback is very positive
- Majority of participants achieve key short-term objectives of reduced BMI, reduced waist circumference and increased fitness levels
- Majority of participants report changes to behaviour and demonstrate an increase in physical activity, reduced sedentary time, increased number of home-cooked meals and increased fruits and vegetable consumption.

5.4.4 Two case studies from successful participants of the programme are included within appendix 4(b).

5.4.5 A service review of this weight management programme has been undertaken at the beginning of this year. The review has demonstrated some good outcomes, however, discussions are currently on-going with Leisure services to discuss the next steps and how the delivery of the programme can be improved.

5.5 **Healthier Choices Award**

5.5.1 The Healthier Choices Award was launched in January 2017, to support Blackpool Council's vision to be "The UK's number one family resort with a thriving economy that supports a happy and healthy community who are proud of their unique town".

5.5.2 Any business wishing to be accredited with the award needs to work through the self-assessment process. Once completed our Public Health Nutritionist spends time with the establishment reviewing the responses and discussing where small changes can be made to make their food offer healthier. To support the business making changes we are able to offer a small incentive which could be as simple as changing salt shakers to only 5 hole shakers, providing small takeaway cartons or just simple advice about offering wholemeal bread, and reduced fat sauces. If a business is successful, they receive a certificate and sticker, which can be displayed on the premises to acknowledge the good work and let people know that healthy options are available. In addition, we provide them with a menu stand to display their healthier choices and promote it on our Healthier Choices Website.

5.5.3 Since the launch of the award, 100 establishments have been successful in being awarded the Healthier Choices Award. This covers a range of organisations including Blackpool Transport, schools, Children's Centres, fish and chip shops, sandwich bars and cafes, Lancashire Police, Blackpool Transport, local bed and breakfast businesses, and private nurseries.

5.6 Working with Schools

5.6.1 The Public Health Nutritionist is working collaboratively with the Catering Services Manager to work with schools promoting healthy school dinners and healthy lunch boxes. The work has started at St John's in the town centre. This involved a specific session with parents and children to talk to them about how to create healthy lunch boxes. It was a hands-on session, which involved taking in food samples to the children and getting them involved in making their own food. The children were very creative and came up with some interesting variations of healthy sandwiches/wraps. The purpose of the session was to test some of the tools and resources we wish to roll out to all the primary schools across Blackpool. The feedback from the parents who took part was very positive and the results of the children's questionnaire ar awaited. Once this has been analysed a decision will be made on the next steps on how this will be rolled out.

5.6.2 A photograph is shown in appendix 4(c) demonstrating the tools used.

5.6.3 In addition to the packed lunch work both public health and catering are working with Head Start (long-term programme for supporting 0-5 year olds and their families) to develop a healthy eating and cooking programme. The first session is due to be held at St George's school and will last for seven weeks

with a group of eight young people. The young people will learn about healthy food ingredients with the Public Health Nutritionist, budgeting and shopping, and how to cook simple recipes. Young people will experience planning, preparing and cooking meals, as well as cleaning up in a fun and engaging way. Digital technology will also be involved as the sessions will be filmed in numerous ways to capture the positive messages within the project. The outcomes from the project are:-

- To increase knowledge and skills around healthy eating and cooking
- Confidence, resilience, self-esteem and friendships, as well as a sense of responsibility and independence
- To increase knowledge around resilience, the resilience framework and the different resilient moves that the young people will be making within the project
- To create digital content (recipes/documentary style etc.) that can be shared online and within the school

5.6.4 This project is due to start in May 2018.

5.7 National Child Measurement Programme 2016-2017

5.7.1 The 2016-2017 report for the Government's National Child Measurement Programme (NCMP) for England was published on 19 October 2017. The programme is delivered on an annual basis for children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) in state schools. It reported that nationally almost a quarter of reception children were overweight including obese and in Year 6, it was over a third. The prevalence of obesity has increased since 2015-2016 for Reception but remained similar in Year 6. The obesity prevalence was higher for boys than girls in both age groups, and the obesity prevalence for children living in deprived areas was more than double that of those living in the least deprived areas for both Reception and Year 6.

5.7.2 At a local level there is positive news to report on the 2016-2017 data. Detailed below are the results compared to the 2015-2016 data:

	Reception		**Year 6**	
	2015/16	**2016/17**	**2015/16**	**2016/17**
Healthy Weight	**Nil data ***	**73.8%**	**59.3%**	**65.1%**
Overweight	**16%**	**15.7%**	**17.5%**	**13.1%**
Obese	**10.5%**	**10%**	**22.5%**	**21.1%**
Overweight and Obese	**26.5%**	**25.7%**	**40%**	**34.3%**

*The data has been suppressed due to small numbers in the underweight category

5.7.3 The national average for 2016-2017 is 22.6% of children in Reception and 34.2% in Year 6 are overweight or obese. This means Blackpool Reception children are slightly higher than the national average, but the Year 6 figure is in line with the national average. We need to be cautious as this is one year's figures and the general trend for Blackpool has been an increasing trend in obesity. We will need to wait for next year's data to see if the trend continues to move in this positive direction.

5.7.4 Despite this caution, we should take the time to celebrate this good news and reflect on the work that is happening across Blackpool to reverse the trend. In particular with all the work around the Healthy Weight Strategy and Local Authority Declaration which has been discussed earlier in the report, along with the whole system approach being taken for tackling the issues of obesity across the partnership. Detailed below are some examples of what we are doing which may be having an impact on the move from overweight to healthy weight:-

- Free School Breakfast with an evaluation which concludes the scheme is contributing to healthy preference learning and international evidence that regular, healthy breakfast habits are associated with reduced likelihood of obesity
- Some schools really support the agenda and there are some great examples of good work to support healthy weight and healthy eating.
- Walk to school project is in 28 primary schools
- Fit2Go in Year 4 across 33 schools
- Sport for Champions programme in Year 6 (a number of schools, but not all)
- Give up Loving Pop (GULP) campaigns
- Daily Mile (classes walking together at the start of school days) in a small number of schools
- School Nurses offer weight management/monitoring support and onward referral
- Making Changes programme – child and family weight management programme

5.8 External Recognition of our local work

5.8.1 Blackpool was the first local authority to sign a Healthy Weight Declaration, which has generated a large amount of interest in the work we have been undertaking. Blackpool feature in the Local Government Declaration (LGA) document Healthy Weight; Healthy Futures for the work around Give up Loving Pop (GULP) and the signing of the declaration. The document is currently being updated, and Blackpool will be featuring again with the work of the local authority declaration.

5.8.2 Public Health in partnership with Food Active were invited to present in Leeds as part of the work by the Public Health England Centre for Yorkshire and Humberside who are looking to introduce the local authority declaration. In addition, Blackpool has worked with Cumbria to encourage and support them with the work to develop a declaration, which would work for a two-tier authority. The energy for this work is spreading across the country and the South West are now keen to implement a local authority declaration on healthy weight.

5.8.3 The work around the GULP has attracted media coverage both nationally and regionally.

5.8.4 Currently working with Food Active to develop an evaluation tool for the local authority declaration. Once developed the tool will be rolled out to local authorities who have already signed a declaration and for those who are considering embarking on the journey.

5.8.5 Working nationally with Public Health England to develop a systems map for Blackpool around the causes of obesity, as well as looking at how the work they have commissioned from Leeds Beckett University on Whole Systems Approach to Obesity can work with a local authority declaration.

5.8.6 Developed an Early Years GULP campaign with Food Active and colleagues across the North West. The campaign will be launched on 14 May 2018, and work is on-going with Better Start (emotional resilience support programme for 10-15 years old), and Early years providers to develop our own local campaign building on this regional work.

Does the information submitted include any exempt information?

6.0 List of Appendices:

Appendix 4 (a) - Update on the progress made against the commitments of the LA Declaration

Appendix 4 (b) - Case studies for Children and families weight management pilot

Appendix 4 (c) - Photograph of the healthy lunch box session

7.0 Legal considerations:

7.1 None

8.0 Human Resources considerations:

8.1 None

9.0 Equalities considerations:

10.1 None

11.0 Financial considerations:

11.1 None

12.0 Risk management considerations:

12.1 None

13.0 Ethical considerations:

13.1 None

14.0 Internal/External Consultation undertaken:

14.1 N/A

15.0 Background papers:

15.1 None

LOCAL AUTHORITY DECLARATION

Update on the Local Authority Declaration and Progress to date

April 2018

General Commitment			
No.	**Statement**	**Action**	**Progress to Date**
1	To protect our residents from the commercial pressures and vested interest of the food and drink industry supplying HFSS products	• Deliver a GULP Campaign (Give up loving pop) to children and young people	• November 2015 a GULP campaign delivered in 3 Secondary schools and Further Education Establishments • March 2017 - GULP campaign delivered in 4 different Secondary Schools and Further Education Establishments. • June 2017 Fit2Go ran a GULP campaign as part of their Summer Festival which targeted every Year 4 child. • An Early Years GULP has been developed in partnership with Food Active and due to be promoted in Blackpool June/July 2018 • Fit2Go to run the GULP challenge with all Year 4 & Year 5 children • Working with Head Start to develop the GULP campaign rather than taking the secondary school approach • January 2017 Healthier Choices Award implemented with 100 establishments signed up for the award. Organisations range from sandwich shops/hot food establishments, schools, private nurseries, children's centres, fish and chip shops, Chinese takeways, workplace canteens, community cafes and a children's play centre

General Commitment			
No.	**Statement**	**Action**	**Progress to Date**
2	Consider partnerships including monetary, in-kind or research based funding to fund discretionary services		Work still to be commenced
3	Review provisions in all our public buildings facilities and via providers to make healthy foods and drinks more convenient and affordable and limit access to high-calorie, low-nutrient foods and drinks (this should be applied to public institutions such as schools, hospitals, care homes and leisure facilities where possible)	• Work with Procurement department to incorporate healthy eating within contracts of suppliers and commissioned services	• Regular meetings have been taking place with Procurement to identify where the declaration has an impact. • Currently reviewing all the Concessions and identifying when contracts due to finish so healthy options are included within future contracts. • Influenced the procurement of vending machine contract for Leisure services and ensure healthy vending guidance was implemented. • Catering Services work to the School Food Plan, however schools don't all commission the Council Catering Services • 4 Schools have pledged to develop their own Healthy Weight Declaration • Nibbles Community café has the Healthier Choices Award • Adoption of the Healthy Catering Guidance for meetings and conferences where food is provided • Encouraged healthy cake sales in offices through providing healthier baking options
4	Increase public access to fresh drinking water on local authority controlled sites	• Identify the location of fresh drinking water on local authority premises • Identify funding opportunities to increase the access to fresh drinking water • Develop links with United Utilities to promote drinking water	• Limited progress to date

General Commitment			
No.	**Statement**	**Action**	**Progress to Date**
5	Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited	• Research into the links of fast food takeaways to the proximity of schools. • Obtain evidence from London Boroughs who have implemented planning policies to study if they have been effective • Better understanding of food consumption in Blackpool • Development of Supplementary Planning Documentation once research completed	• Dissertation completed and research completed • Working with Enforcement to develop a Street Trading Policy which will incorporate healthy options as part of the agreement. In particular the offer of either free water or being sold at low cost. • Planning and Public Health currently working together to include Hot Food Takeaways within Part 2 of the local plan. A presentation to Councillors is planned for May/June time
6	Advocate plans with our partners including the NHS and all agencies represented on the H&WBB, healthy cities, academic institutions and local communities to address the causes and impacts of obesity	• Extend the scope of the healthy Weight catering award	• Blackpool Teaching Hospitals first NHS organisation to sign a Declaration on Health Weight • Lancashire Police have committed to developing a declaration on Healthy Weight • Blackpool Clinical Commissioning Group have committed to developing a declaration on Healthy Weight

General Commitment			
No.	**Statement**	**Action**	**Progress to Date**
7	Strive to protect our children from inappropriate marketing by the food and drink industry (e.g. bill boards in proximity to schools, giveaways in schools and at family events	• Deliver a GULP Campaign (Give up loving pop) to children and young people	• November 2015 a GULP campaign delivered in 3 Secondary schools and Further Education Establishments • March 2017 - GULP campaign delivered in 4 different Secondary Schools and Further Education Establishments. • June 2017 Fit2Go ran a GULP campaign as part of their Summer Festival which targeted every Year 4 child. • An Early Years GULP has been developed in partnership with Food Active and other local authorities across the North West. Due to be implemented in June/July 2018 • June 2018 Fit2Go to run the GULP challenge with all Year 4 & 5 children • Working with Head Start to develop the GULP campaign rather than taking the secondary school approach • Supporting the Jamie Oliver campaign to ban advertising to children before 9pm
8	Support action at national level to help local authorities reduce obesity prevalence and health inequalities in our communities	• Lobby for taxation of Sugar Sweetened Beverages	• Involved in the National Consultation on Sugar Consultation.
9	Ensure food and drinks provided at public events includes healthy provisions, supporting food retailers to deliver this offer	• Develop policy or strategy with Visit Blackpool to offer healthy provision at public events such as the illumination switch on • Consider using the Ethical Policy around sponsorship of events	• Implemented healthy catering guidance for public events. • Currently developing healthy catering guidance for external businesses and the third sector • Number of events held at the Winter Gardens who now work with the Healthier Catering Guidnace, but still need to influence them to have a healthier menu for all conferences • Working with Visit Blackpool Colleagues to shape the catering offer at events

General Commitment			
No.	**Statement**	**Action**	**Progress to Date**
10	Support the health and well-being of local authority staff and increase knowledge and understanding of unhealthy weight to create a culture and ethos that normalises healthy weight	• Consider the development of nutritional i-pool module • Development of guidelines for event/business meetings which will be stored on the HUB and website – CLT approval required • Promotion of Healthier fundraising events and celebrations • Challenge events for staff to improve physical activity • Develop a culture of Positive Health Behaviour within Council	• Health Weight Strategy • Physical Activity Strategy • Development of a Healthy weight programme for employees. • Work place challenges available for staff • Healthy Bake Sale Guidelines • All vending machines removed (except in Leisure Facilities) • Signage on the stairs at Bickerstaffe and at Health works to encourage staff to take the stairs • Further work required to promote the work of the Healthy Weight Declaration • Further work required to promote and implement the healthy catering guidance
11	Consider how strategies, plans and infrastructure for regeneration and town planning positively impact on physical activity		• Green and blue Infrastructure Strategy • Successfully secured technical support from the Department of Transport o help develop a Local Infrastructure plan for cycling and walking • Development of a joint walking and cycling strategy across Lancashire, Blackburn and Blackpool
12	Monitor the progress of the LA plan against the commitments and publish the results	• Provide updates to SLT • Presentation of papers and reports to CLT to highlight issues and challenges when action required	• February 2017 first review of the work undertaken against the LA Declaration • November 2017 update on the actions for the Health and Wellbeing Board • Evaluation of the Local Authority Declaration on Healthy Weight undertaken by Food Active • Work currently on-going with Food Active & North West colleagues to develop a monitoring and evaluation tool that can be utilised by all LA's

Local Commitment			
No.	**Statement**	**Action**	**Progress to Date**
1	Considering weighted/financial support for 'healthier' retail (e.g. greengrocers, co-operatives etc) in deprived areas	• Development of the Community Farm • Development of the Community Shop	• Work progressing on the City Learning Centre to convert it into a community facility • Work progressing on the Community Farm and funding secured from the Big Lottery • Jan 2017 Healthy Choices Award implemented
2	Improving the quality of packed lunches by developing a local agreement with schools to implement guidance	• Review what other areas do in relation to healthy pack lunches for school children • Work in partnership with the school Nurses to develop the guidance • Work with the Heads/chairs of governors to improve pack lunches at schools	• Healthy Pack Lunch guidance being developed • Developing a 4 week menu of healthy packed lunches along with a shopping list • 3 Primary Schools engaged with considering practical sessions with parents • Public Health and Head Teachers Forum in place • Developing a combined marketing promotion of healthy school lunches and packed lunches with the Catering Department
3	Working with schools to achieve 'walk to school'	• Continue with the Living Streets Walk to Project	• Successfully secured a further 3 years funding through DFT Access Fund to keep the scheme operating
4	Taking a stepped approach to reduce sugary drinks available in vending machines on locally controlled sites	• Audit of Vending Machines across the Council premises • Ensure implementation of the Healthy vending machines across all local authority premises, NHS and public sector premises by reducing the percentage of sugary drinks available	• All Vending Machines have been removed from Council premises • Healthy Vending guidance in place • Healthy Catering Guidance for business events in place • NHS
5	Working with commercial outlets within all public sector premises to develop a food and drink policy		• Blackpool Teaching Hospitals developed a policy

Blackpool Council

SPORT BLACKPOOL

THEMES: Community, Schools, Health, Income Generation, Sport Club Development, Education and Workforce, Infrastructure, Project Dev / facility improvement.

Background history and rationale (why we did this) of the project.

Blackpool has high rates of childhood obesity with 22.0% of year 6 children classified as obese (PHE Blackpool Health Profile 2015). This is higher than the national average. Current trends show that this figure is not declining.

The National Child Measuring Programme (NCMP) is a national programme that sees all children in Reception year and Year 6 are given the opportunity to be weighed and measured and have their BMI and centile line recorded.

The results are sent to the parents with a classification of their child's weight. If the child is classified as overweight, very overweight or obese then the Making Changes Family Weight Management programme information is included and the opportunity to join is given.

Public Health have funded the 2 year project to help change the lifestyles of the families of Blackpool who have overweight children between the ages of 5 – 11 years.

The impact of the project (please explain how this benefited customers) what the overall outcomes have been.

On Week 1 'L' was very hesitant and explained he was being bullied at school over his weight. Sam wants to help Luke but is unsure how to go about it.

Over the 12 weeks 'L' and his mother 'S' began to engage and walked the 50 minutes to Moor Park to go swimming.

'L' enquired about additional goal keeper training (the instructor did some of this as a physical activity session)

Both of them completed the ABC activity challenge and as a result of this have now built physical activity into their daily lives and are on target to achieve the recommended guidelines for physical activity.

'S' after refusing to look at the gym has now joined the gym and completed her programme and is attending regularly.

Outcomes 'S' – joined gym and is attending classes

'L' – less time on the computer and more physical activity (he said he would not complete

this challenge but has successfully).

'L' is also a member of a goal keeper training club and now wants to join a badminton and an athletics club.

Key statistical information, the outputs and if targets where met/exceeded or fell short of initial plan. (please highlight if targets fell short, what was the mitigation behind this)

'S' has lost 3kg in weight and her waist circumference has decreased by 6.5cm.

'L' has lost 6cm from his waist circumference.

'L''s weight has decreased 1.4kg and he has grown 1cm in height so is 'growing into his weight'

SMART goals short term was achieved by both 'S' and 'L' and they have set long term goals and their own relapse plan.

For this particular programme all targets were met.

Customer feedback, contribution and quotes.

The programme – excellent programme, given us a better understanding of how to be healthier and really enjoyed it.

The instructor – knowledgeable and really good.

Centre staff – found some rude and unhelpful and unaware of the amount of courage it took us to attend sessions at the centre.

Lessons Learned and or key success highlights (bullet points only)

- Staff at all venues needs some awareness training around the programme and the clients/families that will be attending.
- The subs for memberships need to be sorted and the information disseminated down to all staff.
- Changes do need to be made to the programme from the lessons learnt from the 1st pilot.
- The family have done amazing and are a success.

How can this / will this work be sustained in the future? What is the plan to see this happen if applicable (NEXT STEPS)

- The team are now evaluating the 12 week programme and making the changes that are needed to make the improvements needed.
- Programmes 2 – 9 are now running with families engaged.
- Case studies and reports are sent through to public health.

Conclusion and any recommendations (if applicable)

A very good 1st pilot study. Results were great and encouraging moving forward.

Case study available for external distribution (please highlight)

Yes / NO

Appendix 6 – Making Changes Case Study 2

Blackpool Council

SPORT BLACKPOOL

REPORT THEME(S)	
Project Name	Making Changes Family Weight Management Programme
Venue(s):	Blackpool Sports Centre
Author(s):	
E-mail/contact for further information:	Donna.swarbrick@blackpool.gov.uk
Dates of projects:	January 2017 - Current
Date of report/study:	20th December 2017
Principles of Insight/behaviour changes applied in this work (Y, N, N/a) If so methods used.	
Partner organisations involved.	N/A

THEMES: Community, Schools, Health, Income Generation, Sport Club Development, Education and Workforce, Infrastructure, Project Dev / facility improvement.

Background history and rationale (why we did this) of the project.

Blackpool has high rates of childhood obesity with 22.0% of year 6 children classified as obese (PHE Blackpool Health Profile 2015). This is higher than the national average. Current trends show that this figure is not declining.

The National Child Measuring Programme (NCMP) is a national programme that sees all children in Reception year and Year 6 are given the opportunity to be weighed and measured and have their BMI and centile line recorded.

The results are sent to the parents with a classification of their child's weight. If the child is classified as overweight, very overweight or obese then the Making Changes Family Weight Management programme information is included and the opportunity to join is given.

Public Health have funded the 2 year project to help change the lifestyles of the families of Blackpool who have overweight children between the ages of 5 – 11 years.

The impact of the project (please explain how this benefited customers) what the overall outcomes have been.

On Week 1 'A' and would only participate whilst wearing ear defenders and even then it was a struggle for him.

Before he started the programme he had extremely low self-confidence and struggled with physical activity. He is autistic and ADHD, he came to the 1st session of the programme wearing ear defenders. Throughout the duration of the 12 weeks Ashley worked hard and took all the information and knowledge to implement into everyday life in every aspect.

For his birthday the only gift he wished for was his free gym induction, which was booked on his actual birthday and has continued to use the free gym facility 4 times a week. This has enabled him to lose a considerable amount of weight, lose body fat and put him in the healthy weight category, but most importantly he has gained huge amounts of self-confidence and the physical activity he now participates in has considerably helped his autism and ADHD. Ashley stopped wearing his ear defenders on week 4 and was a huge asset on this programme.

With the free swimming they get on the programme Ashley started attending swimming sessions and as seen in the attached picture he has just won gold in the nationals which is a huge achievement since starting the Making Changes programme.

Key statistical information, the outputs and if targets where met/exceeded or fell short of initial plan. (please highlight if targets fell short, what was the mitigation behind this)

'Mum' has lost 1.5kg in weight and her waist circumference has decreased by 1cm.

'A' has lost 4cm from his waist circumference.

'A''s weight has decreased 1.4kg and he has grown 1cm in height so is 'growing into his weight'

SMART goals short term was achieved by both 'M' and 'A' and they have set long term goals and their own relapse plan.

For this particular programme all targets were met.

Customer feedback, contribution and quotes.

The programme - Best part was way it was delivered that made the children want to make good choices.

The instructor – amazing

Lessons Learned and or key success highlights (bullet points only)

- Staff at all venues need regular awareness training around the programme and the clients/families that will be attending.
- The family have done amazing and are a success.
- More promotion of the programme.
- More highlights of the good news stories

How can this / will this work be sustained in the future? What is the plan to see this happen if applicable (NEXT STEPS)

- The team are now evaluating the 12 week programme and making the changes that are needed to make the improvements needed.
- Approx. 7 programs will be running in January 2018
- Case studies and reports are sent through to public health.

Conclusion and any recommendations (if applicable)

Results were great and the programme is flourishing and Making Changes.

Case study available for external distribution (please highlight)

Yes / NO


Lunch Box Builder
Lunch Box Builder

This page is intentionally left blank

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group and Blackpool Council
Date of Meeting:	9 May 2018

MENTAL HEALTH COMMISSIONING UPDATE

1.0 Purpose of the report:

1.1 To present progress made and plans for improving mental health service provision.

2.0 Recommendation(s):

2.1 To comment upon progress being made, propose potential improvements and highlight any areas for further scrutiny, which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of these areas of 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? Yes/ No

3.3 Other alternative options to be considered:

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 Five Year Forward View for Mental Health and the NHS Operational Plan has identified several key priorities. Locally we have undertaken a twelve month piece of work to improve the mental health pathways to ensure that we have sustainable and efficient specialist mental health services. At the start of the redesign this was the

position on the Fylde Coast:

- There are a number of separate mental health services commissioned and multiple 'single' points of access to Mental Health services sitting outside the developing neighbourhood Teams.
- Our primary care workforce feels ill equipped to manage mental health conditions and GPs report access to support and services from mental health can be difficult and time consuming.

5.2 The programme has been governed via a steering group and compromises representation from the Fylde Coast Local Delivery Partnership (LDP) footprint and includes clinical work stream leads and public health representation.

5.3 The Appendices to this report provides an update to members, in line with the above.

Does the information submitted include any exempt information? ~~Yes~~/No

List of Appendices:

Appendix 5 (a) – Fylde Coast Mental Health Integration Project Paper
Appendix 5 (b) – Fylde Coast Mental Health Directory of Services
Appendix 5 (c) - Summary of emerging developments to increase support for Children and Young People

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None other than staffing consideration outlined within the report and appendices.

8.0 Equalities considerations:

8.1 People have been and will continue to be consulted to ensure that views of all groups are fairly considered. Appropriate equalities impact assessments are pursued where service changes/redesign are proposed.

9.0 Financial considerations:

9.1 None at this stage.

10.0 Risk management considerations:

10.1 Risk issues and proposed actions have been outline within the report and appendices.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 Partners / people have been and will continue to be consulted.

13.0 Background papers:

13.1 None.

This page is intentionally left blank

FYLDE COAST MENTAL HEALTH INTEGRATION PROJECT PAPER

Summary

This paper provides a review of the existing Mental Health services in scope for integration across the Fylde Coast with an overview of a workable model for integrated care between primary and mental health services in line with New Models of Care.

Project Team

Diane Billington, Project Manager, Lancashire Care NHS Foundation Trust, Mental Health Network
Kathy Bradshaw , Project Manager, Blackpool Teaching Hospitals NHS Foundation Trust
Julie Marsden , Project Manager, Lancashire Care NHS Foundation Trust, Mental Health Network
Michelle Sowden, Service Manager, Blackpool Teaching Hospitals NHS Foundation Trust
Laura Walsh, Service Manager, Lancashire Care NHS Foundation Trust, Mental Health Network

Placing you at the heart of everything we do on the Fylde Coast

your care our priority

CONTENTS

1.0 Introduction

1.1 The five year Forward View 2015 identified why the NHS needs to change. The top five issues that citizens want to see improved include Mental Health services and integration of care. Recent publications - Mental Health and New Models of Care (Kings Fund May 2017) and Next Steps (NHS England Sept 2017) shifts focus to the next two years and how goals can be achieved.

There are a number of adverse effects identified nationally, which would be addressed by improving the integration between physical and mental health care teams:

1.2 Effects on people

- People with severe mental illness die 15-20 years earlier, largely as a result of poor physical health.
- Depression and anxiety lead to significantly poorer outcomes among people with diabetes, cardiovascular disease and other long-term conditions.
- There are well documented high rates of mental health conditions among people with long term physical health problems (30% of people with a long-term condition will experience a common mental health problem and 46% of people with mental health problems have a long-term condition).

1.3 Effects on systems

- People with mental health problems use significantly more unplanned hospital care for physical health needs than the general population - 3.6 times the rate for potentially avoidable emergency admissions.
- Poor management of medically unexplained symptoms adds to pressures in primary care, accounting for up to 30% of all GP consultations.

1.4 Effects on finances

- Between 12%-18% of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing.
- Medically unexplained symptoms are estimated to cost the NHS around £3 billion, evidence suggests this is additional to costs related to comorbid mental health problems or Long-term conditions (LTC).

1.5 Locally, across Lancashire the case for change is supported by:

- Higher levels of Emergency Admissions into Acute Hospitals.Higher levels of admissions for ambulatory sensitive conditions (Chronic Obstructive Pulmonary Disease - COPD, Diabetes, Coronary Heath Disease, Stroke).
- Poor uptake of NHS Health Checks.
- High referrals into Community Mental Health Teams (highest in England).
- Long standing disconnection between mental health and the rest of the care system.

1.6 In the Fylde Coast:

- There are a number of separate mental health services commissioned and multiple ‘single’ points of access to Mental Health services sitting outside the developing neighbourhood Teams.
- Our primary care workforce feels ill equipped to manage mental health conditions and GPs report access to support and services from mental health can be difficult and time consuming.

2.0 Background

2.1 The purpose of this paper is to propose the implementation of a model for the integration of Mental Health Community services with the developing primary care teams under New Models of Care. The mental health community teams in scope for integration are:

- Improving Access to Psychological Therapies (IAPT): Fylde Coast
- Supporting Minds Blackpool
- Minds Matter Fylde and Wyre
- Blackpool Single Point of Access (SPoA)
- Blackpool Primary Intermediate Mental Health Team (PIMHT)
- Blackpool, Fylde and Wyre Adult Community Mental Health Teams (CMHT)
- Fylde and Wyre Single Point of Access (SPoA)
- Fylde Coast Older Adults Single Point of Access (SPoA)
- Fylde Coast Older Adults Community Mental Health Teams (OACMHT)
- Lancashire Wellbeing Service (LWS)

2.2 Evidence has also shown that two thirds of people with a long-term physical health condition (LTC) also have a co-morbid mental health problem, mostly anxiety and depression and 70% of people with Medically Unexplained Symptoms (MUS) also have depression and/or anxiety disorders. Funding has been secured from the National IAPT team for the Fylde Coast IAPT services to be part of an early IAPT LTC implementer site wave 2. The funding is to train experienced IAPT staff in adapting therapy to work with LTCs, and also to fund new IAPT trainees (Psychological Wellbeing Practitioners - PWPs and Cognitive Behavioural Therapists) to backfill the IAPT staff being placed in LTC settings.

2.3 Integrating IAPT into these services will expand access to psychological therapies for people with Long term Conditions (LTC) or Medically Unexplained Symptoms (MUS)**.** Identified IAPT therapists who have received additional training in IAPT LTC/MUS are beginning to integrate into physical health care pathways by offering IAPT psychological interventions for all Fylde Coast residents. Nationally, IAPT services have been set increased access rate targets (19% 2018-2019 and 25% by 2020-2021). It is expected that a significant proportion of the increased referrals will be made up from people with LTCs.

2.4 In line with national strategy and NHS transformation, the model for mental health integration has a focus on bespoke, whole person care in the community, hospital admission avoidance and support of early discharge. A key priority is to deliver integrated community mental and physical health care, which reflects the needs of the Fylde Coast population.

2.5 The paper describes current Mental Health provision across the Fylde Coast and determines an integrated model which is in synergy with the local NHS Vanguard and the CCGs ambitions. The challenge for the model is to achieve a safe clinical level of service which continues to achieve commissioned levels of capacity within the financial envelope.

2.6 The new models of care developed under the Fylde Coast Vanguard programme (Extensive Care Teams and Enhanced Primary Care Neighbourhood Teams) are currently at different stages of development across the Fylde Coast and this has impacted on the scope for change in delivering integrated Physical and Mental Healthcare.

2.7 As part of the process to develop and begin Mental Health integration on the Fylde Coast, the project team have regularly visited the Mental Health teams to talk through and share a brief overview of the Five Year Forward view, New Models of care and NHS transformation.

2.8 Baseline Measurements

2.8.1 The project group completed two baseline surveys to provide a snapshot of staff knowledge of current community services (Appendix 4) and patient experience (Appendix 5). Questionnaires were circulated during an identified working week in January 2018 to the staff in work and patients visited that week.

2.8.2 The surveys were conducted before implementing any changes to serve as a benchmark for examining what changes in staff knowledge and patient experience are triggered by the integration of Mental Health services. The same surveys are to be repeated in July 2018.

3.0 Overview of current Fylde Coast Mental Health Services in scope for providing links to locality neighbourhood teams

3.1 Mental Health Services operating across Blackpool, Fylde and Wyre:

3.1.1 **Adult Community Mental Health Teams** - There are three Adult CMHTs, one in each borough of the Fylde Coast. Service users in the care of the Adult CMHT's have a primary diagnosis of mental illness however it is not uncommon for physical health needs to be present which would require a joint approach to manage. Social workers are co-located in all three teams and provided by Blackpool Council and Lancashire County Council respectively; however, Blackpool social workers under local agreements focus on the requirements of the Care Act and no longer work as care coordinators under the care programme approach (CPA). The service operates Mon - Fri 9am-5pm.

Fylde Adult CMHT based at the Woodlands Resource Centre in St Annes
Wyre Adult CMHT based at the Mountcroft Resource Centre in Fleetwood
Blackpool CMHT based at The Football Stadium in Blackpool

3.1.2 **Older Adult Community Mental Health Team Fylde Coast** - This service operates across the whole of the Fylde Coast. It allocates to sub teams of Wyre, Blackpool North, Blackpool South and Fylde. The team provides a highly skilled multi-disciplinary approach, delivering high quality long-term interventions for older people with severe and enduring mental health problems. Typical service users are people of any age with a likely or confirmed diagnosis of dementia and any person over 65 with a functional mental health problem. The aim is to work closely with individual service users, their families, carers and other health/social care professionals in order to offer person centred holistic specialist care for an individual's mental health care needs. The key focus is one of therapeutic optimism and service users are assisted to maximise their quality of life by promoting recovery, social inclusion and how to live well with dementia and other significant mental health conditions. The service also provides assessment and specialist support to carers and families. Both Lancashire County Council and Blackpool Council social workers are co-located within the team however, Blackpool social workers under local agreements no longer work as care coordinators under the care programme approach. The service operates Mon - Fri 9am-5pm

3.1.3 **Older Adult Single Points of Access (SPoA)** - A daily Multi-Disciplinary Team (MDT) screens all incoming referrals which are then allocated to the urgent or routine care pathway. The team also delivers short-term work where there is no crisis or the crisis has stabilised and a less intensive time limited mental health intervention is needed. SPoA operates Mon – Fri 9am-5pm.

3.1.4 The Memory Assessment service was not in scope for this project, this team links into neighbourhoods and accommodates this through patient choice and availability of clinics. The Memory Assessment Service across the Fylde Coast aims to deliver quick and timely diagnosis to

people whose symptoms suggest that they may have dementia. They provide all patients who meet the referral criteria with a person-centred service, designed to empower people with dementia and their carers to make informed decisions about their care to help maximise quality of life. Involvement with the service should also help to reduce the risk of crisis later in the illness and enable the patient to be cared for at home for as long as is possible, whilst this is their preferred place of care.

There are three teams in the Fylde Coast area:

- Blackpool MAS Blackpool
- Fylde and Wyre MAS, Fleetwood
- Fylde Coast MAS, Lytham

3.2 Services operating across Blackpool

3.2.1 **The Supporting Minds (IAPT) service** for Blackpool CCG includes two Cleveleys practices. The service provides psychological interventions in line with National Institute for Clinical Excellence (NICE) guidance. The service is for anyone aged 16 plus who is experiencing common mental health problems such as anxiety, depression, feelings of panic, and stress. A range of interventions are offered at Steps 2 (low intensity) and 3 (high intensity), these include guided self-help, counselling, eye movement desensitisation and reprocessing therapy and stress control courses. These are offered in a range of community locations including GP, Primary health care and third sector settings across Blackpool and Cleveleys.

3.2.2 **The Blackpool Primary Intermediate Mental Health Team - SPoA** The team currently provides the Single Point of Access (SPoA) function for all complex mental health referrals in the Blackpool Footprint. This is staffed by a duty team who operate Monday to Friday 9-5pm consisting of qualified mental health practitioners who undertake initial triage assessment of all urgent/routine referrals before signposting to the most suitable service. A menu of service, clustering tool and liaison with secondary Mental Health services and neighbourhoods teams enables practitioners to determine the most appropriate pathway of care, with risk issues being a predominant factor during the allocation process.

3.2.3 **The Blackpool Primary Intermediate Mental Health Team – Localities (PIMHTs). The teams** are based in North and South Clinical areas and consist of senior mental health practitioners who are responsible for providing short-term treatments and integrated working. The team are skilled in managing mental health conditions, and establishing risk indicators to determine suitable treatment pathways for clients. The practitioners act as link workers to other mental health services and resources and take an active role in the community, surrounding the provision of education/guidance and the promotion of positive mental health to patients and health and social care colleagues. Interventions may be on an individual or group basis.

3.2.4 **The Blackpool Primary Intermediate Mental Health (PIMH) Team – Community Outreach.** The community outreach team consists of specialised practitioners that provide support to individuals with specific needs/diagnoses including Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Families in Need, Older adults and Perinatal mental health, complex and chronic psychological and emotional difficulties. Referrals into the service are made via the SPoA service or via professionally led network meetings attended by PIMH clinicians.

3.2.5 **The Blackpool Primary Intermediate Mental Health Team – Consultant Psychiatrist.** The PIMHT consultant psychiatrist provides an outpatient clinic offering psychiatric evaluation for patients who are presenting with needs in the following areas:

- Mental health Diagnosis or Diagnosis Review and Management
- Identifying and Managing symptoms to minimise risk
- Effective use of medication

For some patients they will be seen in a nurse led follow-up clinic, which enables short term review of patients, who are then signposted for on-going support or discharged back to the care of the GP.

3.2.6 **Blackpool Council Mental Health Social Care** provides mental health social workers who are co-located in the Adult multi-disciplinary community mental health teams. They conduct Mental Health Act assessments, Care Act assessments and are involved in statutory work for secondary care mental health clients. Their work includes reviewing care needs, carer's assessment work and providing support and guidance to this complex and vulnerable client group.

3.4 Services operating across Fylde and Wyre

3.4.1 Minds Matter (IAPT) deliver non-urgent talking therapies to people 16 years and above, with mild to moderate common mental health problems. A variety of brief psychological interventions are available consistent with the Improving Access to Psychological Therapies programme.

3.4.2 Community Restart recognises the cost of social exclusion on people with mental illness and seeks to support them with engaging with their local communities, by building on existing skills and assets available. They offer support in building positive and helpful connections within local communities covering a wide range of statuary organisations, independent social enterprise groups and self-help forums. They are a 9am-5pm service, based with the Fylde & Wyre CMHTs.

3.4.3 The Lancashire Wellbeing Service is commissioned by Lancashire County Council to provide a free service offering short-term, practical support for the people of Lancashire who may be struggling with issues affecting their happiness and health. These may be concerns over;

- mental health and wellbeing - feeling anxious, stressed, isolated, or simply overwhelmed and unable to cope;
- health issues; – minor health conditions, fitness, diet and exercise;
- social issues - finances, mobility and transport, relationships and family, employment and housing.

Over a number of sessions they will coach and support the individual to change their behaviour to help improve their quality of life, better managing any mental or clinical health conditions.

3.4.4 Fylde and Wyre Adult Mental Health Single Point of Access team operates as a distinct function across the Fylde and is based with the Wyre CMHT at Fleetwood. The team provides triage of referrals into secondary Mental Health services. Professionals will provide short-term interventions and case management, signposting or referral and liaison to other services as required. The service operates Monday to Friday 9-5pm

3.4.5 The Fleetwood Consortia provides their own single point of access for Adult Mental health referrals separate to the Fylde & Wyre SPoA

Services not in scope of this project

3.5 Extensive Care Service

The Extensive Care service aims to greatly improve care for people who often need it the most by providing one comprehensive service for all of their needs in order to reduce their risk of hospitalisation. This means all the doctors, nurses, care co-ordinators and other professionals are in the same place, working together, to provide the necessary support to keep patients well for longer and out of hospital. The service is aimed at people aged 60 and above who have two or more long-term conditions, such as diabetes or chronic heart problems.

3.6 Enhanced Primary Care Neighbourhood Teams

Enhanced Primary Care (EPC) is for people who require the ongoing management of a long-term condition, such as diabetes or heart problems. Most GPs and practices would like to offer this as an ongoing service, but struggle because of the increasing day-to-day pressures they face.

Each 'neighbourhood' on the Fylde Coast has a dedicated local team of professionals who will keep in touch with patients and up-to-date on their condition. They will also advise on how to access other proactive help in their local communities such as voluntary groups and services.

This community-based team will consist of doctors, nurses, therapists, care co-coordinators and wellbeing support workers, plus other support staff, working together alongside local GPs to ensure that patients feel fully supported with their conditions and can stay as well as possible. The teams will also form close links with existing mental health and social care services to make sure all of a patients' needs are supported. However, the teams will not be identical across all areas of the Fylde Coast as individual neighbourhoods will require professionals with different skills to meet the needs of their local population.

4. Proposed model for Mental Health Integration (Appendix 1 & 2)

4.1 Integrated IAPT services Fylde Coast

4.1.1 Delivered by Supporting Minds Blackpool (Blackpool Teaching Hospitals) and Minds Matter Fylde and Wyre (Lancashire Care Foundation Trust), the services provide psychological interventions for people with mild to moderate common mental health problems, such as depression and anxiety, as part of the National IAPT programme. To be most effective IAPT services will align themselves with existing long-term condition (LTC) clinics, developing new wellbeing pathways that provide truly integrated care. This will mean that IAPT therapists will provide clinical input and 1:1 interventions in GP surgeries, outpatients' clinics held in hospital and community settings or other locations where LTC clinics are conducted. A range of LTC pathways will be developed incrementally with the initial focus on diabetes, muscular skeletal (MSK)/chronic pain and chronic obstructive pulmonary disorder (COPD). Evaluations will inform roll out into other LTC areas such as cardiovascular disease and medically unexplained symptoms. Roll out of the programme within IAPT is very much dependent upon colleagues in LTC negotiating shared space for co-location or individual therapy appointments. This is proving challenging; however as key relationships are established and evidence around outcomes and benefits are shared it is hoped that this will improve.

The current alignment of IAPT link workers is below:

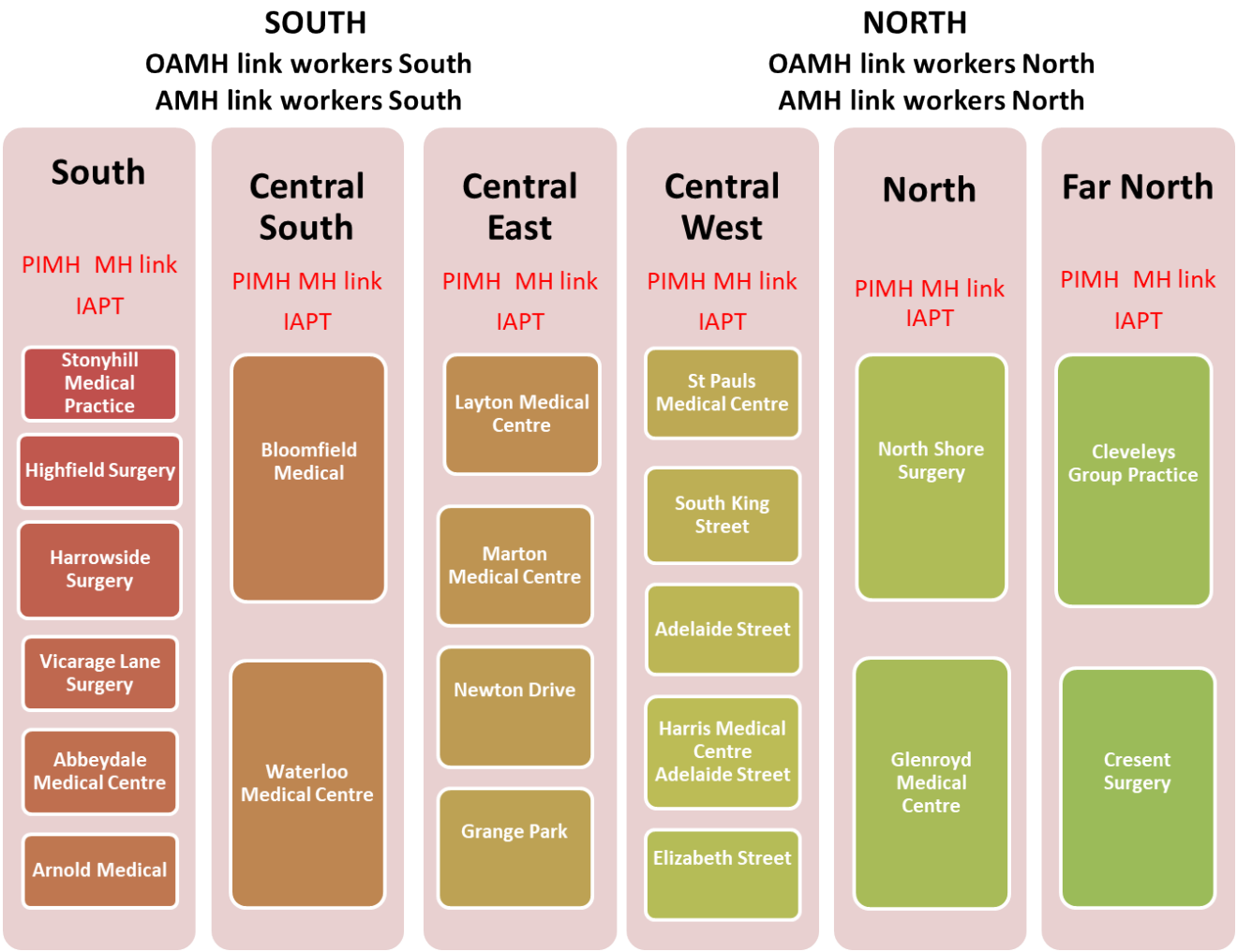
- IAPT link worker North Shore and Glenroyd Surgeries
- IAPT link worker South Shore Primary Care Centre
- IAPT link worker Diabetes Outpatients (one worker Fylde Coast wide for the LTCs)

- IAPT Link worker MSK/Chronic Pain
- IAPT Link worker COPD (still to agree pathway)

4.2 Accommodation and room availability in the community is a main concern for Mental Health service delivery overall in the developing community EPC Neighbourhoods and Hubs**.** These relate to room allocation for IAPT sessions, rooms for mental health appointments, hot desk space for Mental Health Link workers to joint work and Memory Assessment clinic space. The Project Team has worked as requested since August 2017, with the Vanguard estates work stream and projected an initial mental health need for space/room allocations.

4.3 **The Model Blackpool**

The diagramme below shows the six Enhanced Primary Care Neighbourhood Teams, each serving several GP Practices based on population size. In each team there is an IAPT Link Worker and a Primary Intermediate Mental Health Team Link Worker:



4.3.1 The PIMHT in Blackpool have allocated 4 qualified practitioners, who will work collaboratively in the role of Mental Health Link Worker (Appendix 3) in the Blackpool Neighbourhood Enhanced Primary Care teams (EPCs). These link workers are now attending the EPC Neighbourhood MDT meetings, acting as liaison practitioners, providing advice, guidance, and support to health and social care professionals on the identification and management of mental health problems. They also offer clinical expertise and joint working with EPC colleagues.

4.3.2 PIMHT has a dedicated consultant psychiatrist who will offer easy in, easy out psychiatric outpatient clinics to offer clinical advice to GPs around prescribing and support for people with complex mental health needs. Where the prescribing of an antipsychotic is advised the responsibility for the necessary physical health checks and review will remain with the prescribing GP.

4.3.3 A weekly interface meeting is held with Blackpool Adult Mental Health CMHT, CRISIS team and Accident and Emergency (A&E) Liaison to encourage and promote collaborative working across local adult mental health teams in Blackpool. This forum is available for other services to attend including

Supporting Minds, CAMHS, Young Offenders Team, Learning Disabilities Team, Fulfilling Lives and Horizon, within this meeting physical health conditions identified via the EPC meetings can be discussed to ensure this supports whole system health.

4.3.4 The Blackpool Adult CMHT is currently divided into two geographical areas, North and South, allocating staff to engage with patients dependent upon GP location. For the purpose of neighbourhood integration, it is proposed that the CMHT will identify link workers for North and South Blackpool. This way of working would complement their social work colleagues who are implementing a North and South way of working across the Blackpool area. The CMHT will adopt a whole team approach where any team member can provide the support to the EPC Neighbourhood Teams.

4.3.5 Blackpool Council's social care team have allocated two social workers to act as points of contact to the two EPC Neighbourhood Teams, however they are also adopting a 'whole team' approach where any member of the mental health social care team can liaise with EPC staff. This will ensure that any staff absence is covered and work is consistent. At a secondary care level, this level of support is felt to be adequate and appropriate as all MH social workers will be willing to engage in enquiries from EPC and others, who need guidance surrounding clients with long-term physical health conditions and mental health illness.

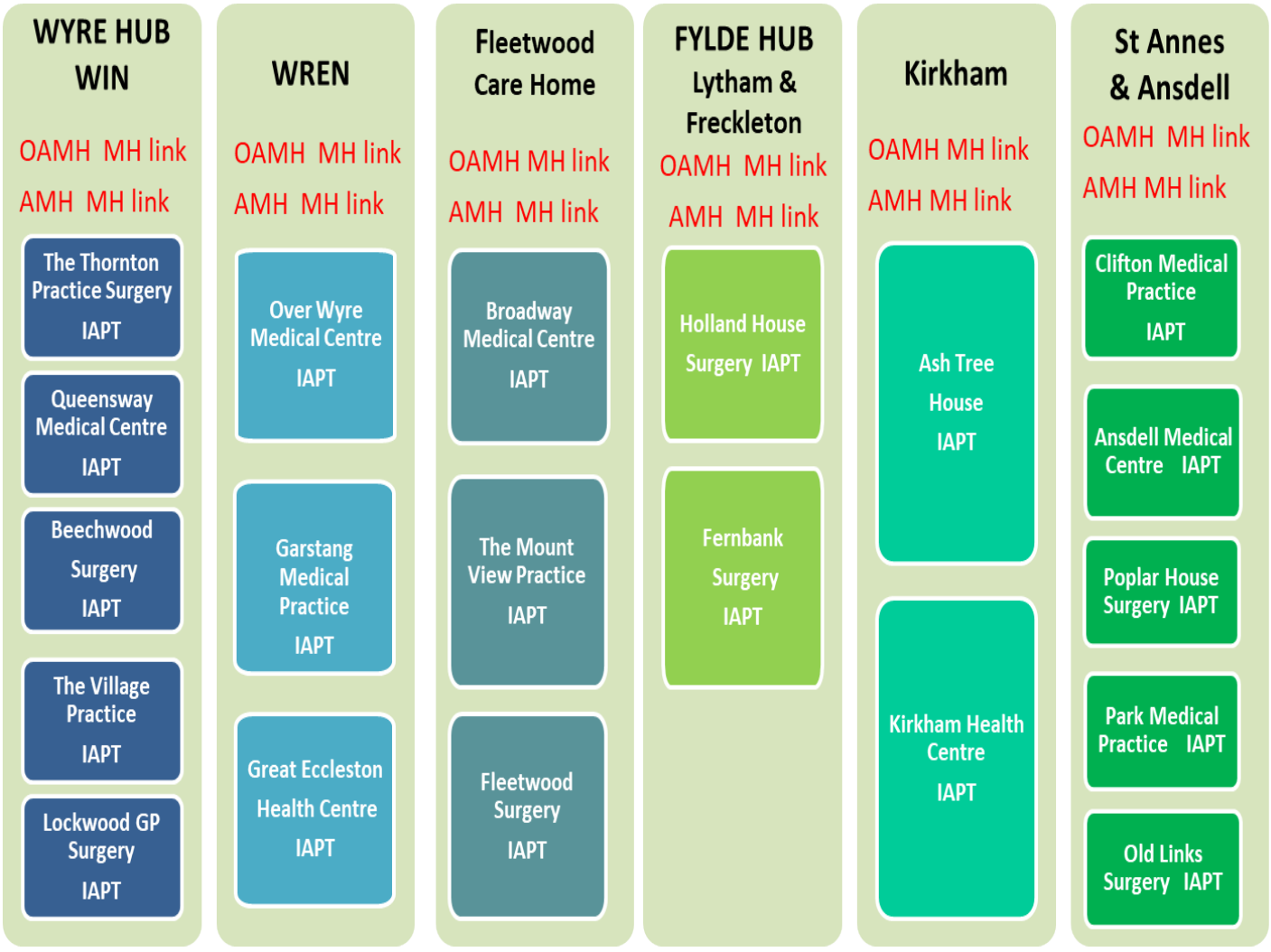
4.4 **The Model Fylde and Wyre**

WYRE

Wyre allocated Older Adult Mental Health and Adult Mental Health workers will attend the area MDT Clinical Meetings

FYLDE

Fylde allocated Older Adult Mental Health and Adult Mental Health workers will attend the area MDT Clinical Meeting



4.4.1 The neighbourhoods in Fylde and Wyre have established their EPC teams and are operating a Hub and spoke system. Link workers from CMHTs are attending the Fylde and Wyre EPC Hub meetings to provide liaison, advice, guidance, and support on the identification and management of mental health problems/relapse, offering clinical expertise and joint working to EPC colleagues**.** This robust link with the CMHTs will provide quick and easy access to mental health and consultant psychiatry opinion for people who are known to have complex mental health conditions when in relapse.

4.4.2 The Fylde and Wyre GPs are not at this time referring into the developing EPC Hubs and are operating their own individual MDT meetings at a surgery level. The Link Worker Service (LWS) will have a nominated link worker, attending the surgery MDT's taking low-level mental health cases, and linking with the nominated CMHT link worker for advice on referrals to any higher-level services. In the initial stages the referral pathway to both the older adult and adult mental health SPoA will remain unchanged. It is expected that as the Hubs develop to receive referrals they will become the point of entry for routine higher-level mental health referrals. At this point a whole time mental health referral point of access worker will work in the Hubs. The proposal is to develop an easy access mental health referral pathway that is closer to the patients, alongside a clear and robust urgent care mental health pathway across the whole Fylde Coast. There is a need for open discussion around resources in community mental health to fully support the EPC Neighbourhood Hubs in delivering primary mental health care in Fylde and Wyre.

4.4.3 As the Hubs develop and become a routine point of access for mental health referrals it is expected that Fylde and Wyre will develop an easy in easy out routine point of access supported by interface meetings similar to Blackpool to encourage and support collaborative integrated working across teams.

4.4.4 Easy access to Consultant Psychiatrist opinion is available to GPs around prescribing and support for people with complex mental health needs.

4.4.5 Lancashire County Council has recently informed LCFT of significant changes to the integrated Health and Social care model. These changes are not formalised, however the indication is that the Social Care element of CMHT's will be separate to the Health element and managed under a separate structure.

5. Mental Health training and development in the Hubs

5.1 The project team worked closely with the CCG's organisational development department in a small task and finish group to look at adding a Mental Health component to the existing New Models of Care Competency Framework. The group identified the 'Connect 5' training programme and discussions have been underway between the workforce work stream leaders around providing the train the trainer programme on offer via the Connect 5 programme.

5.2 Blackpool IAPT practitioners have provided mental health awareness training since April 2017. This has been open to Blackpool Teaching Hospitals staff, Blackpool Council staff and has also been attended by police and others who were made aware of the dates via the Mental Health Partnership Board. This is a monthly rolling programme with dates established to July 2018. The IAPT service is undertaking an evaluation and this will inform decisions about future training offers. The EPC Neighbourhood Teams access the Patient Activation Measures (PAM) model of training that provides staff with a clear understanding of the level of awareness the LTC patients have surrounding their physical health condition and what level of support is required. It has been suggested that the PAM training is to be accessed by mental health staff involved in neighbourhoods to enable and share a common tool which engages with clients at an appropriate level. EPC and LWS are currently piloting use of common assessment tools to be

completed for all referrals into the Neighbourhood teams, to be further developed to include a common entry level assessment for Mental Health.

5.3 New models of care and mental health integration offer an opportunity for peer education and learning across the different professional backgrounds and service lines. It is expected that this way of working in synergy will promote and encourage learning and understanding of common mental health conditions supporting the neighbourhood teams in managing these conditions and also support the mental health staff in understanding common physical health conditions. This supports the vision of the five year forward view and whole person, place based care in the future.

6. Baseline Surveys

The project group completed two baseline surveys to provide a general overview of staff knowledge of current community services (Appendix 4) and patient experience of mental health services (Appendix 5). Questionnaires were circulated during an identified working week in January 2018, to staff working in primary, intermediate and secondary mental health teams and to short-term and long-term patients in these services.

6.1 The snapshot survey and questionnaire undertaken by staff and patients provided valuable insight into the knowledge and ability our existing mental health work-force feel they have, surrounding access to community services at the present time. The patient questionnaires focussed on access and understanding of mental health services in our community. The staff survey was offered to practitioners within the primary, intermediate and secondary mental health teams. It clearly indicated that staff would benefit from gaining a more in-depth knowledge of available resources and to learn what community services are available to patients, as over half the 38 respondents consistently reported that they would benefit from having a wider knowledge base of obtainable services. However, there were a consistent number who reported they had a sound and extensive awareness of community services and felt confident in their understanding of resources. As the data anonymised the participants, it could not be ascertained if it was a particular staff group who felt more competent in their knowledge of community services.

6.1.1 Within the specified week, the patient questionnaires were distributed to the varied client groups of mental health teams, primary, intermediate and secondary. Of the 36 responses that were collated, the majority provided positive feedback regarding access to mental health services, awareness of the referral process and patient need taken into consideration. The majority of patients (28) had no idea of the type of mental health support they would receive and some stated that they had felt confused by the process. All patients felt that they had been treated with respect and sensitivity, with good explanations of mental health illness/care pathways being delivered.

6.1.2 The surveys were conducted before implementing any changes to serve as a benchmark for examining what changes in staff knowledge and patient experience are triggered by the integration of Mental Health services. The same surveys are to be repeated in July 2018.

6.1.3 This will provide a basis for developing and growing services and staff in the neighbourhoods alongside real time patient experiences of the mental health integration.

7. Identified risk and recommendation

No	Identified risk	Recommendation	Outcome
1	Neighbourhood MDTs are at different stages of development across the Fylde Coast footprint There are identified risks to the quality of patient care associated with changing the referral pathway before the neighbourhood teams are able to manage the routine MH access point within those teams.	1. No 'big bang' roll out of Mental health integration model until neighbourhood teams can support the change and there are enough SPoA MH link workers hours to support the neighbourhoods. Soft launch the integration model as localities develop. 2. Blackpool: OAMH CMHT will provide link workers and PIMHT will provide SPoA link workers directly to the EPC neighbourhood Teams. AMH CMHT link workers will be allocated to North/ South and attend weekly interface with PIMHT. 3. Wyre and Fylde: OA and AMH CMHT Link workers will attend hub clinical meetings.	Commenced January 2018. Wyre and Fylde MDTs have suggested MH staff to attend monthly initially.
2	Training i) EPC Neighbourhood Teams are in the process of providing PAMs training across all neighbourhoods. ii) EPC teams have reported they would appreciate specific MH training in identifying and managing mild conditions to avoid relapse.	It would be beneficial for mental health staff to access this form of training to ensure parity of care. Further development and decision around how basic MH training can be delivered to EPC teams via the Connect 5 training programme so they can support people with common MH conditions.	PAMs will ensure that EPC and MH staff have a clear understanding of measuring tools to determine appropriate care. EPC staff will have the skills to recognise common MH conditions and be able to understand and manage MH more effectively.
3	Service Gap within IAPT for housebound people in Fylde and Wyre who are unable to travel to appointments in neighbourhoods.	This group of people are currently being referred to secondary care mental health psychologists for IAPT interventions in their home. This part of the IAPT service would need investment to develop further and offer the same service to the housebound.	Further discussion needed around parity of care and IAPT to support this group of people.
4	There are identified risk factors for implementing full delivery of integration due to current issues EPC teams are experiencing with estates around lack of office space/clinic space. This will impact on the success of MH integration and accomplishing the future vision. All current availability has been collated	The neighbourhoods continue to work with the accommodation work stream and other providers in developing services in the localities. This includes liaison with senior commissioning group managers and attendance at strategic neighbourhood meetings.	On-going conversations across all service providers.

	via locality audits.		
5	Digital resources/IT systems There is a lack of access to IT systems across the Fylde coast. There is a lack of mobile equipment to support agile working in the Neighbourhoods	Each EPC Neighbourhood Team to promote and implement easy access to IT patient care recording systems. Better collaboration surrounding shared IT systems in services. Each Neighbourhood Hub to identify the IT systems that staff working in that Hub needs access to.	Use of existing digital resource to be promoted and others to be accessed, i.e: Lancashire.orcha.co.uk and FYI directory.co.uk Information regarding equipment has been fed to the IT work stream
6	Recording Systems All healthcare teams use different recording systems which do not easily link. Neighbourhood hub workers will need appropriate access to the necessary systems in the areas and teams they are working in.	Access for all practitioners to use all systems and be able to input Clear process in place regarding which system we are using for which patient Each organisation's responsibility to have enough staff enabled to utilise systems, even for read only	Information recorded and shared appropriately Patients care is continuous and consistent. Each organisation accountable for safe system use.
7	**Physical Health Checks** The project group have identified that establishing strong links between primary health and mental health teams will encourage partnership working in the MDT meeting. Developing a distinct wellbeing worker role would enable MH clients to have an easier link in accessing mental and physical health.	Investment to support the recruitment of these roles Standard Operating Procedure (SOP) which covers the governance of the neighbourhood teams/multi organisations	Demonstrating equity for people accessing services for both physical and mental health needs Increased uptake which will see improved data around PH monitoring in PC. Longer term financial benefits as people are less likely to progress into acute beds (both physical & mental health)
8	There is an ongoing need for sustained leadership, development and implementation of MH integration after March 2018	Resource development of MH provision. To have an identified MH professional and project manager providing steerage and direction to support the transitional work and deliver the changes in referral pathways, processes and operational procedures.	Continued and sustained transformation and implementation of full MH integration and provide steerage and direction.

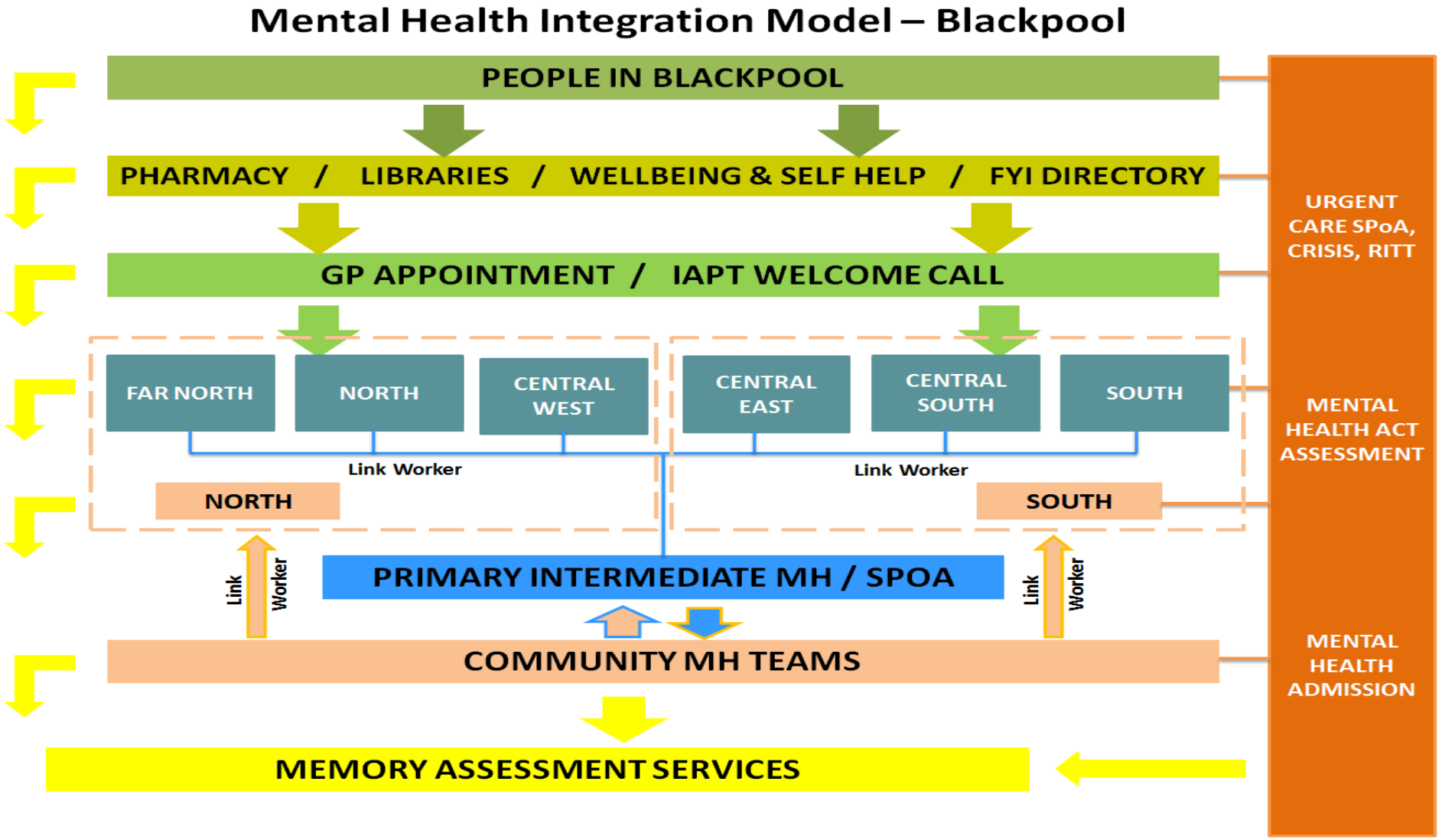
8. Conclusion

The aim of MH integration in the Fylde Coast community is to deliver a distinct integration model that incorporates changes in the ways of working between mental health and physical health teams, with the intent of avoiding hospital admissions and revolving presentations at GP surgeries. On the scale of what is expected, the changes can be achieved in the future, but at the present time the goal has been to deliver a 'bridge' that provides a realistic and achievable way of working in the community by delivering a higher level of care that reduces fragmentation in service delivery to improve the overall health outcomes for our residents.

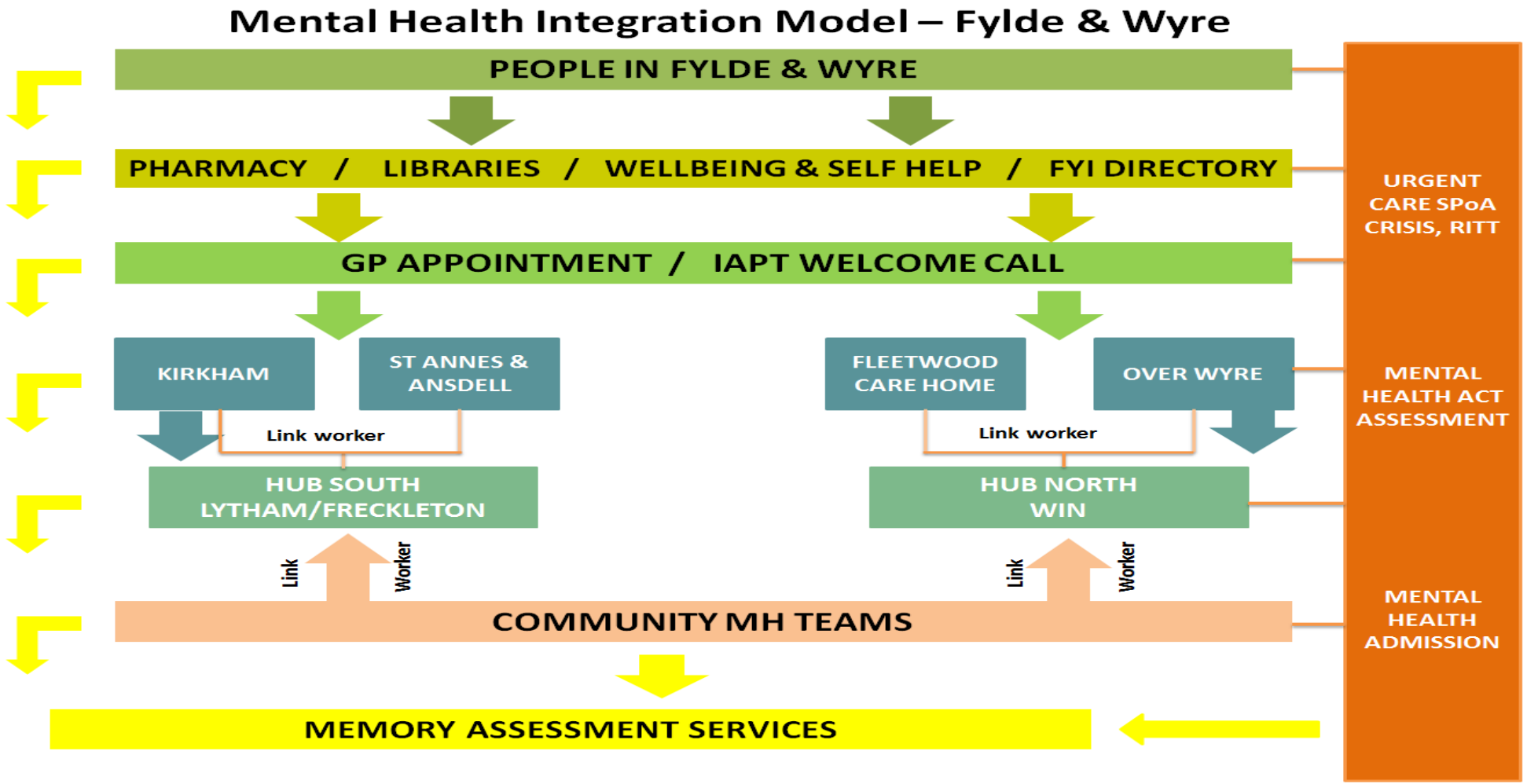
As mental health was not included in the original integration consultations in the Fylde Coast area, we have been able within 6 months to incorporate mental health links into the developing neighbourhood EPC teams from both primary and secondary mental health services. This has been accomplished with no additional finances or resources to meet the requirements of the evolving neighbourhoods and support the MH integration model.

However, the project requires future vision and growth to be successful and sustainable. Commitment surrounding funding, communication, accommodation and staffing will have to be addressed for ongoing joint work to continue successfully. This includes identifying specific mental health champions within the EPC's who can act as links with mental health and share skills collaboratively. This will enable the primary care workforce to increase their knowledge of mental health so that early recognition, signposting and appropriate intervention at initial stages of illness can reduce relapse and the need of secondary mental health interventions.

Appendix 1


Mental Health Integration Model – Blackpool
PEOPLE IN BLACKPOOL
PHARMACY / LIBRARIES / WELLBEING & SELF HELP / FYI DIRECTORY
GP APPOINTMENT / IAPT WELCOME CALL
FAR NORTH
NORTH
CENTRAL WEST
CENTRAL EAST
CENTRAL SOUTH
SOUTH
Link Worker
Link Worker
NORTH
SOUTH
Link Worker
Link Worker
PRIMARY INTERMEDIATE MH / SPOA
COMMUNITY MH TEAMS
MEMORY ASSESSMENT SERVICES
URGENT CARE SPoA, CRISIS, RITT
MENTAL HEALTH ACT ASSESSMENT
MENTAL HEALTH ADMISSION

Appendix 2


Mental Health Integration Model – Fylde & Wyre
PEOPLE IN FYLDE & WYRE
PHARMACY / LIBRARIES / WELLBEING & SELF HELP / FYI DIRECTORY
GP APPOINTMENT / IAPT WELCOME CALL
KIRKHAM
ST ANNES & ANSDELL
FLEETWOOD CARE HOME
OVER WYRE
Link worker
Link worker
HUB SOUTH LYTHAM/FRECKLETON
HUB NORTH WIN
Link Worker
Link Worker
COMMUNITY MH TEAMS
MEMORY ASSESSMENT SERVICES
URGENT CARE SPoA CRISIS, RITT
MENTAL HEALTH ACT ASSESSMENT
MENTAL HEALTH ADMISSION

Appendix 3

Link Worker Role

The aim of the mental health link worker will initially be a representative role from the existing Blackpool Primary Care SPoA, Adult and Older Adult CMHT Services identified as in scope for integration of new models of care across the Fylde Coast.

Mental Health Link workers will be dedicated professional practitioners assigned to neighbourhood teams across the Fylde Coast. As Neighbourhood working is evolving the initial integration of mental health will be via the MH link workers who will attend the neighbourhood teams Multi-Disciplinary meetings (MDT) where they will act as mental health link/liaison/point of contact.

Communication and relationship skills

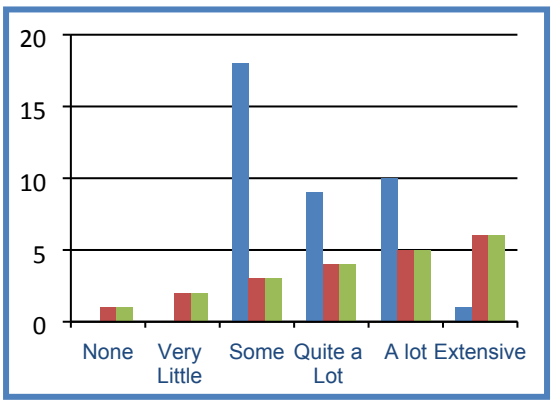
- The mental health link worker will offer clinical expertise and opinion to Neighbourhood MDT meetings, by providing advice and support to other health and social care professionals on the identification and management of mental health problems.
- Link workers will improve integration and information sharing via an MDT approach.
- Face to face contacts may also be facilitated with Neighbourhood MDT members.
- Signposting to services most appropriate to patient needs, including self-referral to IAPT and utilisation of third sector/voluntary services.
- Taking routine referrals from Neighbourhood EPC, MDT, meetings that meet the criteria for PIMH or Secondary Care Services.
- Fast track/easy access referrals of patients with existing mental health conditions when in relapse.
- Urgent care pathways remain unchanged at this time. However, Link Worker can be contacted and advice given to EPC of most suitable urgent care route.
- Memory Assessment pathways remain unchanged at this time.
- To provide effective risk assessment and risk management in partnership with service users and carers, supporting choice and self-determination.
- To advocate the use of recovery and a person-centred approach in all aspects of work with service users and carers.
- Recording on appropriate system where referral will be held. i.e. advice given after seeing patient in GP surgery would be recorded within GP patient record or similar PIMH recording system unless referral is going into secondary care as an open referral then it would go on Electronic Care Record (ECR)
- As transformation progresses it is envisaged that this role will evolve and change.

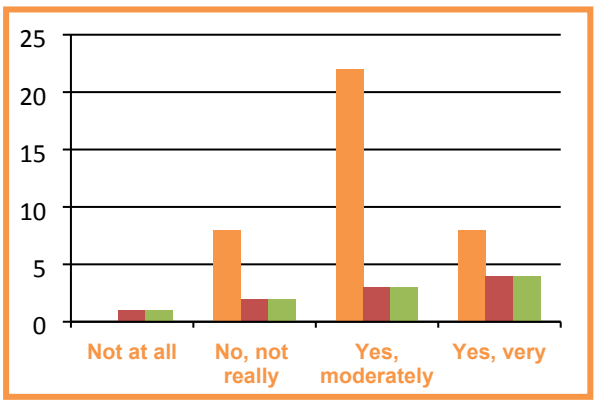
Key Relationships

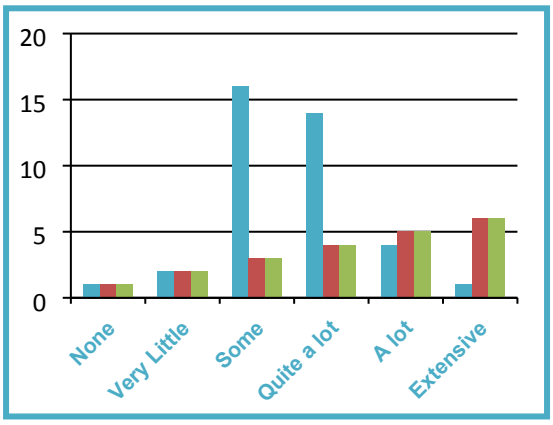
- Offers clinical expertise working towards earlier identification of mental health conditions,
- Preventative work at early stages reducing the need for secondary intervention.
- Role will provide peer support/education and pro rata.
- Collaborative approach to patient care.
- Contribute to improved outcomes and experiences of care of patients.

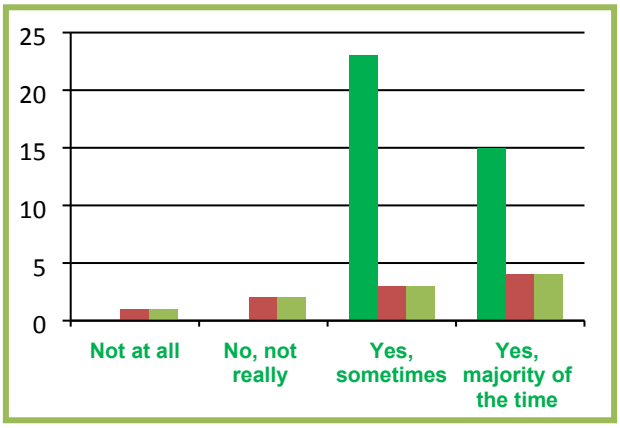
Appendix 4

Staff Survey Results
Vanguard Mental Health Integration Project
Number of Responses: 38









How would you estimate your level of knowledge about community services?
Do you currently feel confident in referring patients to the range of community services available?
How much knowledge do you feel you have about a community service when you make a referral?
Do you think you would benefit from knowing more about community service you may refer to?

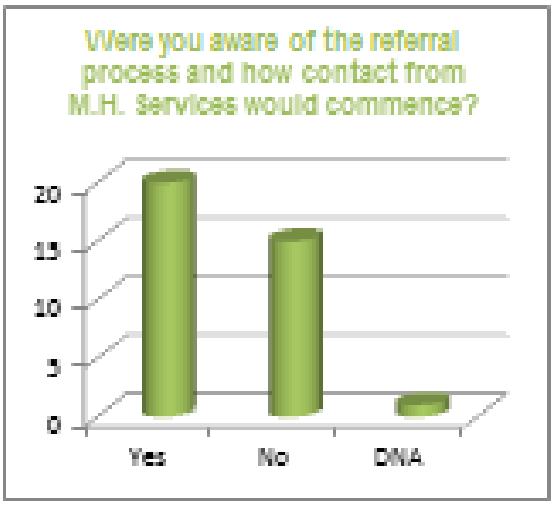
What would help for this to be achieved?

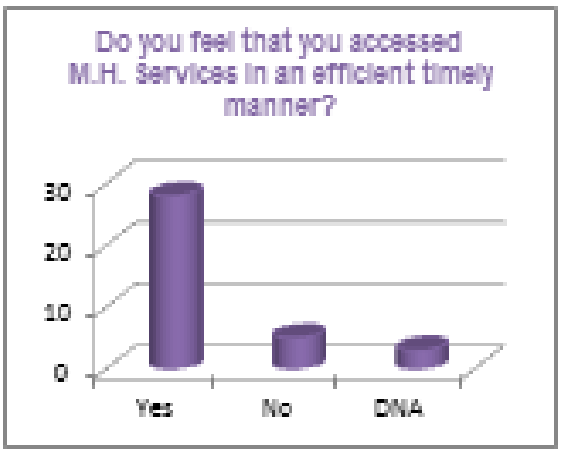
- *Communication to other teams when new initiatives are introduced or pathways or criteria change to ensure clients are referred to most appropriate services.*
- *Training / In-house training*
- *A4 printout with list of services / better knowledge of services available. What physical health teams/Care Home teams, clarity on geographical patches etc.*
- *List of services with brief description of what they offer / clear pathway for patients.*
- *Leaflets for patients / information packs for staff / Presentation / database of services / on line.*
- *Being given referral pathway for each service / an app if possible would be helpful*
- *Up to date list of community services and referral criteria/pathways.*

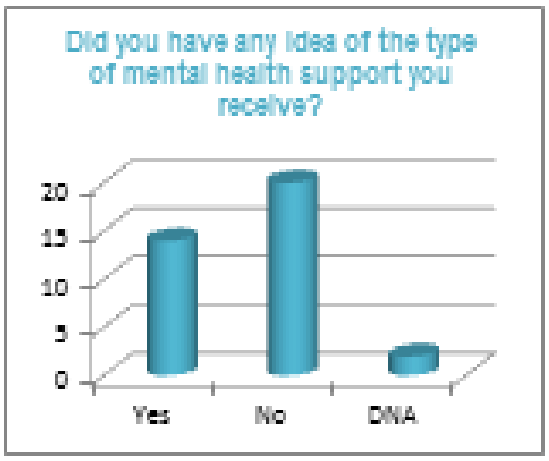
Appendix 5

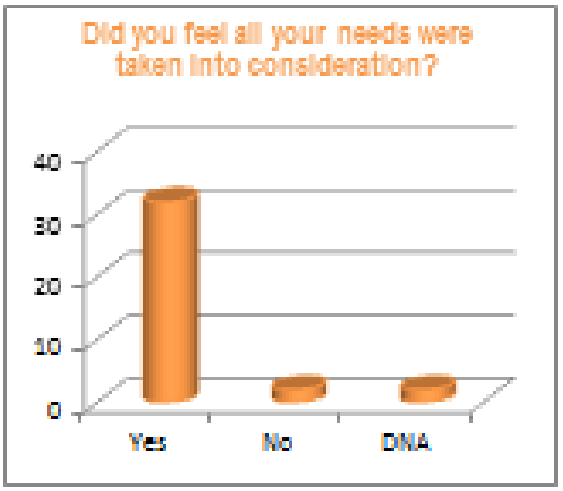
Patient Experience Questionnaire

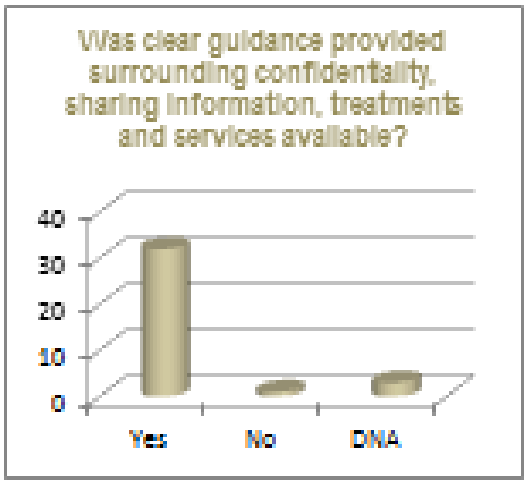
Completed Questionnaires: 36

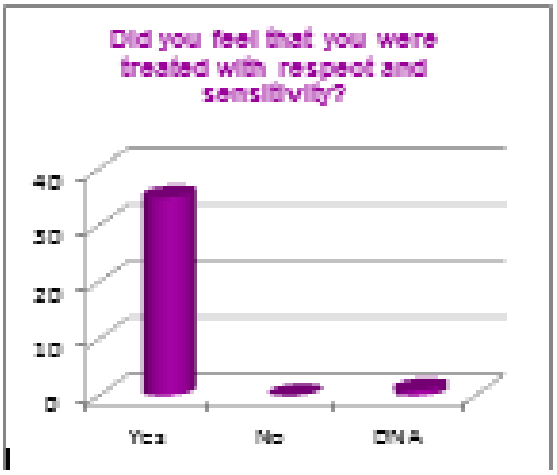












1. How did you access Mental Health Services?

   Comments: Easy process, good GP, quick process

   - Took 20 years for referral plus 18 months from GP referral to seeing a Psychiatrist.
   - Easy once wheels in motion
   - Accessed from hospital
   - Referred from Social Services. Rapid response due to crisis.
   - Referred with delirium whilst an inpatient at BVH following heart surgery.

2. Were you aware of the referral process and how contact from Mental Health Services would commence?

   Comments: Told by GP. Referred by GP. In Rest Home but aware of contact details should there be a concern. Previous dealings.

   - Unaware of process
   - Not until referral actually commenced
   - Was in hospital in crisis situation
   - Already under care of GP then referred to IST
   - Team met in hospital with me then monitored me from home
   - Crisis patient has dementia
   - Unsure
   - Not aware of referral as lacked capability and in acute phase of delirium

- Told I would receive a letter in the post

3. Do you feel that you accessed mental health services in an efficient timely manner?
   Comments: Had this condition for 4 years and never got help till now.
   - Can't recall as in crisis and 40 years ago
   - Because I was in hospital it all happened quite fast
   - No recollection. Does not acknowledge he has a MH problem
   - Waiting for a Psychiatrist
   - Long time waiting and no communication
   - Unable to comment as unaware of referral
   - Waiting times are long. Mental health is something that can't just wait to be looked over. It is a here and now problem that needs addressing quicker.

4. Did you have any idea of the type of mental health support you receive?
   Comments: Someone would visit me at home. I didn't know. Had previously.
   - Passed to a number of services over 3 years and very confusing
   - No discussion about what help is available
   - No idea due to crisis and how ill I was at that time
   - Too distressed as not coping in crisis situation
   - Was all explained to me in hospital
   - Not able to comment. Lacked awareness
   - When under CMHT regained capacity. Understood CPN's role to support with MH needs.

5. Did you feel all your needs were taken into consideration?
   Comments: Once in service I was able to accept what had happened to trigger the referral.
   - Must have at the time
   - Unable to comment. No recollection/crisis
   - Felt included in what was happening
   - Not able to say due to circumstances at the time
   - Ongoing over 3 years definate answer or treatment
   - Definitely
   - Very thorough assessment conducted

6. Was clear guidance provided surrounding confidentiality, sharing information, treatments and services available?
   Comments: Permission asked to talk to family.
   - At beginning
   - Fairly self-explanatory
   - Unable to say due to situation at that time
   - Once accepted into service knew what was happening
   - Good service. Shared information needed.
   - Not able to comment. Lacked awareness

- Once in service and able to accept trigger for referral and mental state improved, able to understand the information.

7. **Did you feel that you were treated with respect and sensitivity?**
   Comments: Unable to comment. No recollection/crisis/dementia.
   - At the time of the referral had no understanding of why I was being referred. Since mental state has improved feels all consideration has been given.
   - At all times
   - Felt understood by worker
   - Definitely
   - My sexual orientation felt like I had been well accepted with no judgement what so ever.

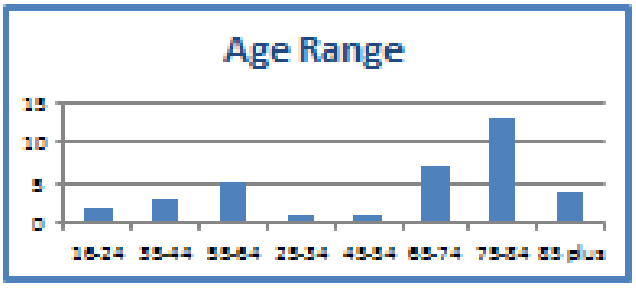
8. On contact with mental health services did you find the mental health practitioner competent in providing an explanation for possible causes of different mental health problems, care pathway, treatment and support options?
   Comments: Unable to comment. No recollection/crisis/dementia.
   - Yes made aware was temporary state related to physical health problems.
   - Provided all information about causes of illness
   - At that time 40 years ago felt was just put on a treadmill and became part of the system until discharge when things improved
   - Clear and informative
   - Now aware of the process
   - Struggles to read and write. This was treated respectfully.
   - He described other treatments I could access and told me how they would help me in relation to my personal problems.

9. **Was the environment satisfactory?**
   Comments: Rooms aren't inviting or comfortable. For someone with sensory issues the lights are bright and heating/aircon is loud.
   - Seen at home and then at nursing home
   - Waiting times, environment not friendly
   - Not clearly labelled. Confusing.
   - Was seen at home
   - Home. See Consultant at hospital in nice office
   - Small room and noisy outside
   - Absolutely fine
   - Was in hospital at the time
   - Had home assessment then admitted to Lancaster and transferred to Lytham Hospital a day later.
   - Always went into another room off the ward
   - At the time was in BVH and unaware what was happening., was angry and confused. Very happy with current arrangements at home visits.

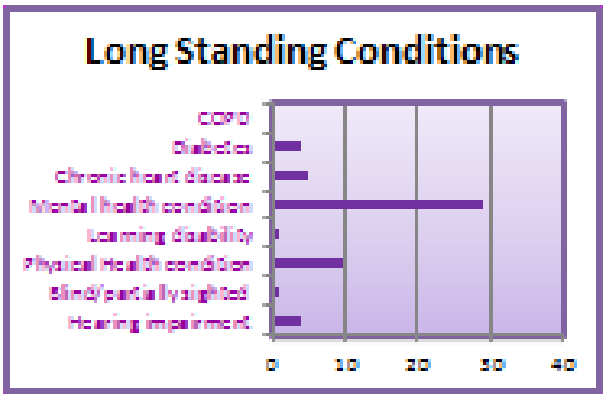
If anything what could have been better about the service?

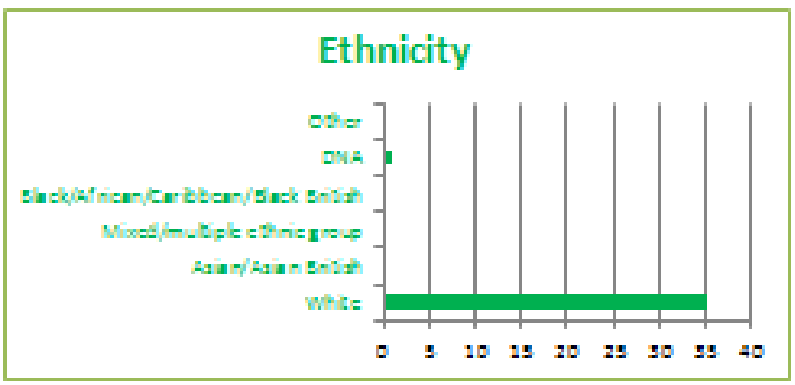
- *Timing. Appointments could have a smaller waiting time. Had to wait for an appointment for a month.*
- *Excellent service*
- *Crisis team on telephone*
- *Administration could be better*
- *Less waiting time*
- *More MH professionals*
- *No, excellent*
- *A bit near home*
- *Nothing. Happy with everything*
- *Better communication in relation to services*
- *Reduced waiting times especially for meds*
- *Didn't feel able to put point across at that time*
- *When an inpatient more activities to occupy time during hospital admission*
- *No problems with service provided*

About you – Age Range



Gender
Male = 11 Female = 25





Blackpool, Fylde and Wyre Mental Health Services

Directory

Developed as part of the Vanguard Mental Health Integration Project

Blackpool Council

Lancashire County Council

NHS

Placing you at the heart of everything we do on the Fylde Coast

your care our priority

Index

Blackpool Mental Health Services

Red = Urgent Care/Secondary Mental Health Services
Amber = Primary Intermediate Mental Health Services/other M.H. Services
Green = Self-Referral / self-help, Mental Health Services/Charitable/Third Sector Organisations

Service	Age Group	Description	Types of presenting problems	Contact details and referral routes	Organisation
Youtherapy and walk and Talk Headstart (Blackpool)	11-25 years 	Providing Counselling, CBT, and EMDR plus drop in Emergency support	Feeling anxious, unhappy, confused or angry. Thoughts of self -harm.	Team Reception – 01253 955858	Blackpool Teaching Hospitals NHS Foundation Trust
Child and adolescent Self harm Enhanced response (CASHER) – (Blackpool)	Up to 25 years 	Out of hours support in A&E. Shift times 5pm-10pm mon-fri, 10am-3pm sat and sun	Thoughts of self- harm. Needs assessment following self- harm attempt	CASHER Team Shift 07810 696565	Blackpool Teaching Hospitals NHS Foundation Trust
Early Intervention Service (EIS)	14 – 65 years 	Professional referral. Early Intervention Service is based on the early detection of psychosis and evidence based interventions aimed at ameliorating the onset	The quality standard (80) is that all suspected first episode psychosis (FEP) will be assessed and if accepted will receive a NICE recommended package of care within 14 days of referral.	Team Reception - 01253 957470	Lancashire Care NHS Foundation Trust

		of significant mental illness. Early Intervention Services (EIS) comprises of two functions: First Episode Psychosis (FEP) and those "At Risk" at risk of developing psychosis.			
Supporting Minds Improving Access to Psychological Therapies – Self referral pathway (Blackpool)	16 + (no upper age limit) 	Brief psychological interventions for mild – moderate conditions.	Mild to moderate anxiety disorders and depression. Therapy provided by a range of therapists including psychological wellbeing practitioners (pwp), CBT therapists, Counsellors, EMDR. Designated therapists providing link interventions to EPC teams.	Team Reception – 01253 955577	Blackpool Teaching Hospitals NHS Foundation Trust
Primary Intermediate Mental Health Team (Blackpool)	16+ years. Provides the referral pathway to Single Point of Access.	Professional referral. Telephone triage assessment of more complex mental health presentations. Signposting to other	Assessment, treatment and support for patients with moderate mental health problems leading to more complex issues.	Team Reception – 01253 951225 Email:SinglePoint.Access@ blackpool.nhs.uk	Blackpool Teaching Hospitals NHS Foundation Trust and Blackpool Council

	Offers a range of adult mental health interventions and resources. 	mental health services, interface meetings undertaken, link working in neighbourhoods and access to psychological therapy and consultant psychiatrist. Outreach team offers specialist intervention in perinatal, older adult, families in need, autism and ADHD.	Advice support and signposting re: social inclusion.		
Community Mental Health Team (CMHT) & Adult MH Social Care – (Blackpool)	16 – 65 years 	Professional referral. Assessment and support of patients with confirmed diagnosis, relapse of known mental health issues, significant social care statutory requirements, relapse of personality disorder leading to high risk behaviours.	Serious Mental Health problems, such as Bi polar illness and Psychosis. Clozapine & Depot treatments. S117 & commissioned services including residential care. Focus on improving physical health & wellbeing, promoting social inclusion & vocational needs. Access community resources.	Team Reception – 01253 951750	Lancashire Care NHS Foundation Trust and Blackpool Council

Crisis Home Treatment Team	**16+ years** 	**Crisis assessment and treatment to prevent admission to inpatient services.**	**Adults whose coping mechanisms and resources have become overwhelmed by onset or relapse of a severe mental illness or through experiencing significant situational change. The crisis renders the individual / carer unable to safely manage the changed circumstances, presenting a significant risk to themselves or others, requiring an urgent specialist assessment of MH needs.**	**Team Reception – 01253 956280**	**Lancashire Care NHS Foundation Trust**
Mental Health A&E Liaison Team (Adult)	**16 – 65 years** 	**Specialist Adult Mental Health Services covering Blackpool, Fylde & Wyre providing an assessment and liaison service, 24 hours, 365 days a year.**		**Team Reception – 01253 956841**	**Lancashire Care NHS Foundation Trust**

Mental Health Decision Unit (MHDU) joint (LCFT & Richmond Fellowship	**18 years – 65 years (16-17 year olds after discussion with senior management 1:1 support has to be provided)** 	**The MHDU is available 24 hours, 365 days a year. Admission process is only via attendance at BVH A&E department and following triage by MH Liaison Triage Nurse.** **Admission to the MHDU is for a maximum stay of 23 hours and the 4 chairs are occupied by patients with mental health capacity and are agreeable to the stay.** **The MHDU allows time to reflect and carry out further assessment by providing a safe place for people to wait for an in-patient bed.**	**Access to MHDU is determined by the level of risk that the person has and if this can be managed within the facility.** **Provides an alternative for assessment for those who have attended the A&E department and supports people in emotional crisis with brief support planning, de-escalation, self-management and coping strategies.**	**Team Reception** **01253 956841**	**Lancashire Care Foundation Trust/Richmond Fellowship**
Criminal Justice Liaison and Diversion service	**10 years +** 	**All age, all vulnerability service based in custody suites and magistrates courts throughout Lancashire providing a liaison & diversion service. Service operates 7 days per**		**Team Reception -** **01253 951773** **01253 604011**	**Lancashire Care NHS Foundation Trust**

		week, 365 days a year between the hours of 8am and 8pm (Blackpool only).			
Horizon	25+ years 	Self-referral. Help to reduce dependence on alcohol and/or drugs. Sexual health services, confidential advice, HIV & blood borne virus screening, STI screening, harm reduction.	Drug/alcohol/substance dependence	Team reception – 01253 205156 Contact can be made via Facebook or Twitter. Email: hello@horizonblackpool.uk	Blackpool Council
Fylde Coast Older Adult Community Mental Health Team	65+ years 	Specialist Older Adult Mental Health Services covering Blackpool, Fylde & Wyre.	Assessment, diagnosis and treatment of severe and enduring mental health issues including longer term management of Dementia. Holds the 117 list co-located with social services for commissioned works ie care packages and residential care. Key focus is to maximise quality of life by promoting recovery, social inclusion and living well with Dementia.	Team reception – 01253 957350	Lancashire Care NHS Foundation Trust.

Fylde Coast Rapid Intervention Treatment Team (RITT)	**65+ years** 	**Specialist Older Adult Services covering Blackpool, Fylde & Wyre.** **OA Single Point of Access - for referrals operates 9-5 Monday to Friday.** **Home Treatment - operates 8am to 8pm 7 days a week**	**Provides intensive support in the community for people with acute mental health difficulties for a period of up to 6-8 weeks.** **Care Home Liaison Team (CHLT) - operates 9 -5pm Monday to Friday - for patients with a likely or diagnosed dementia and living in a permanent placement in a residential care home, CHLT staff work closely with families and carers looking at person centred care.**	**Team Reception - 01253 957581**	**Lancashire Care NHS Foundation Trust**
Fylde Coast Memory Assessment services	**Any Age** **Triage Inclusion criteria for Adults under 65 with suspected Dementia.** **Will work alongside other services to**	**Specialist Older Adult Services covering Blackpool, Fylde & Wyre. Memory assessment, diagnostic, treatment and post diagnostic support for all patients without an existing diagnosis of dementia**	**Referrals accepted directly from GP's. Patients are offered a telephone clinical triage by the Memory Service, if a referral is accepted into services and once all the relevant information is collated we aim to offer initial assessment within 6 weeks.**	**Team reception – 01253 956017**	**Lancashire Care NHS Foundation Trust**

	diagnose an earlier onset dementia. 				
Emergency Duty Team	**Any age** 	**Out of hours service 7 days per week providing support, advice for those in emergency situations.**	**Professionals and public can contact the team for support during emergency circumstances.**	**Team reception – 01253 477600**	**Blackpool Council**
Blackpool Fulfilling Lives 		**Self-referral, professional referral. Support service offering assistance to people with multiple and complex needs e.g. homelessness/mental health/substance misuse/offending behaviour alongside difficulties in engaging with services.**	**Homelessness/mental health/substance misuse/offending behaviour**	**Team reception – 01253 208821 www.blackpoolfulfilling lives.org.uk**	**Addaction**
Blackpool Carers Centre	**5 years upwards. The person being cared for must live in Blackpool or be registered with Cleveleys Group**	**Self-referral or professional referral. Visit and short informal assessment to determine the correct level of support the Centre can offer, including, advocacy, age specific support, befriending, carers**	**Provides a range of services to support the physical and emotional health and wellbeing of carers and their families in Blackpool.**	**Team reception 01253 393748 Facebook/blackpoolcarers or Twitter @blackpoolcarers Email: dawn.maher@ blackpoolcarers.org**	**Carers Trust**

	Practice or the Crescent Surgery, Cleveleys 	awareness training, complementary therapies, consultation groups, counselling, craft groups, dementia training, drop-in centre.			
Blackpool Advocacy Empowerment	Children and adult service 	Empowerment is a health and social care charity working across Blackpool and The Fylde Coast with a range of support services.	We support people affected by domestic abuse, health and social care problems and dementia. We work to empower people and help them to overcome the challenges they are facing Requiring support with caring role, wanting to access respite.	Contact tel: 01253 477959 Contact tel: 0345 0138 208 CAdmin@ncompassnorthwest.co.uk	Empowerment Charity
Butterfly & Phoenix Project	Age 11-18 (parental consent required for under 13's) 	The Butterfly & Phoenix projects aim to equip young people to cope better with difficult circumstances, preventing them from escalating into more serious issues through Counselling. Covering Fylde, Wyre, Preston, South Ribble and Chorley.	Self harm. Feeling anxious, unhappy, confused or angry.	Contact tel: 0345 0138208 Counsellingteam@ncompassnorthwest.co.uk	

Fylde and Wyre Mental Health Services

Red = Urgent Care/Secondary Mental Health Services
Amber = Primary Intermediate Mental Health Services/other M.H. Services
Green = Self-Referral / self-help, Mental Health Services/Charitable/Third Sector Organisations

Service	Age Group	Description	Types of presenting problems	Contact details and referral routes	Organisation
Child and Adolescent Mental Health service (CAMHS)	0-19 years 	Professional referral. Specialist MDT providing assessment and a range of therapeutic interventions. Providing advice and consultation to other professionals.	ADHD Anxiety Depression Obsessional problems.	Team Reception – 01253 957166	Blackpool Teaching Hospitals NHS Foundation Trust
Early Intervention Service (EIS)	14 – 65 years 	Professional referral. Early Intervention Service is based on the early detection of psychosis and evidence based interventions aimed at ameliorating the onset of significant mental illness. Early Intervention Services (EIS) comprises of two functions: First	The quality standard (80) is that all suspected first episode psychosis (FEP) will be assessed and if accepted will receive a NICE recommended package of care within 14 days of referral.	Team Reception - 01253 957470	Lancashire Care NHS Foundation Trust

		Episode Psychosis (FEP) and those "At Risk" at risk of developing psychosis.			
Community Mental Health Team Adult (Wyre)	16 – 65 years 	Professional referrals. Assessment of Health and Social Care needs, supporting service users who are experiencing serious mental health illness in the community. Offering expert support and co-ordination for service users who are discharged from in-patient services. Relapse intervention and support.	Assessment, diagnosis and treatment of severe and enduring mental health issues including longer term management of risk. Criteria to access services: Bi- polar illness, Psychosis. Clozapine & Depot treatments and Personality Disorders. Focus on improving physical health & wellbeing, promoting social inclusion & vocational needs. Access community resources Holding section 117 list co-located with social services for commissioned work. ie care packages, supported tenancy and residential care ongoing reviews. Statutory requirements under the Care Act	Team Reception (Wyre) – 01253 951830	Lancashire Care NHS Foundation Trust and Lancashire County Council

Community Mental Health Team Adult (Fylde)	**16 – 65 years** 	**Professional referrals. Assessment of Health and Social Care needs, supporting service users who are experiencing serious mental health illness in the community. Offering expert support and co-ordination for service users who are discharged from in-patient services. Relapse intervention and support.**	**Assessment, diagnosis and treatment of severe and enduring mental health issues including longer term management of risk. Criteria to access services: Bi- polar illness, Psychosis. Clozapine & Depot treatments and Personality Disorders. Focus on improving physical health & wellbeing, promoting social inclusion & vocational needs. Access community resources Holding section 117 list co-located with social services for commissioned work. ie care packages, supported tenancy and residential care ongoing reviews. Statutory requirements under the Care Act**	**Team Reception (Fylde) – 01253 951355**	**Lancashire Care NHS Foundation Trust** **and Lancashire County Council**
Crisis Home Treatment Team	**16+ years** 	**Crisis assessment and treatment to prevent admission to inpatient services.**	**Adults whose coping mechanisms and resources have become overwhelmed by onset or relapse of a**	**Team Reception – 01253 956280**	**Lancashire Care NHS Foundation Trust**

			severe mental illness or through experiencing significant situational change. The crisis renders the individual / carer unable to safely manage the changed circumstances, presenting a significant risk to themselves or others, requiring an urgent specialist assessment of MH needs.		
Mental Health A&E Liaison Team (Adult)	16 – 65 years 	Specialist Adult Mental Health Services covering Blackpool, Fylde & Wyre providing an assessment and liaison service, 24 hours, 365 days a year.		Team Reception – 01253 956841	Lancashire Care NHS Foundation Trust
Mental Health Decision Unit (MHDU) joint (LCFT & Richmond Fellowship	18 years – 65 years (16-17 year olds after discussion with senior management 1:1 support	The MHDU is available 24 hours, 365 days a year. Admission process is only via attendance at BVH A&E department and	Access to MHDU is determined by the level of risk that the person has and if this can be managed within the facility.	Team Reception 01253 956841	Lancashire Care Foundation Trust/Richmond Fellowship

	has to be provided) 	following triage by MH Liaison Triage Nurse. Admission to the MHDU is for a maximum stay of 23 hours and the 4 chairs are occupied by patients with mental health capacity and are agreeable to the stay. The MHDU allows time to reflect and carry out further assessment by providing a safe place for people to wait for an in-patient bed.	Provides an alternative for assessment for those who have attended the A&E department and supports people in emotional crisis with brief support planning, de-escalation, self-management and coping strategies.		
Criminal Justice Liaison and Diversion service	10 years + 	All age, all vulnerability service based in custody suites and magistrates courts throughout Lancashire providing a liaison & diversion service. Service operates 7 days per week, 365 days a year between the hours of 8am and 8pm (Blackpool only).		Team Reception - 01253 951773 01253 604011	Lancashire Care NHS Foundation Trust

Horizon	25+ years 	Self referral. Help to reduce dependence on alcohol and/or drugs. Sexual health services, confidential advice, HIV & blood borne virus screening, STI screening, harm reduction.	Drug/alcohol/substance dependence	Team reception – 01253 205156 Contact can be made via Facebook or Twitter. Email: hello@horizonblackpool.uk	Blackpool Council
Fylde Coast Older Adult Community Mental Health Team	65+ years 	Specialist Older Adult Mental Health Services covering Blackpool, Fylde & Wyre.	Assessment, diagnosis and treatment of severe and enduring mental health issues including longer term management of Dementia. Holds the 117 list co-located with social services for commissioned works ie care packages and residential care. Key focus is to maximise quality of life by promoting recovery, social inclusion and living well with Dementia.	Team reception – 01253 957350	Lancashire Care NHS Foundation Trust.

Fylde Coast Rapid Intervention Treatment Team (RITT)	**65+ years** 	**Specialist Older Adult Services covering Blackpool, Fylde & Wyre.** **OA Single Point of Access - for referrals operates 9-5 Monday to Friday.** **Home Treatment - operates 8am to 8pm 7 days a week**	**Provides intensive support in the community for people with acute mental health difficulties for a period of up to 6-8 weeks.** **Care Home Liaison Team (CHLT) - operates 9 -5pm Monday to Friday - for patients with a likely or diagnosed dementia and living in a permanent placement in a residential care home, CHLT staff work closely with families and carers looking at person centred care.**	**Team Reception - 01253 957581**	**Lancashire Care NHS Foundation Trust**
Fylde Coast Memory Assessment services	**Any Age Triage Inclusion criteria for Adults under 65 with suspected Dementia.** **Will work alongside other services to**	**Specialist Older Adult Services covering Blackpool, Fylde & Wyre. Memory assessment, diagnostic, treatment and post diagnostic support for all patients without an existing diagnosis of dementia**	**Referrals accepted directly from GP's. Patients are offered a telephone clinical triage by the Memory Service, if a referral is accepted into services and once all the relevant information is collated we aim to offer initial assessment within 6 weeks.**	**Team reception – 01253 956017**	**Lancashire Care NHS Foundation Trust**

	diagnose an earlier onset dementia. 				
Butterfly & Phoenix Project	Age 11-18 (parental consent required for under 13's) 	The Butterfly & Phoenix projects aim to equip young people to cope better with difficult circumstances, preventing them from escalating into more serious issues through Counselling. Covering Fylde, Wyre, Preston, South Ribble and Chorley.	Self harm. Feeling anxious, unhappy, confused or angry.	Contact tel: 0345 0138208 Counsellingteam@ncompassnorthwest.co.uk	
Fylde & Wyre Carers Service – Mental Health	Can support carers 18+ who are caring for someone 16+ with a mental health condition 	Works across Lancashire (not including Blackpool) to complete Carers Assessments, Peace of Mind for Carers Plans, Coffee and chat groups, 1 to 1 support, sitting in service, access to 24 hour CHAT line.	Requiring support with the caring role, wanting to access respite.	Contact tel: 03450138208 CAdmin@ncompassnorth West.co.uk	n-compass North West

Advocacy in Lancashire	**18+** 	**Work across Lancashire (not including Blackpool)**	**Support for adults 18+ who wish to or are accessing or dealing with health and social services and mental health services but are not restricted under the Mental Health Act (2007).** **Independent Mental Health Advocacy (IMHA) for people 18+ restricted under the Mental Health Act (2007).** **Independent Mental Health Capacity Advocacy (IMCA) for people 16+ who lack the capacity to make specific decisions under the Mental Capacity Act (2005).** **Independent Mental Capacity Advocate Deprivation of Liberty Safeguard (IMCA DoLs) for people 18+ who lack capacity and are going through the DoLs authorisation process.** **Relevant Persons Representative (RPR) for people 18+ who are deprived of their liberty**	**Contact tel: 033 000222 00** **admin@advocacyinlancashire.co.uk**	**n-compass Northwest**

			under Deprivation of Liberty Safeguards (DoLs) in the Mental Capacity Act (2005).		
Lancashire Wellbeing Service	18+ 	The Lancashire Wellbeing Service, aims to support adults, families and carers who have long term health conditions, low level emotional health and with lifestyle or social issues	Mild mental health problems, problems with finance, family, employment etc., social isolation, struggling to cope/feeling overwhelmed, substance misuse/smoking/ healthier lifestyle needs. Work with the clients, their families and partner agencies to deliver innovative, high quality services that meet individual needs and aspirations.	0345 0138 208 info@lancswellbeing.co.uk	Consortium provided by n-compass North West, Richmond Fellowship and Age Concern Central Lancashire
Creative Support	18 years + 	Creative Support is a charitable organisation who promotes the independence, inclusion and wellbeing of people with care and support	Professionals and volunteers delivering support in mental health, older people, dementia support, learning disability, carer support and supported housing services.	Contact tel: 01253 751478 www.creativesupport.co.uk	Creative Support Ltd Charity

		needs. Provides services in the local communities, conducting home visits and providing specialist care and support services.			
Making Space	18 years + 	Our professional, caring employees and volunteers deliver our services with dignity, respect and compassion, focusing on outcomes that help the people we support have the freedom to enjoy an everyday life.		www.makingspace.co.uk	Making Space Health & Social Care
Minds Matters	16 years + 	Access to Psychological Therapies for IAPT for those living in Fylde and Wyre – self referral.	For those struggling with common difficulties such as stress, anxiety and depression.	Fylde & Wyre Minds Matter 01253 955943	Lancashire Care NHS Foundation Trust
Emergency Duty Team	Any age 	Out of hours service 7 days per week 20.00hrs – 8.00am providing advice and support. Advice for emergency situation.	Professionals and public can contact the team for support during emergency circumstances.	AMHP Hub EDT 0300 123670121	Lancashire County Council Social Services

This page is intentionally left blank

Children and Young People (CYP) - Mental Health and Wellbeing **Appendix 5 (c)**

Summary of emerging developments to increase support for CYP

CASHER (Child and Adolescent Self Harm Enhanced Response)

Drop in at Fleetwood and Talbot and Brunswick continue, both now have a regular number 8-10 people attending.

March over 30 CYP seen on casher shifts

The weekend drop in is being attended- steady access

Casher room – capital monies given to us approx. £37k for a "place of calm", work is underway as the room is now confirmed.

YoutherapY

Fylde & Wyre Clinical Commissioning Group have agreed to fund for another year £17k approx. need to look at the impact of this anyway but also with the two new GP practices

CAMHS

Consultant Psychiatrist Dr White has been appointed.

Lancashire Local Transformation Plans for Children and Young People's Mental Health and Wellbeing

Specific areas for CAMHS attention/ funding:

Supplement existing CAMHS to increase age range to eighteenth birthday by April 19 2018.

CYP and CAMHS Redesign Commissioners have asked that all current providers co-produce a model collaboratively, with "checkpoints" along the way that mean if things are not progressed- may lead to re commissioning.

The main themes are:

- Promoting Resilience, Prevention and Early Intervention
- Improving access to effective support
- Care for the Most Vulnerable
- Crisis Project Group
- Accountability and Transparency
- Developing the Workforce.

Other

Neighbourhoods; EW (Integrated Emotional Health and Wellbeing Manager, Families Division, Blackpool Teaching Hospitals) attending Central West and Central East neighbourhood meetings and the Children's Social Care and Families Division Interface meetings- these are proving useful.

We are also looking at mapping on schools and Family centre provision

The Ministry for Communities and Local Government representatives were in Blackpool on 19 March 2018 and praised the partnership working from health.

YOT and MH links and bimonthly meetings on going.

Headstart Resilience framework training- there is more training being offered to all who work in Blackpool. Some good resources on the website too. Look at Boing Boing uk

Enlighten Pilot: support and therapy to CYP displaying low level sexually harmful behaviour- info attached.

REVOE Early discussions re a drop in and targeted Emotional Health and Wellbeing (EHWB) work at the school and in the Family centre.

Perinatal MH- Lancaster Care Foundation Trust has sourced a new Psychiatrist, Dr Ahmed has now started.

We have been asked to submit a bid for Blackpool to be a Trailblazer site for the Government's Green paper: Transforming children and young people's mental health provision: a green paper

Published 4 December 2017

From: Department of Health and Social Care and Department for Education- more to follow

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Tony Morrissey - Head of Safeguarding / Principal Social Worker, Children's Social Care and Chair of the Blackpool Domestic Abuse and Interpersonal Violence Partnership Group
Date of Meeting:	9 May 2018

BLACKPOOL'S DOMESTIC ABUSE NEEDS ASSESSMENT AND STRATEGIC PARTNERSHIP ACTION PLAN

1.0 Purpose of the report:

1.1 To provide an update in respect of the completed Domestic Abuse Needs Assessment 2018. The purpose of the needs assessment is to consider all the evidence available on domestic abuse prevalence, characteristics, trends, perceptions, national and local drivers and policy change to inform decision making in Blackpool. The Needs Assessment sets out current understanding of issues relating to Domestic Abuse based on analysis of the latest available data.

1.2 To set out the Blackpool Domestic Abuse and Interpersonal Violence (DAIV) Partnership action plan being delivered in order to ensure delivery of the Blackpool DAIV Partnership Strategy 2016-2020. The action plan being the framework for the multi-agency response to DAIV in Blackpool. The action plan covers four main priorities in line with *HM Government Ending Violence against Women and Girls (VAWG) Policy:*

- Prevention of violence and abuse
- Provision of services
- Partnership working
- Perpetrators

1.3 To provide an update in respect of the 2016-2018 Partnership action plan being delivered.

2.0 Recommendation(s):

2.1 To note the Domestic Abuse Needs Assessment and its findings.

2.2 To comment upon progress being made, propose potential improvements and highlight any areas for further scrutiny which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive feedback in respect of this area of work.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	n/a
3.2b	Is the recommendation in accordance with the Council's approved budget?	n/a
3.3	Other alternative options to be considered:	n/a

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 Partnership action plan has been a working document following the sign-off of the Strategy in December 2016. The 2018-2020 action plan will start to be developed this year taking into account the Domestic Abuse Needs Assessment.

5.2 The objectives of the action plan are to:-

1. To ensure the implementation and delivery of the Blackpool DAIV Partnership Strategy 2016-2020
2. To ensure that the Partnership work together to meet the strategic priorities for Blackpool
3. To ensure all victims receive the right support at the right time, which is effective and adopts a whole family approach and through implementing a strategic approach.

5.3 The delivery of the action plan is monitored via the DAIV Partnership Group which has been established since July 2016.

5.4 Blackpool is part of a Pan Lancashire approach to tackling Domestic Abuse and is represented at the Pan Lancashire Domestic Abuse Strategic Board where data, provision and partnership working is shared.

5.5 Domestic abuse is a priority for Blackpool. Reducing and preventing domestic abuse is essential if Blackpool is to make further progress on the priority of *Communities: creating stronger communities and increasing resilience.*

5.6 The purpose of the Needs Assessment is to set out current understanding of issues relating to Domestic Abuse in Blackpool, based on analysis of the latest available data.

5.7 The assessment is intended to inform the Strategy for Blackpool, which sets out the Partnership's high-level priorities and strategic direction.

5.8 The local data highlights victims in Blackpool are predominantly young and female. There is also a concern about the growing impact of domestic abuse/violence on children and young people. The needs assessment highlights there are a range of services across Blackpool, however, fragmented and insecure funding around domestic abuse affects the planning and delivery of services. Domestic Abuse is a cross cutting theme and effective management is reliant on maintaining a strong partnership approach.

5.9 The Needs Assessment has demonstrated that domestic abuse/violence is a significant issue for Blackpool. It is a significant Public Health issue, which is having a major impact upon those directly affected and their families and associated costs i.e. health, housing and social services, criminal justice and the civil legal system. All this highlights the need for our services to focus on innovative service reform to prevent domestic abuse.

5.10 The data shows that young women are more likely to experience repeated and severe forms of violence. It is acknowledged that these individuals are more likely to have sustained psychological or emotional impact or result in injury or death.

5.11 There are a range of national and local policy drivers shaping and influencing how domestic abuse should be addressed at a local level.

5.12 The Needs Assessment has highlighted there are a range of services being offered in Blackpool to both men and women who have been a perpetrator or experienced domestic abuse/violence. However, further work needs to be undertaken to consider where services are being delivered, in particular consideration on delivering/locating services in high prevalence areas.

5.13 Recommendations from the Needs Assessment include:-

- Strengthen and further develop a 'whole system' approach to tackling domestic abuse to obtain the best outcome for victims and their families which ensures victims receive the right support at the right time.
- Need to continue to have a systematic approach to domestic abuse prevention and reducing its impact, in the context of reducing public sector budgets.

- Implement a strategic approach to integrated commissioning and develop pooled budget arrangements to achieve an outcome based 'One public service' offer.
- Reduce the impact of domestic abuse and interpersonal violence by using a multi-agency collaborative approach.
- Improve early help and interventions for victims, children and perpetrators
- Early intervention and prevention work should include targeting perpetrators before they reach the criminal justice threshold.
- Prevention of violence against women and girls – need to challenge attitudes and behaviours which foster it.

5.14 Strategic Drivers

5.15 Local and national:-

- *Blackpool Council Plan 2015 – 2020 - Priority 2*

"Communities: Creating stronger communities and increasing - resilience"

5.16 Reductions in levels of domestic abuse; and support services which increase resilience and will contribute to the creation of stronger communities within Blackpool.

- *HM Government Ending Violence against Women and Girls (VAWG) 2016 – 2020 (March 2016)*

5.17 The National Policy contains four guiding principles for work around violence against women and girls and Blackpool's Strategy is founded upon these principles, which are to:-

I. Preventing violence and abuse
II. Provision of services
III. Partnership working
IV. Pursuing Perpetrators

- HM VAWG Government National Statement of Expectations December 2016

5.18 Which expects to see local strategies and services:-

- Put the victim at the centre of service delivery
- Have a clear focus on perpetrators in order to keep victims safe;
- Take a strategic, system-wide approach to commissioning acknowledging the gendered nature of VAWG;
- Are locally-led and safeguard individuals at every point;

- Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 6 (a) - Blackpool Domestic Abuse Needs Assessment.

7.2 Appendix 6 (b) - Blackpool's Domestic Abuse and Interpersonal Violence Partnership Action Plan.

8.0 Legal considerations:

8.1 n/a

9.0 Human Resources considerations:

9.1 None at this stage.

10.0 Equalities considerations:

10.1 An Equalities Impact Analysis was undertaken as part of the Strategy being developed.

10.2 The Strategy has no exclusions in relation to any user groups.

10.3 Blackpool acknowledges that DAIV affects all victims regardless of their gender, age, race, religion, class, sexual orientation and marital status.

11.0 Financial considerations:

11.1 Actions are being delivered by all named partners within allocated budgets/funds.

12.0 Risk management considerations:

12.1 Identified within the action plan to ensure the delivery of the Blackpool DAIV Partnership Strategy.

13.0 Ethical considerations:

13.1 There is a clear purpose and value set out within the Blackpool DAIV Partnership Strategy.

13.2 There is a DAIV Partnership Group with clear Governance set.

13.3 The DAIV Partnership Group oversees the delivery of the action plan and reports progress in line with Governance arrangements.

13.4 The DAIV Partnership Group ensuring that its work is coordinated with that of other multi-agency strategic boards including 'BSafe' Blackpool Community Safety Strategic Partnership and the Pan-Lancashire Domestic Abuse Partnership Board.

13.5 The Partnership, underpinned by the Strategy considers direct victims, children living with domestic abuse, perpetrators and professionals to address DAIV. Considering the whole family approach.

13.6 The DAIV Partnership ensures impartiality and fairness for all residents and professionals living and operating in Blackpool in respect of Domestic Abuse.

13.7 Blackpool on behalf of the Blackpool DAIV Partnership obtained White Ribbon Accreditation (July 2017).

13.8 The White Ribbon Accreditation is in respect of engaging men and boys in challenging violence against women and girls with the aim to educate and raise awareness. Blackpool is clear within its strategy and all communication that all violence against all victims regardless of gender is not acceptable.

13.9 Blackpool as a whole supports the campaign and pledges never to commit, condone, or remain silent about violence against people in all its forms.

14.0 Internal/External Consultation undertaken:

14.1 This is a Partnership action plan and linked to the delivery of the Blackpool DAIV Partnership Strategy.

14.2 Consultation was undertaken with key partners, local third sector organisations and a small group of service users in respect of the Blackpool Domestic Abuse and Interpersonal Violence Partnership Strategy (2016-2020) signed off in December 2016.

The aims of the Strategy are:-

- To provide strategic direction for the Blackpool Domestic Abuse and Interpersonal Violence Partnership Board.
- To ensure victims and their families in Blackpool experiencing domestic abuse and interpersonal violence have access to quality provisions of services appropriate to their needs.

- To reduce the impact of domestic abuse and interpersonal violence by using a multi-agency collaborative approach.
- To implement a strategic approach to integrated commissioning to develop a 'One public service offer'.
- To intervene, prevent and break the cycle of domestic abuse and interpersonal violence across Blackpool reducing incidents of abuse and repeat victimisation.

15.0 Background papers:

15.1 HM: Ending Violence Against Women and Girls Strategy (VAWG) 2016-2020 and National_Statement_of_Expectations.

15.2 Blackpool's Domestic Abuse & Interpersonal Violence (DAIV) Partnership Strategy 2016/2020 (attached).

15.3 Pan Lancashire Domestic Abuse Strategy 2017.

This page is intentionally left blank

Domestic Abuse Needs Assessment January 2017

Contents

Executive Summary

Domestic abuse is a priority for Blackpool. Reducing and preventing domestic abuse is essential if Blackpool are to make any progress on the priority of: *Communities: creating stronger communities and increasing resilience.*

The purpose of this Needs Assessment is to set out current understanding of issues relating to Domestic Abuse in Blackpool, based on analysis of the latest available data. The assessment is intended to inform the Strategy for Blackpool, which sets out the Partnership's high-level priorities and strategic direction. This document is one of a substantial series of Joint Strategic Needs Assessment Reports that helps Blackpool meet its statutory duty to determine health and wellbeing priorities, based on analysis of needs.

The local data highlights victims in Blackpool are predominantly young and female. There is also a concern about the growing impact of domestic abuse/violence on children and young people. The needs assessment highlights there are a range of services across Blackpool, however, fragmented and insecure funding around domestic abuse affects the planning and delivery of services. Domestic Abuse is a cross cutting theme and effective management is reliant on maintaining a strong partnership approach.

The actions emerging from this Needs Assessment are:-

- There is a need to develop a whole system approach to identify and respond to those perpetrating abuse in the borough
- Implement a strategic approach to integrated commissioning to develop a 'One public service offer.
- Reduce the impact of domestic abuse and interpersonal violence by using a multi-agency collaborative approach.
- Continue to improve and develop partnership working to obtain the best outcome for victims and their families.
- Improving early help and intervention for victims, children and perpetrators.
- Continue to build on the work of the White Ribbon Campaign
- Work effectively with individuals who have complex needs, which include but not limited to substance misuse, mental health and domestic abuse.

Introduction

The purpose of this needs assessment considers all the evidence available on domestic abuse prevalence, characteristics, trends, perceptions, national and local drivers and policy change to inform decision making in Blackpool. It will help inform strategic commissioning of domestic abuse services and pathways in Blackpool and demonstrate the need for a whole system approach for tackling the issues of domestic abuse, which will need to be owned by the partnership. In assessing what currently exists, the needs assessment will analyse the complex nature of domestic abuse, describe and assess the current demand for domestic abuse services and highlight the current pathways that victims and perpetrators currently follow. The needs assessment will identify the gaps in services and pathways, review the evidence based good practice, and provide recommendations for future activity. To understand domestic abuse and how it impacts on individuals, families and communities is crucial to ensure quality and cost-effective services are delivered in Blackpool.

Domestic abuse is a significant public health issue, having a major impact upon those directly affected and their families. It is estimated the total cost of Domestic Abuse in the UK, per year, is £23 billion; around £3 billion of this cost is directly to government funded services, including criminal justice, health care and social services[1]. The cost to health, housing and social services, criminal justice and civil legal services is estimated at £3.9 billion[2]. Based on the calculations used by Walby it has been calculated the total service cost of domestic abuse pan-Lancashire is £103,231,552 per year. Thus demonstrating the need for all services to focus on innovative service reform to prevent domestic abuse.

On the 31st March 2013 the definition of domestic abuse was extended to include 16 to 17-year-olds and coercive, or controlling, behaviour. The decision to change this follows a government consultation which saw representatives from the police, voluntary sector and local authorities call overwhelmingly for change. It is expected the new definition will increase awareness that young people in this age group experience domestic violence and abuse, encouraging more people to seek help. The previous definition defined domestic abuse as a single act or incident. The new definition recognises that patterns of behaviour and separate incidents of control can add up to abuse - including incidents of intimidation, isolation, depriving victims of their financial independence or material possessions and regulating their everyday behaviour.

Domestic abuse is defined as:

"*Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality*".

This encompasses but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

[1] Walby S (2009)The cost of domestic violence; Lancaster Univeristy; retrieved from http://.lancs.ac.uk/FASS/sociology/profiles/34

[2] HM Government (2016) ending violence against women and girls; Strategy 2016-20

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an impact or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group[3].

Domestic Abuse comprises of a number of different behaviours which are demonstrated in the Power and Control wheel. This is a tool which can help understand the overall pattern of abusive and violent behaviours, which are used by a person to maintain control over another person. Often one, or more violent incidents are accompanied by an array of these other types of abuse.

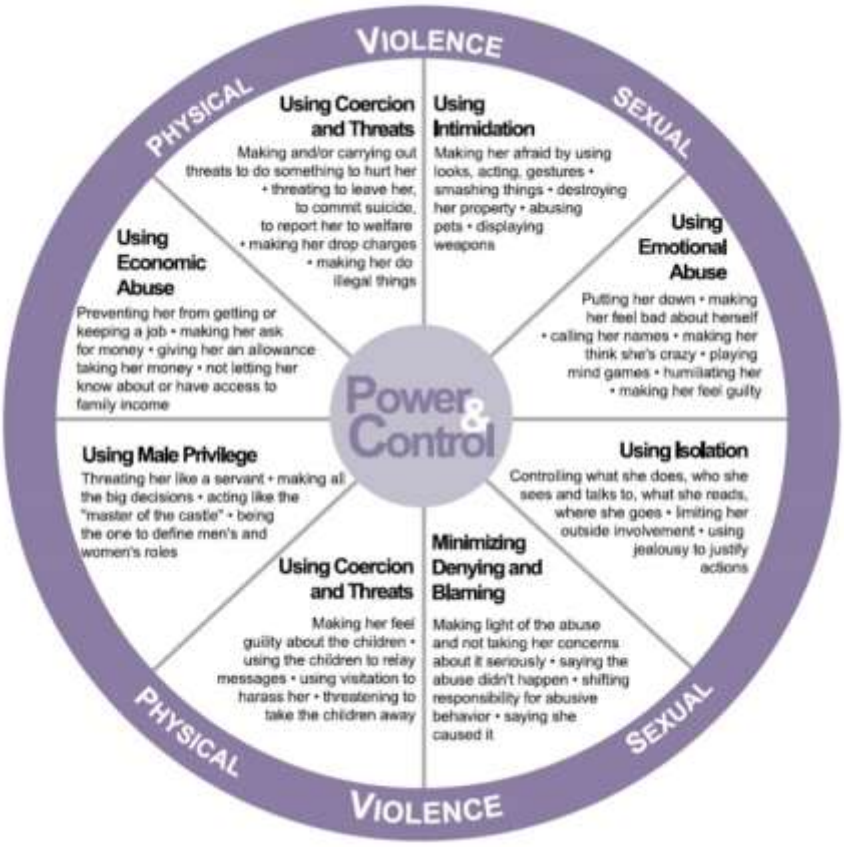


Figure 1: National Centre on Domestic and Sexual Violence

There is a range of risk factors for an individual becoming a victim of domestic violence, and the potential to become a victim increases when a combination of risk factors occurs. The National Institute of Health and Clinical excellence as have defined these:-

[3] Home Office 2015; Home Office Domestic Violence and Abuse

- Being female
- Having a long term illness or disability
- Age (women in younger age groups, in particular those aged 16-24 and men aged 16-19 are at greatest risk)
- Pregnancy – the greatest risk is for the teenage mothers and during the period just after a woman has given birth
- Having a mental health problem
- A woman who is separated
- Alcohol consumption
- Alcohol or drug misuse
- Poverty, economic stress and unemployment

Whilst both men and women may perpetrate or experience domestic abuse or violence, it is more commonly inflicted on women by men. Women are also more likely to experience repeated and severe forms of violence, including sexual violence and are also more likely to have sustained psychological or emotional impact or result in injury or death.

Domestic abuse is linked with sexually transmitted diseases, teenage pregnancies and miscarriage[4]. Furthermore, this can have long lasting impacts on victims, with relationship, isolation, trust and intimacy problems common.

[4] Ellesberg, M; Jansen, H; Heise, L; Watts, C; Garcia-Moreno, C & WHO (2008) Intimate partner violence and women's physical and mental health and domestic violence against women study team; Lancet, 1165-72

National Policy, Strategy and Evidence

Domestic abuse sits within an increasingly growing body of legislation, policy and guidance that is applicable to victims, perpetrators and children.

Ending Violence against women and girls Strategy 2016 – 2020; The overall outcome of the strategy is to achieve a reduction in the prevalence of all forms of violence against women and girls, matched by increases in reporting, police referrals, and prosecutions. The policy contains four guiding principles for work around violence against women and girls which are preventing violence and abuse; provision of services; partnership working; pursuing perpetrators[5].

The multi-agency response to children living with domestic abuse: In September 2016 a review was undertaken by Ofsted to examine the mulit-agency response to children living with domestic abuse. The findings from the report considered children's social care, health professionals, the police and probation officers were effective in safeguarding children who live with domestic abuse. Six locals areas were inspected which included Bradford, Hampshire, Hounslow, Lincolnshire, Salford and Wiltshire. As part of the review a literature review was undertaken, national data considered, discussions with survivors of domestic abuse, and surveyed teachers in schools. The key findings of the report calls for a national public service initiative to raise awareness of domestic abuse and violence, as well as a greater focus on the perpetrators and better strategies for the prevention of domestic abuse.

Human Rights Act 1998: the right to life (Article 2); the prohibition of inhuman and degrading treatment and torture (Article 3); and security of the person (Article 5). This includes a duty to have adequate laws in place to punish those who violate the right to life of others, or who inflict on others inhuman or degrading treatment. Parallel rights are included in the UN Convention on the Rights of the Child (Article 6 states the rights to life, Article 19 the right to protection from violence, injury, abuse, neglect and maltreatment).

The Crime & Disorder Act 1998; places a duty on local authorities and the police to work together with other agencies to tackle crime at a local level through the provision of a Community Safety Strategy that should include domestic abuse. The police are key partners in multi-agency domestic abuse groups that have been established in most areas to develop inter-agency responses to domestic abuse and improve service provision across agencies such as health services, specialist domestic abuse services (refuges and outreach services), housing authorities and many other statutory and voluntary sector agencies. This was updated in 2004 to place a responsibility on health services to participate.

The Housing Act 1996; sets out clearly those duties a housing authority owes vulnerable victims of domestic abuse and other violence. Under Part 7 of the Act on homelessness the duties are to advise and assist the applicant, and depending on the particular circumstances, to provide temporary accommodation while the case is investigated, followed by longer term accommodation if the authority confirms that it has a full duty to accommodate the person or household. The Homelessness (Priority Need for Accommodation) (England)) Order 2002, further clarified the statutory duty around 'reasonable to continue to occupy' in the context of violence and set out that 'a person who is vulnerable as a result of ceasing to occupy accommodation by reason of violence from another person or threats of violence from another person which are likely to be carried out' has a priority need.

[5] HM Government (2016) ending violenc against women and girls; Strategy 2016-20; London; Crown copyright

The Crime and Security Act 2010; section 24 introduces Domestic Violence Protection Orders (DVPO's) which give police and magistrates the power to ban a domestic violence perpetrator from returning home or having contact with the victim for up to 28 days. The orders were initially piloted and rolled out across the UK in 2014.

The Care Act 2014 puts adult safeguarding on a legal footing and updates the scope of safeguarding to directly include domestic abuse. The Act specifies that freedom from abuse and neglect is a key aspect of a person's well-being.

Domestic Violence Disclosure Scheme (DVDS); often referred to as "Clare's law" is a framework, launched in 2014, to enable the police to disclose the public information about previous violent offending by a new or existing partner where this may help protect them from further violent offending. The DVDS introduces two types of process for disclosing this information. The first is triggered by a request by a member of the public ('right to ask'). The second is triggered by the police where they make a proactive decision to disclose the information in order to protect a potential victim ('right to know').

Serious Crime Act 2015; section 76 introduces the offence of controlling and coercive behaviour in an intimate or family relationship and provides guidance about investigation.

Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children 2015; This guidance provides information around the legislative requirements and expectations on individual services to safeguard and promote welfare of children, and a clear framework for local safeguarding board to monitor the effectiveness of local services. For the purposes of this guidance safeguarding and promoting the welfare of children is defined as protecting children from maltreatment, preventing impairment of children's health and development, ensuring that children grow in circumstances consistent with the provision of safe and effective care, and take action to enable all children to have the best outcomes.

Public Health Outcomes Framework for England 2016-19 was published which sets out opportunities to improve and protect health across life and reduce inequalities, of which domestic abuse has a role.

Domestic violence and abuse: multi-agency working; this public health guidance had been developed to help identify, prevent and reduce domestic violence and abuse. The recommendations highlight the need working in a multi-agency partnership approach is the most effective way to tackle the issues of domestic abuse[6]

Domestic Violence and Abuse Quality Standard Q116; This quality standard covers services for domestic violence and abuse in adults and young people (aged 16 and over). It includes identifying and supporting people experiencing domestic violence or abuse, as well as support for those who carry it out. It also covers children and young people (under16) who are affected by domestic violence or abuse that is not carried out against them. It describes high quality care in priority areas for improvement[7].

Domestic violence and abuse: how services can respond effectively; This is a briefing which summarises NICE's recommendations for local authorities and partner organisations on domestic violence and abuse. This includes lead members of adult and children's social services, health and

[6] NICE 2014; Domestic violence and abuse; multi-agency working

[7] NICE 2016; Domestic Abuse

wellbeing boards, local safeguarding boards for children and adults and members of local crime and disorder reduction partnerships[8]

Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors; This NICE guidance recognises that pregnant women with complex social factors may had additional needs. The guidance sets out how healthcare professionals as individuals, and antenatal services as a whole can do to address these needs and improve pregnancy outcomes in this group of women. The four groups identified as exemplars are women who misuse substances (alcohol and/or drugs), women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English, young women aged under 20, and women who experience domestic abuse.

[8] NICE 2014; Domestic violence and abuse; how services can respond effectively

Local Policy Drivers

The issues of domestic abuse doesn't happen in isolation and many local strategies and policies link to and influence local actions on reducing the impact of domestic abuse on the town. The local drivers for tackling the issues of domestic abuse are:

Blackpool Council Plan 2015-2020; Priority Two – *"Communities: Creating stronger communities and increasing resilience".* The plan is looking to reduce the levels of domestic abuse, and support services which increase resilience and will contribute to the creation of stronger communities within Blackpool.

Blackpool's Domestic Abuse and Interpersonal Violence Partnership Strategy 2016-2020: This document provides strategic direction for the Blackpool domestic abuse and interpersonal violence partnership board. The aim is to ensure victims and their families in Blackpool experiencing domestic abuse and interpersonal violence have access to quality provisions of services appropriate to the needs of the Blackpool population. Reduce the impact of domestic abuse and interpersonal violence by using a whole system approach. To develop a strategic approach to integrated commissioning to develop a "one public service offer", and finally to break the cycle of domestic abuse and interpersonal violence across Blackpool.

Blackpool Community Safety Plan 2016-19: Working together to make a difference: The Blackpool Community Safety Plan sets out the partnerships priorities for the 3 years of the plan, which is committed to improving community safety in Blackpool. The plan is based on the 2015 Strategic Assessment, which highlighted the key priorities for the town. There priorities are antisocial behaviour, domestic abuse, violence against the person, sexual offences and rape, and child sexual exploitation.

Blackpool Alcohol strategy 2016-19: - This strategy has been developed to deal specifically with the unique problems faced by Blackpool on behalf of the Health and Wellbeing Board and sets out the strategic priorities for local partners in tackling alcohol related harm in the town. The key priorities are developing healthy attitudes to alcohol across the life course, promoting responsible retailing, and early identification and support alcohol issues.

Blackpool Mental Health Action Plan 2016-2019: The aim of the action plan is to provide a framework for the promotion of mental health and resilience in Blackpool, creating supportive environments for individuals and communities to flourish. This will be achieved by promoting good mental health and resilience across the Blackpool population, preventing mental ill health and suicide, reducing the stigma and discrimination associated with mental illness, and improving the quality and length of life people living with mental illness.

Blackpool Sexual Health Strategy 2017-20: The Blackpool Sexual Health Strategy aims to improve the sexual health of Blackpool's population by providing clear direction and focus for sexual health improvement. The strategy has 6 key priorities which are reduce unplanned pregnancies among all women of fertile age, reduce the rate of sexually transmitted infections and re-infections, improve detection rate in chlamydia diagnosis in 15-24 year olds, reduce onward transmission and proportion of late diagnosis HIV, reduce inequalities and improve sexual health outcomes, and tackling sexual violence.

Blackpool Safeguarding Children's Board Business Plan 2017-19: The Blackpool Safeguarding Children's Board has four key priorities, which reflect both national and local priorities. These are child sexual exploitation, early help, neglect and the toxic trio of parental domestic abuse, mental health and substance/alcohol misuse.

Who is affected?

Estimating the number of people affected by domestic abuse is difficult due to the hidden nature of the problem and difficulties for individuals in recognising domestic abuse. The most reliable estimates come from the Crime Survey for England and Wales (CSEW)[9], an annual representative sample survey which asks about the extent to which people have been victims of crimes. The under-reporting of crime to the police is known to be particularly acute for intimate violence offences and one of the strengths of the CSEW is that it covers many crimes that are not reported.

The CSEW estimates that:

- There were 2 million adults aged 16 to 59 who said they were a victim of domestic abuse in the last year, a prevalence rate of 6 in 100 adults.
- Women were twice as likely to report having experienced domestic abuse than men.
- 8.2% of women and 4.0% of men report experiencing some type of domestic abuse in the previous year (that is, ex-partner abuse or family abuse (non-sexual), sexual abuse or stalking),
- 6.5% of women and 2.8% of men reported partner abuse in the previous year,
- Overall, 27.1% of women and 13.2% of men have experienced some form of domestic abuse since the age of 16; an estimated 4.5 million females and 2.2 million male victims.

The Office for National Statistics 'Domestic abuse in England and Wales'[10] report uses Home Office (HO) and Crown Prosecution Service (CPS) data as well as the CSEW to estimate prevalence across the country and by police force area.

- 1.03 million domestic abuse-related incidents were recorded by the police. Following investigations, the police concluded that a domestic abuse-related criminal offence was committed in approximately 4 in every 10 (41%) of these incidents (421,000).
- The majority of victims of domestic abuse, as measured by the CSEW, will not report their experiences to the police and therefore CSEW estimates should not be seen as indication of demand on the police.
- However, recent increases in the number of domestic abuse-related crimes were due, in part, to police forces improving their recording of domestic abuse incidents as crimes and to forces actively encouraging victims to come forward to report these crimes.
- Domestic abuse-related crimes recorded by the police accounted for approximately 1 in 10 of all crimes. The majority of domestic abuse (78%) consisted of violence against the person offences.
- In 68% of the domestic abuse cases referred to CPS the defendant pleaded guilty, so most of the cases recorded as successful outcomes were due to guilty pleas.

[9] Crime Survey for England and Wales http://www.crimesurvey.co.uk/
[10] ONS statistical bulletin Domestic abuse in England and Wales: Year ending March 2016

- Over half of unsuccessful prosecutions (53%) were due to victim retraction, victim non-attendance or evidence that the victim did not support the case. Victims may not want to be involved in the prosecution for a number of reasons, for example due to the level of fear and control exerted by the perpetrator.

The prevalence of domestic abuse means that there are many children who are also affected. We don't know exactly how many children this is, because the official source of self-reported data, the CSEW, only gathers information about the experiences of adults. While domestic abuse has been estimated to affect around 1 in 5 children in some studies, the experience of children in relation to domestic abuse may go unrecorded unless they come to the attention of formal agencies, such as those in health, children's social care, the police or schools.[11]

Data from the NSPCC estimates that:

- Around 1 in 5 children have been exposed to domestic abuse
- Domestic abuse is a factor in over half of serious case reviews
- A third of children witnessing domestic violence also experienced another form of abuse.
- 1 in 5 teenagers have been physically abused by their boyfriends or girlfriends
- 130,000 children live in households with high-risk domestic abuse.
- Children exposed to domestic violence are more likely to have behavioural and emotional problems

The Department for Education reports on how many children need support or protection. When a child is referred to children's social care, an assessment is carried out to identify if the child is in need of services which local authorities provide. As at March 2016, 49.6% of children in need had domestic violence as a factor identified at end of their assessment.[12]

[11] **Joint Targeted Area Inspections (JTAI)** Joint inspections of the response to children living with domestic abuse: September 2016 to March 2017, September 2017

[12] Dept for Education, Characteristics of children in need: 2015 to 2016

Facts, figures and trends for Lancashire and Blackpool

The Office for National Statistics (ONS) provides data at police force area level on domestic abuse[13]. Figures for Lancashire police force area show:

- Approximately 52,800 people aged 16-59 had been a victim of domestic abuse in the last year; 70% were women.
- 9.1% of women and 3.9% of men aged 16-59 experienced at least 1 incident of domestic abuse during this period.
- 23,890 domestic abuse-related incidents and offences were recorded in 2015/16, this was equivalent to 16 incidents and offences for every 1,000 people in the population.
- 8,886 domestic abuse related-offences were recorded in 2015/16, equivalent to 6 offences for every 1,000 people in the population.
- 37% of combined domestic abuse related incidents and offences were classified as offences in Lancashire in 2015/16. This compares to 41% across England and Wales.
- There were 10 domestic homicides recorded in Lancashire between April 2012 and 31 March 2016; 5 were female. Of these 10 crimes 2 were committed in Blackpool and the victims were both female.
- Of the 3,492 domestic abuse-related prosecutions in Lancashire in 2015/16 and 77% (2,681) resulted in a conviction.

Police and crime data from the Safer Lancashire Multi-Agency Database Exchange shows that across Blackpool:-

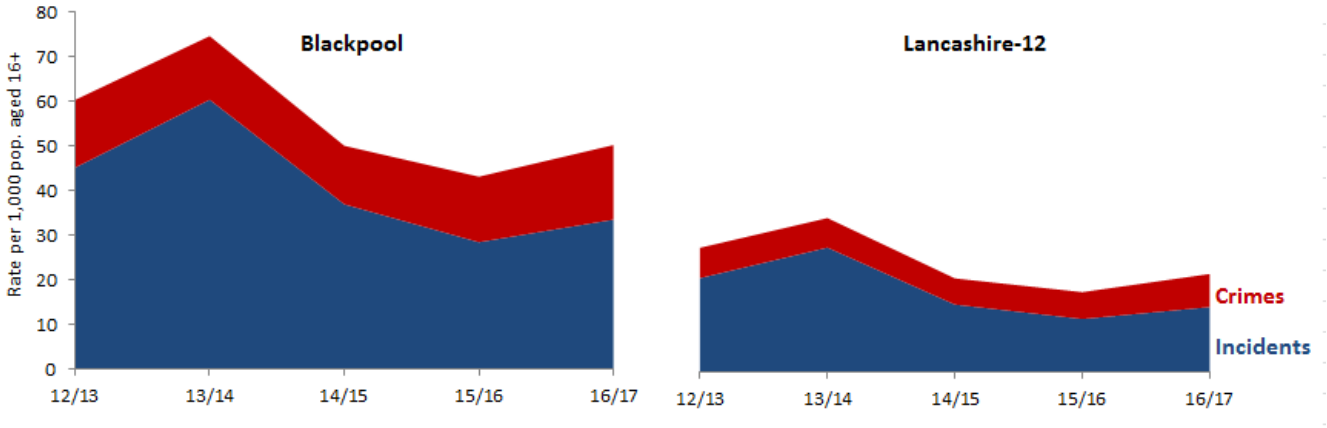
- Domestic abuse accounts for 9% of calls to the police for assistance[14]
- There were 3,824 calls to the police (incidents) relating to domestic abuse in 2016/17
- This was an increase of 18% from 3,244 incidents in 2015/16, though this increase was less than the Lancashire-12 increase of 22%
- However, the incident rate of 33.5 per 1,000 pop. aged 16+ is more than twice the Lancashire-12 average of 14.6 per 1,000.
- There were 1,912 domestic abuse crimes in Blackpool in 2016/17, an increase of 14% from 1,681 in 2015/16.

[13] ONS, Domestic abuse in England and Wales - Data Tool, December 2016

[14] This figure includes domestic incidents (incidents which fall outside the ACPO definition of Domestic Abuse) as well as domestic abuse.

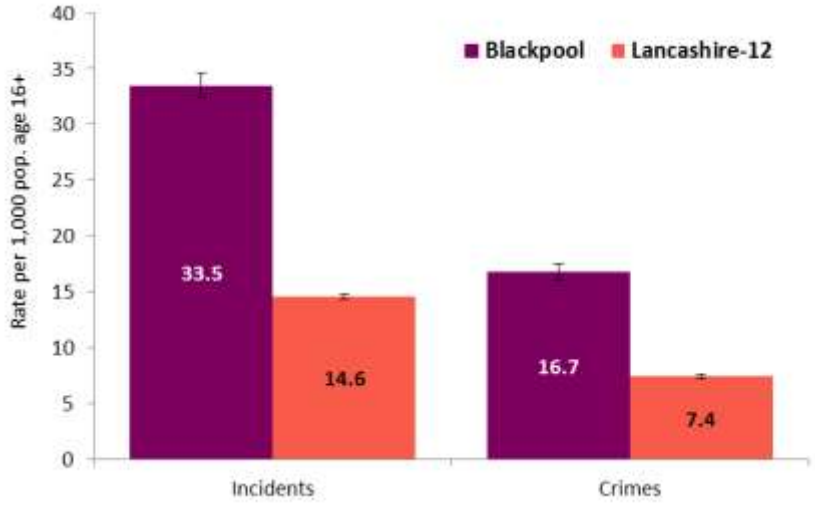
- The domestic abuse crime rate of 16.7 per 1,000 pop. aged 16+ is more than twice the Lancashire-12 average of 7.4 per 1,000.

Figure 2 Trend in rate of Domestic Abuse incidents and crimes in Blackpool and Lancashire-12, 2016/17



Source: Safer Lancashire MADE database, District Profile v16.1

Figure 3: Domestic Abuse incident and crime rates in Blackpool and Lancashire-12, 2016/17



Source: Safer Lancashire MADE database, District Profile v16.1

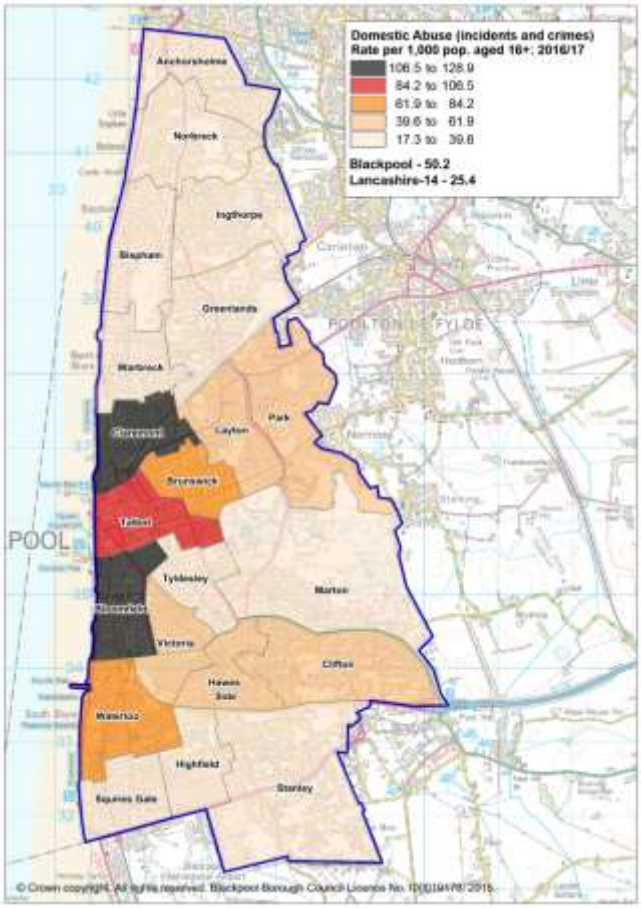
There is wide variation in domestic abuse incidents and crimes across the town, with the majority of cases coming from the Central West and South Central areas. Figures for incidents and crimes combined show that:

- There were over 5,700 domestic abuse incidents and crimes in Blackpool in 2016/17.
- Rates of domestic abuse ranged from 17.3 per 1,000 in Anchorsholme to 128.8 per 1,000 in Claremont.

- Of the 21 wards, only 5 are significantly higher than the Blackpool average of 50.2 per 1,000; Bloomfield, Brunswick, Claremont, Talbot and Waterloo.

- There were just over 900 domestic abuse incidents and crimes in these wards, accounting for 47% of all domestic abuse across Blackpool.

Figure 4: Domestic Abuse (incidents and crimes combined) rate by ward, 2016/17



Source: Safer Lancashire MADE database, District Profile v16.1

Both men and women who lived in the 20% most deprived areas of England and Wales were more likely to be victims of domestic abuse: 11.1% of women and 4.8% of men living in these areas were estimated to have been victims of any domestic abuse compared with 5.6% of women and 3.0% of men living in the 20% least deprived areas of England and Wales[15]. Approximately 70,000 (50%) people in Blackpool live in the 20% most deprived areas.

[15] ONS, Focus on Violent Crime and Sexual Offences : Year ending March 2015, Intimate personal violence and partner abuse, February 2016.

Blackpool also has greater proportions of younger people who may be lone parents, on low incomes, have a long term illness and/or low education levels, all risk factors for greater domestic abuse[16].

Children affected by Domestic Abuse in Blackpool

Children in Need[12] statistics from the Dept for Education provides information on the number of referrals to children's social care and assessments carried out upon those children. When a child is assessed following a referral, the practitioner determines the child's primary need at a first assessment.

Factors identified at the end of assessment are in addition to the primary need identified. More than one factor can be identified and each can be reported. Most children will have more than one factor identified and reported.

- Abuse or neglect was the most common primary need at assessment for Blackpool children in need at March 2016 – 59% (1,123) of children had abuse or neglect identified as their primary need at assessment.

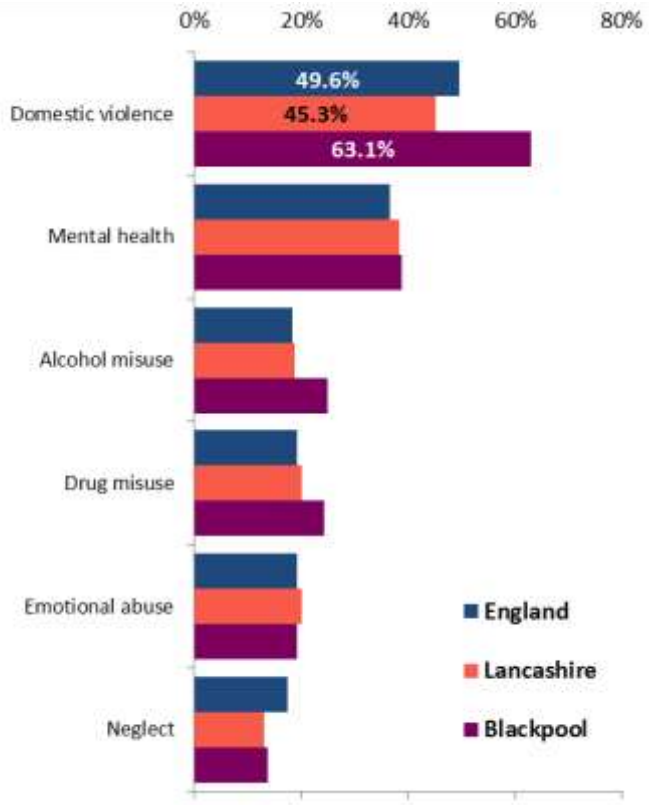
- This compares with 51% across England.

- Domestic violence, which includes that aimed at children or other adults in the household, was the most common factor identified for children in need at March 2016 – 63% (794) of children in Blackpool had domestic violence as a factor identified at end of assessment compared to 50% nationally.

- Blackpool figures for children in need and for those affected by domestic violence are significantly higher than the Lancashire and England averages.

Figure 5: Children in Need episodes with assessment factor information - 6 common factors identified at the end of assessment, England, Lancashire and Blackpool 2015/16

[16] Blackpool Joint Strategic Needs Assessment (JSNA)



Source: Dept for Education, Characteristics of Children in Need, 2015/16

Throughout the needs assessment it has been discussed about substance misuse being involved with domestic abuse and the data in the next tables demonstrates the number of children affected by parental substance misuse.

The Data below shows the number of drug users who have entered treatment in 2016-17 who live with children and the stated number of children who live with them. In addition, the table shows the number of pregnant female clients entering treatment, as well as the number of children living with drug users.

Parental status	Local				National			
	n	Proportion of new presentations	Proportion by gender M	F	n	Proportion of new presentations	Proportion by gender M	F
Living with children (own or other)	234	56%	54%	59%	15,875	20%	17%	29%
Parents not living with children	65	15%	15%	15%	24,705	31%	31%	32%
Not a parent/no child contact	117	28%	29%	26%	37,535	48%	51%	38%
Incomplete data	5	1%	2%	0%	518	1%	1%	1%

Living with children	Local			National			
	n	Proportion of children by client gender M	F	n	Proportion of children by client gender M	F
Number of children living with drug users entering treatment in 2016-17	831	71%	29%	33,312	66%	34%

Pregnancy data	Local		National	
	n	Proportion of new female presentations	n	Proportion of new female presentations
New female presentations who were pregnant	7	6%	875	4%
Incomplete data	0	0%	888	4%

Source: Public Health England Adults – Drugs Commissioning Support Pack 18/19 key data

The Data below shows the number of alcohol users who have entered treatment in 2016-17 who live with children and the stated number of children who live with them. In addition, the table shows

the number of pregnant female clients entering treatment, as well as the number of children living with alcohol users.

Parental status	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of new presentations	M	F	n	Proportion of new presentations	M	F
Living with children (own or other)	113	40%	35%	50%	13,393	25%	21%	33%
Parents not living with children	44	16%	17%	14%	12,402	24%	26%	20%
Not a parent/no child contact	119	43%	47%	34%	26,374	50%	53%	46%
Incomplete data	4	1%	1%	2%	414	1%	1%	1%

Living with children	Local		Proportion of children by client gender		National		Proportion of children by client gender	
Number of children living with alcohol clients entering treatment in 2018-17	n		M	F	n		M	F
	372		56%	44%	26,924		52%	48%

Pregnancy data	Local	Proportion of new female presentations	National	Proportion of new female presentations
	n	%	n	%
New female presentations who were pregnant	5	5%	255	1%
Incomplete data	2	2%	864	4%

Source: Public Health England Adults – Drugs Commissioning Support Pack 18/19 key data

Multi Agency Risk Assessment Conferences (MARACs)

Multi-agency risk assessment conferences were introduced in England and Wales as a non-statutory meeting where information about high risk domestic abuse victims is shared between agencies and a risk-focused coordinated safety plan is produced to support victims. A MARAC is usually attended by local authorities, health services, housing authorities, criminal justice agencies, specialist domestic violence services, and many other statutory and voluntary sector agencies to improve service provision. An evaluation of the MARAC process was undertaken in Cardiff[17] which established MARACS:

- Increased information sharing and trust between agencies
- Provided a setting where children's needs could be raised and discussed
- Prevented re-victimisation

Additional a review of MARACs in 2011 found that MARACs have the potential to improve victim safety and reduce re-victimisation therefore may be a highly cost effective measure. However there are limitations with this evidence due to the limited number of studies undertaken and more robust evaluation would be required to strengthen this conclusion[18].

Information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. The role of these Multi Agency Risk Assessment Conferences (MARAC) is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken.

- Blackpool had 523 cases discussed at MARAC's in 2016/17.
- This is 17% of Lancashire's total, the highest proportion of all the districts
- 153 (29%) were repeat cases, that is, a case which had already been referred to a MARAC in the previous 12 months.
- 83% of cases came from police or IDVA referrals.

[17] Robinson L (2004); Domestic Violence MARACs (multi agency risk assessment conference) for very high risk victims in Cardiff

[18] Steel N; Blakeborough L; Nicholas S (2011); Supporting high risk victims of domestic violence; A review of multi agency risk assessment conferences (Research Report 55 Summary); London; Home Office

Figure 6: Trend and characteristics of MARAC Cases, Lancashire and Blackpool

		Lancashire			Blackpool		
		2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
Cases Discussed	Cases Discussed	2,932	2,932	3,054	575	395	523
	Repeat cases	819	794	788	154	74	153
	% repeat	27.9%	27.1%	25.8%	26.8%	18.7%	29.3%
	No. of children in the household	3,480	3,342	3,500	714	456	558
Diversity	Cases from BME community	257	306	274	14	0	28
	% from BME community	8.8%	10.4%	9.0%	2.4%	0.0%	5.4%
	LGBT cases	19	31	28	5	6	11
	% LGBT cases	0.6%	1.1%	0.9%	0.9%	1.5%	2.1%
	Cases where victim has a disability	42	43	63	10	7	9
	% where victim has a disability	1.4%	1.5%	2.1%	1.7%	1.8%	1.7%
	Male victims	157	182	213	37	26	54
	% male victims	5.4%	6.2%	7.0%	6.4%	6.6%	10.3%
Young People	Victims aged 16 - 17	65	81	52	22	11	10
	%victims aged 16 - 17	2.2%	2.8%	1.7%	3.8%	2.8%	1.9%
	No. harming others aged 17 or below	21	42	30	8	13	12
	% harming others aged 17 or below	0.7%	1.4%	1.0%	1.4%	3.3%	2.3%

Source: Safer Lancashire MADE database, Domestic Abuse Report (v6) Multi-Agency Risk Assessment Conferences(MARAC)

Figure 7: MARAC Referral sources, Lancashire and Blackpool

	Lancashire						Blackpool					
	2014/15		2015/16		2016/17		2014/15		2015/16		2016/17	
Police	2156	69%	1991	68%	2048	72%	435	75%	228	58%	373	71%
IDVA	574	18%	490	17%	399	14%	20	3%	30	8%	64	12%
Voluntary Sector	114	4%	47	2%	33	1%	31	5%	7	2%	0	0%
Primary Care Service	63	2%	72	2%	51	2%	28	5%	41	10%	12	2%
Children's Social Care	29	1%	65	2%	29	1%	17	3%	51	13%	20	4%
Secondary Care	17	1%	35	1%	53	2%	7	1%	0	0%	12	2%
Other*	154	5%	233	8%	214	8%	40	7%	39	10%	42	8%

*Other: Probation, Housing, Substance Abuse, Education, Mental Health, Adult Social Care, MASH, Other

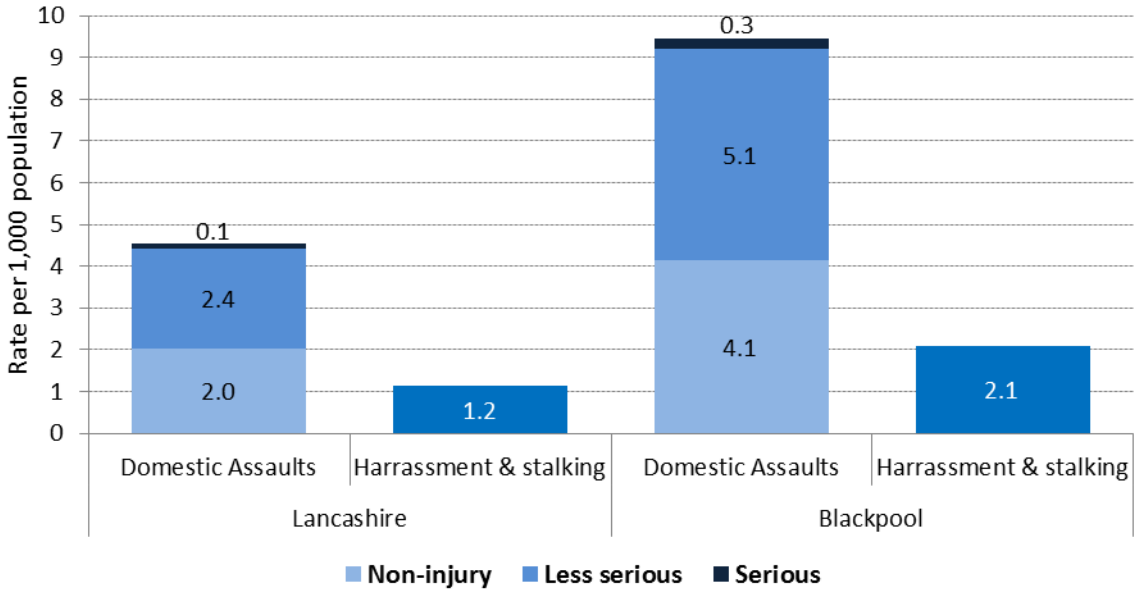
Source: Safer Lancashire MADE database, Domestic Abuse Report (v6) Multi-Agency Risk Assessment Conferences(MARAC)

Safelives data identifies for April 2016 to December 2016 that the 'year on year change in cases' the national figure being 5% and Blackpool being 8%.

Police crime outcomes data categorises domestic assaults into 3 groups; serious, less serious and non-injury. There is also a separate category for harassment and/or stalking. Data for 2016/17 shows:

- Blackpool and Lancashire have similar proportions of serious, less serious and non-injury domestic assaults.
- 20% of all Lancashire's domestic assaults occur in Blackpool.
- 3 out of every 100 domestic assaults is serious.
- There were 35 'serious' domestic assaults in Blackpool.
- More than half (56%) of domestic assaults result in injury.
- Rates of domestic assault at all seriousness levels are twice as high in Blackpool as in Lancashire.
- There were 292 harassment and stalking crimes in Blackpool.

Figure 8 Domestic assaults by seriousness level, Lancashire and Blackpool rates per 1,000 population: 2016/17



Source: Safer Lancashire MADE database, Crime Objective Results and Analysis-CORA (v17)

What is currently offered in Blackpool

Blackpool Council want it's Blackpool to be a safe place for people to live and work and recognise that for many people one of the most dangerous places for them is within their own home or their own relationships. It is important to recognise that interpersonal violence is a widespread problem that cannot be ignored. It is unacceptable and as a council we will promote the understanding that everyone has the right to live free from violence and abuse in any form and the responsibility for the violence lies with the perpetrator.

The impact of interpersonal violence is vast, having serious consequences for those involved and can occur in any household crossing boundaries of race, class and sexual orientation. Interpersonal Violence can have devastating effects extending beyond the victim, impacting on children, family, friends and work colleagues.

Blackpool's Domestic Abuse and Interpersonal Violence Partnership Sub Group views interpersonal abuse as a particularly serious issue and recognises the importance of its role to ensure the right services are provided and coordinated as a partnership.

Linked to the national VAWG strategy 'Ending Violence against Women and Girls' for service transformation a range of targeted activity shall be delivered during the next three financial years until March 2020; and work is now progressing towards the development and implementation of this. This will including support for young people contributing towards breaking the cycle of domestic abuse and building resilience, work with perpetrators in respect of behaviour change; and working with adults, children and families in respect of behaviour change adopting a whole family approach.

There are a range of programmes offered in Blackpool to support individuals affected by domestic abuse:-

Inner Strength Perpetrator Programme: This is a programme that is delivered in partnership with the Police and aims to change behaviour for perpetrators and reduce the risk to victims. The programme is an evidenced based programme designed to raise self-awareness, resilience and provide alternative coping strategies to ultimately reduce frequency of domestic abuse incidents.

Blackpool Better Start: This is a partnership which is working to transform services in Blackpool for the 0-4 year old children and their families, is launching programme called Steps to Safety in Summer 2018. The Steps to Safety programme will work with families who wish to remain together in domestic abuse situations, and will work towards supporting the children to remain with their families safety.

Local Family offer: This is a tool that has been developed for frontline practitioners to support routine questioning around inter parental relationships to increase staff skills and confidence to support interactions with parents.

The Tavistock Foundations Parents as Partners Programme aims to improve parent's relationship and communication, strengthen family relationships, support parents to manage the challenges of family life and reduce relationship conflict.

SafeNet Domestic Abuse Serivces: this is a Blackpool commissioned service for high-risk DA victims (IDVA) and children experiencing DA (CIDVA).

The services aim to provide an integrated response for adult victims who are at high risk of domestic abuse including children as part of the whole family approach. Increase safety and wellbeing of victims and their children to ensure they are enable to lead healthy and safe lives now and in the future, reduce harm caused by taking a whole family approach to preventing further abuse; and increase the resilience of children and young people who have/are experiencing domestic abuse.

Activities involved in the service are MARAC, urgent safety advice and support, safety planning, support through legal measure and criminal justice system, referrals to safe accommodation, therapeutic group work, CIDVA one to one and where appropriate group work and support to schools.

SafeNet Abuse Services – Power to Change Programme: This programme is for victims who have ended the relationship or no longer in an abusive relationship and looking to move forward in their life. It looks at healthy relationships, self-esteem and confidence

Women's Aid National Domestic Violence Helpline: This is a 24 hour Freephone confidential National Domestic Violence Helpline for women, children, professionals and concerned adults

Fylde Coast Women's Aid

Fylde Coast Women's Aid Refuge: A Fylde Coast helpline which is accessible 9am -9.30pm Monday – Friday and 12 noon to 9pm at weekends. Contracted to provide specialist short term accommodation and support to prevent victims of domestic abuse from rough sleeping and experiencing homelessness, ensure and promote safety; and to promote independence and move people into independent accommodation.

FCWA SafeHaven Team: This is a service supporting children and young people who have experienced or still experiencing domestic abuse. It provides domestic abuse early intervention service for children and young people in Lancashire.

> **Connect with Respect** – For young people aged 11-18 years. It is available across Blackpool, Wyre and Fylde. Promotes positive messages for healthy relationships, raises children and young people's expextations so they can recognise harmful and risk taking behaviour and develop better strategies for coping.
>
> **Connect with respect – Look Ahead**: prevention strand of work for young people aged 11-16 years. Designed to empower young people to seek out advice if they are in danger and need of support. Sessions are available to schools which can be delivered during flexible learning/health impact days when pupils are off their normal timetabled lessons; and to groups of young people in community and youth group settings.

Fylde Coast Women's Aid – Recovery Programme: Explores self-esteem and confidence, coping with consequences of abuse, improving wellbeing, learning to become more assertive; and being able to identify healthy and unhealthy relationships.

Fylde Coast Women's Aid – Community drop in sessions: This programme offers immediate advice and support around safety, emotional support and practical help.

Fylde Coast Women's Aid – Outreach Support: Offers safety planning, legal advice, housing options and financial matters.

High risk IDVA Support – FCWA

Hospital based IDVA: This service is based at Blackpool Teaching Hospitals and offered to individuals who present to the hospital and require support due to domestic abuse.

BME IDVA

Male IVDA

Delivery partners include FCWA, Healthworks, Horizon, CGL-Inspire and Blackpool Teaching Hospital NHS Foundation Trust delivering the **Complex Needs Pilot -** In partnership with Fylde and Wyre a 12-month complex need victims pilot is being undertaken. This commenced on the 31 July 2017 and provides support and accommodation for complex victims across the Fylde Coast. Offering a flexible and timely response at a time of crisis for victims. The model will provide a co-ordinated response to victims of domestic abuse with complex needs, ensuring their safety, removal of barriers to specialist services and support to help live independently. It is anticipated that working with key services this will encourage behaviour change and work towards breaking the cycle of domestic abuse.

Empowerment 'The Den' - Support for children and young people (CIDVA) aged 3-21 years old. Support includes exploring safety planning and what to do in an emergency**,** identifying support / support networks**,** raise awareness on healthy and unhealthy friendships / relationships**,** explore feelings and emotions and introduce practical coping strategies

** Please note as there is support for children and young people in Blackpool that is both commissioned and non-commissioned there is a clear referral pathway into these services.*

Sanctuary Support – Co-ordinated by Blackpool Council and delivered by Blackpool Coastal Housing Care and Repair enables victims to maximise their independence, wellbeing and safety; enhancing security in the property through 'target hardening' for example extra door and window locks, boarding up and securing windows and fire retardant letter boxes.

Families in Need/Early Action: Blackpool's socio economic climate; levels of deprivation and transience all contribute to form a pool of hard to reach families that have complex needs, placing considerable demands on services. In response to this Blackpool Council have developed services that offer these families support, ranging from proactive, preventative services to complex multi-disciplinary interventions.

Families in Need Service deliver support to families receiving Early Help or statutory intervention in accordance with the Pan-Lancashire continuum of need.

Underpinning this work is a **whole family approach** where families receive a holistic package of intervention to challenge behaviours and support better outcomes for children.

The approach to supporting families

- utilises the 'continuous assessment'
- is practical hands on support in the family home
- is persistent and tenacious
- provides a co-ordinated multi agency approach to tacking issues
- offers a step down facility for children no longer requiring statutory intervention

Troubled Families: The Families in Need Service have also led on the delivery of the Troubled Families programme in Blackpool; a cross government programme, led by the Department for Communities and Local Government, to address many of the issues facing hard to reach, problematic families across England. In April 2012 the programme Troubled Families was formally launched targeted at families who meet the criteria laid down by Department of Communities and Local Government (DCLG) which include persistent absence, school exclusion, anti-social behaviour and families accessing out of work benefits. Blackpool has been successful in achieving positive outcomes for families in the first phase of troubled families and was selected as an early implementer of phase 2, which has a wider brief to support children with a variety of vulnerabilities.

Blackpool Coastal Housing: Provides practical support to victims of domestic abuse such as lock replacement, lock repairs and boarding up windows.

Housing Options: A Council run service, which provides advice and information and emergency accommodation.

ISVA: Lancashire Victim Support have been awarded the wider contract for ISVA (Independent Sexual Violence Advisor) provision across Lancashire, including Blackpool. This service works in collaboration with the Renaissance, Safe Centre and Trust House ISVA's to ensure equity of service provision across Lancashire. The ISVA service provides independent support for those who have experienced or been affected by sexual violence, assault and/or abuse. The service provides emotional and practical support in the aftermath of sexual violence and supports people as their case progresses through the criminal justice system. Advice can include areas such as the police and wider criminal justice procedures, sexual health and contraception and emotional support.

The PCC Office is currently developing hospital based ISVA support which will support Blackpool.

White Ribbon Campaign: Blackpool on behalf of the Blackpool Domestic Abuse & Interpersonal Violence (DAIV) Partnership received White Ribbon accreditation in November 2017 along with all Lancashire district councils, Lancashire Constabulary, Lancashire County Council, the Office of the Police and Crime Commissioner and several health bodies. Lancashire becoming the UK's first White Ribbon county supported by Lancashire's Police and Crime Commissioner. The White Ribbon campaign aims to educate and raise awareness of violence against women and engage more men to be part of the solution. Supporters of the campaign are asked to pledge never to commit, condone, or remain silent about men's violence against women in all its forms; with Blackpool being clear that all violence and abuse is not acceptable for any victim regardless of gender. Some of the diverse range of organisations that are be involved are Blackpool Council, Blackpool Muslim Community, schools, children's centres, Blackpool Teaching Hospital, Safenet Domestic Abuse Service, Fylde Coast Women's Aid (FCWA), Blackpool & The Fylde College, neighbourhood policing and community safety teams, police cadets, Lancashire Constabulary, Lancashire Fire and Rescue service, and Blackpool Coastal Housing.

Conclusion

The Needs Assessment has demonstrated that domestic abuse/violence is a significant issue for Blackpool. It is a significant Public Health issue, which is having a major impact upon those directly affected and their families. The introduction highlighted the cost to health, housing and social services, criminal justice and the civil legal system. All this highlights the need for our services to focus on innovative service reform to prevent domestic abuse.

Throughout the document, it highlights that domestic abuse/violence is an issue for both men and women, however, it is more commonly inflicted on women by men. The data shows that young women are more likely to experience repeated and severe forms of violence, including sexual violence. It is acknowledged that these individuals are more likely to have sustained psychological or emotional impact or result in injury or death.

There are range of national and local policy drivers shaping and influencing how domestic abuse should be addressed at a local level. The Needs Assessment has highlighted there are a range of services being offered in Blackpool to both men and women who have been a perpetrator or experienced domestic abuse/violence. However, further work needs to be undertake to consider where services are being delivered, in particular consideration on delivering/locating services in high prevalence areas.

The Ofsted report on multi-agency response to children living with domestic abuse highlighted that the volume of activity domestic abuse has created for agencies is so great that it requires sophisticated systems and well-coordinated processes. The report acknowledged professionals had made progress in dealing with the immediate challenges presented by the volume of cases of domestic abuse; however, domestic abuse is widespread public health issues that needs a long-term strategy to reduce its prevalence. The report highlights the good work being done to protect children and victims, but far too little is being done to prevent domestic abuse and repair the damage that it does. Keeping children safe over time needs to be the long-term solution. There is a strong focus on immediate crisis intervention, which only supports the people and children immediately affected, or at visible risk. As a result of this, agencies are not always looking at the right things, and in particular, not focusing enough on the perpetrator of the abuse. Finally, the report discusses the lack of clarity about how to navigate the complexities of information sharing. Therefore there is a need for greater consistency in definition of harm, and in the understanding whose rights to prioritise.

Recommendations

- Strengthen and further develop a whole system approach to tackling domestic abuse to obtain the best outcome for victims and their families which ensures victims receive the right support at the right time.
- Need to continue to have a systematic approach to domestic abuse prevention and reducing its impact, in the context of reducing public sector budgets.
- Implement a strategic approach to integrated commissioning and develop pooled budget arrangements to achieve an outcome based ‘One public service’ offer.
- Reduce the impact of domestic abuse and interpersonal violence by using a multi-agency collaborative approach.
- Improve early help and interventions for victims, children and perpetrators
- Early intervention and prevention work should include targeting perpetrators before they reach the criminal justice threshold
- Prevention of violence against women and girls – need to challenge attitudes and behaviours which foster it.

This page is intentionally left blank

V12 Blackpool's Domestic Abuse & Interpersonal Violence Partnership Strategy 2016 – 2018 Action Plan

V12 Blackpool's Domestic Abuse & Interpersonal Violence Partnership Strategy 2016 – 2018 Action Plan

1. Aims of the Blackpool DAIV Partnership Strategy 2016/2020

Aims

The objectives of the Blackpool DAIV Partnership Strategy are to:-

- To provide strategic direction for the Blackpool Domestic Abuse and Interpersonal Violence Partnership Board.
- To ensure victims and their families in Blackpool experiencing domestic abuse and interpersonal violence have access to quality provisions of services appropriate to their needs.
- To reduce the impact of domestic abuse and interpersonal violence by using a multi-agency collaborative approach.
- To implement a strategic approach to integrated commissioning to develop a 'One public Service Offer'.
- To intervene, prevent and break the cycle of domestic abuse and interpersonal violence across Blackpool reducing incidents of abuse and repeat victimisation.

2. Strategic Drivers & Relevance

The main overarching drivers are both local and National:-

(1) Blackpool Council Plan 2015 – 2020 - Priority 2

- *"Communities: Creating stronger communities and increasing - resilience"*

Reductions in levels of domestic abuse; and support services which increase resilience and will contribute to the creation of stronger communities within Blackpool.

(2) HM Government Ending Violence against Women and Girls (VAWG) 2016 – 2020 (March 2016)

The National Policy contains four guiding principles for work around violence against women and girls and Blackpool's Strategy is founded upon these principles, which are to:-

- Preventing violence and abuse
- Provision of services

- Partnership working
- Pursuing Perpetrators

3. Aims & Objectives of the Blackpool DAIV Partnership Action Plan

Aims

The aims of the Blackpool DAIV Partnership Action Plan are:-

1. To identify actions in order to ensure delivery of the Blackpool DAIV Partnership Strategy 2016/2020
2. To identify actions in respect of the four priority areas outlined within the above Strategy:
    a. Prevention
    b. Provision
    c. Partnership
    d. Perpetrators
3. To identify a Lead Agency / Officer
4. To consider what resources are required
5. To formulate a timeline for when specific actions need to be completed.

Objectives

The objectives of the Blackpool DAIV Partnership Action Plan are to:-

1. To ensure the implementation and delivery of the Blackpool DAIV Partnership Strategy 2016/2020
2. To ensure that the Partnership work together to meet the strategic priorities for Blackpool
3. To ensure all victims receive the right support at the right time, which is effective and adopts a whole family approach; and through implementing a strategic approach to integrated commissioning developing the 'One public Service Offer'.

4. Outcomes of the Blackpool DAIV Partnership Action Plan

Outcomes

The Partnership will need to know whether the Strategy is making a difference and will aim to measure its impact through the following outcomes measures:-

I. Blackpool residents understand what is meant by domestic abuse and interpersonal violence and they know what they can do about it and where to get help.
II. Blackpool victims of domestic abuse and interpersonal violence are protected and can live in safety, preferably in their own homes.
III. Increased awareness of respectful personal relationships, especially amongst young people.
IV. Fewer children and young people experience domestic abuse and interpersonal violence.
V. Perpetrators of domestic abuse and interpersonal violence do not repeat their abusive behaviour.

It is worth noting that as we raise awareness of domestic abuse and interpersonal violence and how to get help, we may see an increase in the number of first time reports during the first phase of the Strategy implementation.

5. Blackpool DAIV Partnership Action Plan

V12 Blackpool's Domestic Abuse & Interpersonal Violence Partnership Strategy 2016 – 2018 Action Plan

Action No.	Action	Lead Officer / Organisation	Outcome / Evidence	Time frame	Rag Status
Priority One: Prevention					
Objective 1.1 Raise local awareness of domestic abuse so people understand what it is and where they can get support					
1.1.1	Safeguarding Boards to run DA campaign to deliver key messages & encourage victims to report DA. Next recorded campaign will be aimed at older adults. This campaign will also deliver the White Ribbon message.	Paul Threlfall & Sarah Rahmet - Children & Adult Safeguarding Boards (BSCB & BSAB)	Campaign delivered Campaign evaluated to measure impact	May 2017	
1.1.2	Explore the use of the Headstart digital platform alongside the digital iThrive and fyi, to provide online advise, information and guidance for young people, parents and professionals	Kelly Walker & Zohra Dempsey, Blackpool Council	To have explored To have implemented (subject to costs) *Feb 2018 update:- 'continuing to explore the use of the Digital platform within HeadStart, young*	Initial meeting Nov 2017 tbc	

			people steer the creation of content (co–produced) and given the autonomy to identify subject matters pertinent to them of which domestic abuse features regularly. The domestic abuse agenda is at the forefront of strategic programmes across the Council and CCG in order to identify opportunities to collaborate and co-produce on pieces of work across all areas of commissioning and public health when appropriate.'		
1.1.3	Support the White Ribbon Campaign and celebratory accreditation event, including looking into additional awareness and education materials	Community Safety Team	Raised awareness Number of people engaged	March 2018	
1.1.4	Maintain effective communication and relationship with local DA service providers	Chrissie Chesters, Blackpool Council	Regular communication maintained Partnership work encouraged where appropriate Victims, children and young people able to	Ongoing	

			access local DA non-commissioned support, services and programmes Victims or people who may know of someone experiencing DA are able to access a Fylde Coast Helpline for advice and support 7 days a week (9.30am – 10.30pm)		
1.1.5	To obtain White Ribbon Accreditation	Chrissie Chesters, Blackpool Council	White Ribbon Accreditation obtained	July 2017	
1.1.6	To deliver local White Ribbon action plan	Chrissie Chesters, Blackpool Council shall have oversight but all responsible for delivery	Action plan to be achieved within 2 year period	2 years from accreditation - July 2019	
Objective 1.2 Create an environment for safe and early disclosure					
1.2.1	Development of the Blackpool Young People's Service	Moya Foster, Blackpool Council	Developed and operating	2017	Since 3rd July 2017

			Routine questioning built into the BYPS Screening Tool	March 2018	
1.2.2	Deliver the IRIS Programme - via the Family Hub Pilot. IRIS is a domestic violence and abuse training, support and referral programme for GP practices that has been evaluated in a randomised controlled trial.	Moya Foster - Blackpool Council / Early Help (in partnership with GPs in the Central West Vanguard).	Explore Funding Training and support to be commissioned from IRIS. GPs within pilot are able to identify DA at the earliest point of disclosure and refer swiftly to an appropriate service.	Dec 2017 April 2018	
1.2.3	Further develop the Local Family Offer - Roll out practitioner tool developed as part of the Local Family Offer across services to supplement the whole family assessment process.	Moya Foster – Blackpool Council / Early Help (in partnership with GPs in the Central West Vanguard).	Inter-parental relationship routinely considered as part of the whole family assessment leading to increase family stability 'Roll out' of Practitioner tool linking in with Blackpool's Organisational Workforce Development	October 2017	
1.2.4	To deliver Parents under Pressure (PUP), Safecare & Video	Clare Law - Betterstart	Early identification and referrals to CSC	Ongoing	

	Interactive guidance (VIG).				
1.2.5	To Improve evidence re: routine enquiry and ensure regular training for staff	Hazel Gregory – BTHFT	Regular DA training for hospital staff (Delivered monthly – evidenced via Trust attendance figures if required) Improved evidence – evidence re: true routine enquiry considered and Health Visitor offer updated reflecting the same as hospital staff	Ongoing	
1.2.6	To explore potential longer term model with OPCC re: resourcing IDVAs in hospitals	Hazel Gregory -BTHFT Robert Ruston –OPCC	Current BTH IDVA in place until March 2018 Explored and any required work/actions progressed	Dec 2017	
1.2.7	A parent support and training programme to prevent neglect and harm to children	NSPCC	Number of referrals to NSPCC SafeCare	Ongoing	
1.2.8	Staff to make appropriate best interest decisions for adults lacking capacity re: DA The Trust has a Policy and a Procedure for Implementing the Mental Capacity Act and Obtaining Authorisation for Deprivation of Liberty CL038 and CL038a re: DA	LCFT	Gather detail of increased risk to children within assessment Standard and enhanced risk assessment documentation incorporates routine enquiry relating to DA.	Ongoing	

Page 132	This includes direction and guidance regarding Capacity Assessments and Best Interests.		Assessments include risks and behaviours to self, others and vulnerability. Including sexual violence. LCFT CARE PROGRAMME APPROACH POLICY and CPA PROCEDURES CL012 advocate a balanced attitude to risk management which informs the development of the Service User's care plan. Care plans are then developed to manage all of the Service User's needs, including those needs relating to risk. Risks to children and vulnerable adults form part of the risk assessment and appropriate advice sought and referrals made in line with the LCFT Safeguarding Policy and Procedures. The clinical requirement for the risk assessment includes routine enquiry into domestic abuse to ensure clinicians record the outcome of such conversations. The Trust has developed a clear framework that supports use of MHA or MCA. This has strengthened systems for managing how legislation is applied in services.		

1.2.9	Priority to be given to those on the housing register at risk of DA	Housing Options	Evidence of Risk and priority ensured		
Objective 1.3 Provide opportunities to young people for their personal and social development in relation to healthy relationships					
1.3.1	Implement a consistent PSHE programme including healthy relationships in year 5, 7 and 9. As the new statutory SRE agenda becomes clearer, ensure local implementation	Judith Mills/Alan Shaw, Blackpool Council	PSHE programme produced for consultation *There have been 2 x failed recruitment exercises. Public Health are now exploring with primary schools options to buy capacity from them to undertake the project.*	July 2018	
1.3.2	To embed an evidence led resilience approach to working with young people and families across the children's workforce, focuses on positive and healthy relationships as an element of a wider resilience framework	Pauline Wigglesworth, Headstart, Blackpool Council	Evidence of increased resilience using validated data Children's Services workforce having free access to resilience training and supervision	Until 2021	
1.3.3	Utilise the evidence base review being undertaken by Public Health, Blackpool Council for primary prevention strategies in respect of sexual violence	Janet Duckworth and Chrissie Chesters, Blackpool Council	Models of good practice identified and explored.	2018	

	(which can cross cut into Domestic Abuse) Explore primary prevention strategies aimed at changing social norms that support Domestic Abuse				
1.3.4	Pilot an evidenced based programme for young people who are experiencing / witnessing abuse domestic abuse ▪ To build and promote resilience through the use of the Resilience Framework ▪ To prevent ongoing generational cycles of abuse and contribute towards positive behaviour change ▪ To test a model to inform future practice	Chrissie Chesters & Kelly Walker	Implementation of the Home Office bid	Start April 2018	
Objective 1.4 Ensure that systems are in place to identify , reduce and mitigate the risk of harm to children, young people and adults					
1.4.1	To provide/facilitate access to domestic abuse awareness training and review systems in place within practices to ensure consistency in approach to domestic abuse.	Cathie Turner - BCCG	Increased awareness across all GP practices Improved data capture	March 2018	

1.4.2	CSC systems in place	Tony Morrissey – Blackpool Council	Effective systems working multiagency	Ongoing & reviewed 12 wkly – via Children's Service Improvement plan	
1.4.3	Ensure professionals understand pathways to referring into CSC	Paul Threlfall - BSCB	Reviewed Early Help Thresholds Document Updated threshold agreed, implemented and training rolled out	Sept 2017	
1.4.4	Deliver the Step Up Project – to improve existing evidence on the Early Help response for children living with domestic abuse by offering support to Families who have been referred to the Front Door but do not meet the threshold. Families are screened and those that meet the Step Up criteria are approached and whole family support offered.	Moya Foster – Blackpool Council / Early Help (in Partnership with Researchers from University of Central Lancashire)	Families taking part in the project are supported via a whole family approach, which involves working with both parents, or parent and partner, other adults living in the home and the children.	March 2017 onwards	

			Families on the project provided with support to reduce individual, family and environmental stresses and vulnerabilities thought to be associated with higher rates of domestic abuse and poorer child outcomes in Blackpool.	March 2017 onwards	
			Evidence base developed to inform and assess Early Help responses for children and families living with domestic abuse in Blackpool.	Research project to end 2019	
1.4.5	To review safeguarding procedures to ensure effective systems are in place to identify and respond to risk of harm to children and adults linked to DA.	Joanne Dann – CL Community Rehabilitation Company (CRC) Elaine Seed - Community Rehabilitation Company (CRC)	Review of procedures via Risk & Public Protection Group. Review application of procedures as part of the internal case audit process.	March 2018 onwards	
1.4.6	Pan Lancashire MASH review solutions to be piloted outside of Blackpool, working towards a finalised and new	Futures Team, Lancs. Constabulary and Tony Morrissey &	Explore opportunity to streamline MASH function with MARAC process	Ongoing	2018

	system including operational restructures implemented	Kathy Gardner, Blackpool Council	Working towards new system in place with a review date to measure impact of change *Longer term measures post implementation:* *No. of referrals reduced at the front door* *Increase in Early Help activity*		
1.4.7	In respect of MASH explore Blackpool solution to possibly pilot	Kathy Gardner, Moya Foster, Cindy Hunter, Blackpool Council and Nikki Evans, Lancs. Constabulary	End to end review completed	Oct 2017	
			Implemented in line with Children's Services Improvement Plan action	Dec 2017	
1.4.8	Early Help Assessments to be consistently initiated and case held by all relevant partners	BSCB	New Blackpool Threshold implemented	Sept 2017	
			Explore options for collating partnership Early Help activity *Plan to pilot a web based version of the EHA prior to Easter*	June 2018	

			To undertake auditing of new Early Help assessments	March 2018	21st March
1.4.9	Improve Performance Monitoring of Evidencing Outcomes	National Probation Service (NPS)	Evidence of:- Successful completion of Community Orders and Licenses. Recall on License takes place when there is an increase in risk or following a further offence, this being a protective factor for some victims *(recall on license would be counted as an unsuccessful completion)*		
		CRC	Evidence of the number of successful completions of DA interventions	Ongoing	
1.4.10	When appropriate utilise the tools & powers from the Antisocial Behaviour legislation to minimise risk	Community Safety Team	No. of 'tools & powers' used Improved safeguarding of children, young people and adults	March 2018	

Objective 1.5 Ensure all relevant professionals are trained to ask about and deal appropriately with domestic abuse					
1.5.1	To ensure effective multi agency training delivered to meet all agencies needs e.g. time of delivery	Cathie Turner - BSCB/BSAB Training sub group Cathie Turner	Multi agency training needs analysis undertaken Assurances sought from agencies/providers re: numbers of staff trained etc. Impact of training on practice. This would include all Board agencies and Primary Care GP Practices etc.	March 20178	
1.5.2	To ensure appropriate multiagency DA training is appropriate, on a regular timetable for delivery, attendance monitored and reported	Cathie Turner - BSCB/BSAB Training sub group	Training offer reviewed to ensure effective and measure level of impact and how utilised within practice Improved DA awareness DA training is delivered on a regular timetable	March 2018	

			Attendance rates captured and shared		
1.5.3	To ensure all relevant social care staff attend DA training & attendance monitored	(Adult & Children) Head of Safeguarding / Principle Social Worker – Blackpool Council	Improved DA awareness Reviewed training plan	Ongoing	
1.5.4	To consider wider multiagency training offer re: Honour Based Abuse, Forced Marriage & Female Genital Mutilation	Cathie Turner - BSCB/BSAB Training sub group	Wider offer in line with increased areas of risk	March 2018	
1.5.6	All relevant partner agencies to ensure relevant staff attend mandatory safeguarding training, including DA training and associated training such as but not limited to FGM; and access to LSCB and e-learning modules	Multi agency	Multi-agency training programme on offer Single agencies to monitor through internal training plans and supervision	Ongoing	
1.5.7	Use of 'Think Victim' workbook	National Probation	To be used when appropriate as part of	Ongoing	

		Service (NPS)	sentence plans		
1.5.8	All children services practitioners take DA into account during assessments/interventions	CSC, Blackpool Council	Part of training programme SW Managers and Children's Services Auditors ensuring continuous improvement	Ongoing	
1.5.9	Vulnerabilities training and threshold training to be delivered	Superintendent Ian Whitehead – PPU (HQ) Lancashire Constabulary	Training attendance schedule Staff have clear understanding of the vulnerabilities and impact on outcomes (especially for children) Staff confidence and child's outcomes improved Dedicated team of officers who are trained to case manage Development with Early Action in early stage	Ongoing – to be completed Feb 2018 (date tbr)	
1.5.10	Training developed for front line officers re: holistic risk assessment	Nikki Evans, Lancs. Constabulary	All staff from Early Action and Blackpool Neighbourhood Policing Team attending Early Help Assessment Training provided by the	January 2018 (date	

			Safeguarding Board	tbr)	
1.5.11	Risk Sensible Training to be delivered	Louise Storey, Blackpool Council & Paul Threlfall, BSCB	Initial roll out of training to all partners Included within ongoing multi agency training offer going forward from July 2018	July 2018	
Priority Two: Provision					
Objective2.1 Adopt a strategic, systems wide approach to commissioning, developing pooled budget arrangements to achieve an outcomes based 'one public service' offer					
2.1.1	To help drive the engagement and commitment of all partners to work towards implementing a strategic, systems wide approach to integrated commissioning to develop a 'One public Service Offer' including pooled budget arrangements.	Blackpool's Joint Safeguarding Board	Engagement and commitment of all partners to work towards implementing a strategic, systems wide approach to integrated commissioning to develop a 'One public Service Offer' including pooled budget arrangements	Date required	Rating required
Objective 2.2 Commission services so that victims and their families are empowered to take back control of their lives and to live independently and safely within the community, free from fear, abuse and re-victimisation					
2.2.1	Needs assessment revisited and finalised	Nicky Dennison, Blackpool Council	Needs assessment completed & information considered	November 2017	

2.2.2	Options considered following needs assessment	Chrissie Chesters, Blackpool Council	Information considered	tbc 2018	
2.2.3	Focus group held with service users	Chrissie Chesters & Debbie Park, Blackpool Council	Consultation complete (small scale)	Completed	
2.2.4	A survey for DA victims in order to improve services	Lancashire Constabulary	Take learning from other force areas	Completed	
Objective 2.3 Ensure that the local population, whatever level of need, will receive a high standard of support and there will be equality of access to broad diverse provision, including accommodation					
2.3.1	To ensure services are measured and improvements made to drive quality forward	Safeguarding Boards, Data Analyst linking in with Chrissie Chesters, Blackpool Council	Blackpool Domestic Abuse data set developed, finalised and approved	Nov 2017	
			Monitored and reported quarterly through the Blackpool Domestic Abuse data set	Ongoing – quarterly	
2.3.2	To ensure any services commissioned are monitored	Chrissie Chesters, Blackpool Council	Contract reviews undertaken and monitoring undertaken	Ongoing	

2.3.3	To ensure appropriate accommodation options are available for people at risk of DA including families, singles, men and women, and victims with complex needs	Debbie Park & Chrissie Chesters, Blackpool Council	Appropriate options available		
			DCLG Pilot implemented August 2017 – July 2018 for complex needs victims		
Priority Three: Partnership					
Objective 3.1 Ensure that the police, safeguarding and health and social care processes work effectively together and that the pathways for victims, their families and perpetrators are understood and the targeting of perpetrators					
3.1.1	Processes are reviewed on a regular basis to ensure these work and are effective	Head of Safeguarding & Principle Social Worker	Multi agency audits undertaken Effective safeguarding processes are in place	Ongoing	

			Undertaken and evidence of learning applied / changes implemented Individuals receive appropriate services in a timely manner		
3.1.2	Pan Lancashire MASH review solutions to be piloted working towards a finalised and new system / operation restructures implemented (same as 1.4.6)	Please refer to action 1.4.6	Please refer to action 1.4.6	Ongoing	2018
3.1.3	Effective MARAC operates	Head Quarters Futures Team and PP Unit, Lancashire Constabulary	To review the domestic abuse process from start to finish and where possible simplified and improved. *Review completed but recommendations and changes are not yet implemented.*	To start Jan 2018	
3.1.4	Updated local Threshold document	BSCB	Threshold doc revised in line with need Multi agency training delivered on revised threshold document delivered Single agencies to ensure relevant staff attend	Sept 2017	

			training Improved awareness of thresholds in order to understand the levels of intervention		
3.1.5	Pilot with GP Practices to improve links to MARAC	Cathie Turner, BCCG and Hazel Gregory, BTHNHSFT	Pilot – commissioned *Feb 2018 trajectory – 6GP surgeries have been recruited to the pilot (2 Q2, 2 Q3 & 2Q4) as planned* .	March 2018 Q4 to discuss future plans	
3.1.6	Identification of family need at earliest point	Multi Agency	Appropriate referrals and signposting to services For example:- Reduction in referrals to CSC where DA prevalent factor – refer to the Blackpool Domestic Abuse data set	Ongoing	
3.1.7	Work with the Family Protection Unit to explore using the ASB tools & powers, as well as target hardening measures, for MARAC cases	Community Safety Team	Number of ASB tools & powers used Improved safeguarding of children, young people and adults	March 2018	

3.1.8	Attendance at Pan Lancashire meetings:- ▪ Pan Lancs. Strategic DA meeting ▪ Pan Lancs. MARAC Steering Group ▪ Pan Lancs. FGM / HBA / FM	Multi Agency	Appropriate sharing of information and actions progressed Address Pan Lancs. issues	Regular ongoing attendance	
3.1.9	To undertake a benchmarking exercise looking at Blackpool's current position against the JTAI Children living with domestic abuse overview published September 2017.	Paul Threlfall, BSAB Business Board Manager	Benchmarking to be completed Information appropriately shared Additional actions developed if/where required	Feb 2018	
Objective 3.2 Ensure the effective sharing of appropriate data and information to improve service delivery in support of victims, those at risk (including minority, hard to reach and new and emerging groups) and the targeting of perpetrators					
3.2.1	Appropriate reviews and audits undertaken to ensure continuous improvement	Multi agency	Learning from SCR's, CDOP and audits applied / changes implemented Children's Social Care – SW Managers and Children's Services Auditors ensuring continuous improvement	Ongoing	

3.2.2	FGM Task and Finish Group (Feeds into Pan Lancs. FGM Steering Group)	East Lancs. CCG (Chair) multi agency attendance	Conference delivered - awareness		
			Pan Lancs. FGM Task and Finish Group action plan to be delivered	March 2018	
			Pan Lancs. multi agency pathway for children to be developed and endorsed	Sept 2017	
3.2.3	Review pathways in Mosaic to support improved information sharing within CSC, ensuring data & information regarding DA is captured from the onset	Tony Morrissey, Derek Jones and Phil Weir, Blackpool Council	Pathways reviewed and changes implemented	Sept 2018	
3.2.4	Systems identification of hard to reach but not under either Children's and Adult Social Care (not meet thresholds)	Tony Morrissey & Adult Head of Safeguarding/Principal SW	Ensure fyi system is accessed and utilised as a resource	Oct 2017 onwards	
3.2.5	Continue to support MARAC and provide information for victims and perpetrators	Community Safety Team	Helpful and correct information provided and shared	March 2018	

Objective 3.3 Provide the best possible advice and assistance to victims of domestic abuse, their families and perpetrators and value the important contribution made by the voluntary, community and private sectors					
3.3.1	Information on the domestic abuse pathways for children and adults widely circulated and embedded in practice	Multi Agency	Information on pathways and local service provision / contacts to be circulated to relevant staff, children centres and GP Practices Circulated via BSCB	Ongoing	
3.3.2	Maintain effective communication and relationship with local DA service providers	Please refer to action 1.1.4	Please refer to action 1.1.4	Ongoing	
3.3.3	Further develop the Local Family Offer - Roll out practitioner tool developed as part of the Local Family Offer across services to supplement the whole family assessment process.	Early Help (in partnership with GPs in the Central West Vanguard).	Inter-parental relationship routinely considered as part of the whole family assessment leading to increase family stability	October 2017	
Objective 3.4 Ensure there is a robust consultation and engagement process to ensure victims and service providers can share their experiences and views to contribute to an agreed local approach					

3.4.1	Impact of assessment to be discussed in supervision	Multi Agency	Assessment process considers the child's perspective and voice of the child is recorded Impact of work audited / quality assured	Ongoing	
3.4.2	To improve capturing 'The voice of the child'	Multi Agency	An increase and improvement in capturing 'The voice of the child' The voice of the child is considered at all MAPPA meetings Management oversight looks at all cases subject to Child Protection within National Probation Service Children's Social Care both Managers and Children's Services Auditors will ensure the	Ongoing	

			voice of the child is captured and recorded		
3.4.3	Consultation undertaken with victims	Chrissie Chesters & Debbie Park, Blackpool Council	Small consultation/focus group undertaken		
3.4.4	Feedback re: commissioned services collected by the high risk commissioned service provide	Chrissie Chesters, Blackpool Council via Service Provider	Provider collates and fed back as part of contract reviews	Ongoing	
Priority Four: Perpetrators					
Objective 4.1 Ensure work with perpetrators and those at risk of becoming perpetrators , to challenge and change their attitudes and behaviour, including those not subject to criminal justice procedures where programmes are delivered outside of statutory disposals					
4.1.1	Enhance Inner Strength Perpetrator Programme offer including post perpetrator programme support	Chrissie Chesters, & Moya Foster, Blackpool Council	Implementation of the Home Office bid	2018	

4.1.2	Delivery of appropriate programmes via VAH linking in with Headstart	Tony Morrissey and Pauline Wigglesworth, Blackpool Council	Through workforce training and supervision. Blackpool's resilience approach is embedded in the VAH and young people benefit from a holistic approach based on a relational model of support	2018	
4.1.3	Work re: positive relationships and building resilience - supporting schools and enhancing PSHE offer	Pauline Wigglesworth, Blackpool Council	All schools in Blackpool develop a whole school approach to building resilience All primary schools in Blackpool schools to have support to develop a robust PSHE programme	2019	
4.1.4	Deliver the Inner Strength Programme: Inner Strength is an evidence based programme offered to perpetrators of domestic abuse designed to raise self-awareness, resilience and provide alternative coping strategies to ultimately reduce frequency of domestic abuse incidents. Identification of potential clients : Clients are screened and those identified as potentially being suitable for the course are approached and a functional assessment completed before acceptance. Further evaluate and develop the Local Offer: Increasing	Moya Foster - Blackpool Council / Early Help in partnership with Lancashire Constabulary	A dedicated delivery team is in place and the programme will be offered at a range of times and venues to maximise uptake. Reduction in frequency of re-offending behaviour of clients Identification and triage processes will be in place.	March 2017 onwards	

	professional awareness of the programme. Development of evaluation strategies to identify effectiveness of programme within the community and the context of Blackpool including interviews with participants and their learned experience. Model will be developed to include Service User Led support groups / networks		Clients identified will be most suited to benefiting from the programme and have capacity to change and be identified at the earliest opportunity. Professionals' awareness of programme will lead to increase in appropriate referrals received There will be a robust system in place to evaluate the programme. The programme will be further developed to meet the needs of the service users and effect sustainable change. Service User led support groups are in place.		
4.1.5	To provide a range of perpetrator programmes for those involved in the criminal justice system	Joanne Dann/Jane Gawthorpe, CL-CRC	DA programmes are accessible for Blackpool perpetrators	October 2017	
Objective 4.2 Deploy the Multi Agency Public Protection Arrangements (MAPPA) to manage the risk posed by perpetrators and the Multi Agency Risk Assessment					

Conferences (MARAC) to enhance the effectiveness of our work with victims and their families					
4.2.1	Safeguarding activity is supported by Multi Agency Public Protection Arrangements (MAPPA), which are in place to manage the risk posed by the most serious sexual and violent offenders. MAPPA bring together the National Probation Service, Police and Prison Services into the MAPPA Responsible Authority which works with other Duty to Cooperate agencies including Social Services and Youth Offending Teams, to share information and agree a multi-agency plan to manage any identified risks. It is a requirement that agencies meeting under MAPPA consider whether disclosure needs to be made to any individuals or organisations (e.g. schools) to enable them to make decisions to protect themselves and /or their children from the risks posed by a MAPPA offender.	National Probation Service	MAPPA Annual Report published in October will provide data re: Lancashire MAPPA cases	October 2017 yearly	

4.2.2	MARAC in place	MARAC Chair, Lancashire Constabulary	Process reviewed and evaluation of cases, to ensure correct cases heard and effective support and plans are in place	Ongoing	
4.2.3	To continue to be an active member of MARAC	Multi Agency	Attendance & engagement in MARAC in line with Pan Lancashire MARAC Protocol	Ongoing	
Objective 4.3 Ensure that perpetrators are dealt with effectively by adopting a seamless approach to case management within the criminal justice system and promoting effective interventions to change their behaviour					
4.3.1	1:1 specialist worker for complex DA cases. All domestic abuse perpetrators will undertake offence focussed work in the community or perhaps during the custodial element of their sentence. For some perpetrators this will be group work delivered by the CRC. For those who are unsuitable for groups the work can be undertaken by offender managers or the specialist 1:1 worker	National Probation Service (NPS)	Completion of work is evidenced in the sentence plan		
4.3.2	Enhance Inner Strength Perpetrator Programme offer by including post perpetrator programme support to help maintain behaviour change (post programme support)	Chrissie Chesters & Moya Foster, Blackpool Council	Implementation of the Home Office bid	2018	

Version Control

Date	Reference	Details
March 2017	V1	Initial draft scoping doc.
April / May 2017	V2	1st draft
June 2017	V3	1st draft – ongoing work

June 2017	V4	Updates following Blackpool DAIV Partnership Board 12/06/17
August 2017	V5	Updates received inserted & format change
September 2017	V6	Updates reflected and includes V2 action plan table to be re-inserted
September 2017	V7	Further updates following BMG held 18.09.17
October 2017	V8	Further updates included
November 2017	V9	Further updates included
November 2017	V10	Minor correction following agreement of the action plan at 7th Nov 2017 DAIV Sub Group
January 2018	V11	Additional action inserted re: JTAI benchmarking
February 2018	V12	Progress updates / rag ratings

V12 Blackpool's Domestic Abuse & Interpersonal Violence Partnership Strategy 2016 – 2018 Action Plan

Prepared by:

Chrissie Chesters, Integrated Commissioning Manager (Domestic Abuse & Interpersonal Violence) NHS Blackpool CCG and Blackpool Council with the DAIV Partnership Members

This page is intentionally left blank

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Date of Meeting:	9 May 2018

HEALTH AND SOCIAL CARE INTEGRATION PROGRESS

1.0 Purpose of the report:

1.1 To present progress on health and social care integration including Enhanced Primary Care and neighbourhoods work and planning for 2018-2019.

2.0 Recommendation(s):

2.1 To comment upon progress being made, propose potential improvements and highlight any areas for further scrutiny, which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of these areas of work.

4.0 Council Priority:

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

5.0 Background information

5.1 Planning for 2018-2019 (Appendix 7(a))
The Blackpool and Fylde and Wyre Clinical Commissioning Groups (CCGs), along with Blackpool Teaching Hospitals were required to submit draft operational plans to NHS England and NHS Improvement by 30 April 2018 for the financial year 2018-2019.

5.2 The organisations have been working together as a developing Integrated Care Partnership (takes forward Accountable Care Systems and Sustainability and Transformation Planning) to ensure the three statutory organisation plans are fully aligned.

5.3 The attached is a summary of the draft, yet to be submitted, which describes the financial activity and performance assumptions built into our plans for 2018-2019.

5.4 Update on Integrated Neighbourhood Working (Appendix 7 (b))
At the request of the Committee, a Team Leader will be attending to discuss patient stories from the neighbourhoods to illustrate the concept of integrated working in action. Blackpool neighbourhood hubs are now fully operational with more services

being linked. Commissioning leads will be providing a verbal update but an updated presentation is attached for information.

Does the information submitted include any exempt information? Yes/No

6.0 List of Appendices:

Appendix 7 (a) - Planning for 2018-2019
Appendix 7 (b) - Update on Integrated Neighbourhood Planning

7.0 Legal considerations:

7.1 None.

8.0 Human Resources considerations:

8.1 None other than those outlined within the report'.

9.0 Equalities considerations:

9.1 Appropriate equality impact assessments are undertaken for any proposed service changes.

10.0 Financial considerations:

10.1 These are contained within the report (appendix 5 (a).

11.0 Risk management considerations:

11.1 These are outlined within the report and appropriate mitigation.

12.0 Ethical considerations:

12.1 None.

13.0 Internal/External Consultation undertaken:

13.1 Partners and the public are consulted at appropriate stages.

14.0 Background papers: None.

NHS Blackpool Clinical Commissioning Group | NHS Fylde and Wyre Clinical Commissioning Group | Blackpool Teaching Hospitals NHS NHS Foundation Trust

Fylde Coast Operational Planning 2018-2019
Shared Planning Narrative and Clinical Commissioning Groups' specific detail

Final submission 30 April 2018

1 OVERVIEW

1.1 This document summarises the key points in the plans for 2018-2019 for the Fylde Coast. It contains a joint narrative for Blackpool CCG (BCCG), Fylde & Wyre CCG (F&W CCG) and Blackpool Teaching Hospitals NHS Foundation Trust (BTH) that covers:

- The Fylde Coast Approach to development of an Integrated Care Partnership;
- Finance Assumptions (including contracting and approach to cost reduction);
- Activity Assumptions;
- Constitutional and Other Targets;
- Contract Alignment;
- Risks and Mitigations.

1.2 The planning was initially undertaken as a 'bottom up' approach, through the identification of predicted activity levels by point of delivery, with alignment between the CCGs and the Trust, and alignment between activity and finance. This was then overtaken by the NHS England directive on 12 April 2018 to incorporate growth rates nearer to national levels for the majority of activity lines. Consequently, the actual activity reported in 2018-2019 is expected to be significantly lower than plan. Furthermore the activity planning submission now no longer triangulates to the financial planning submission or the Provider submission (and relatedly the Provider's capacity planning). The directed activity levels do not take account of the significant work which has taken place across the Fylde Coast to manage demand and divert patients to out of hospital services. The Trust activity plans remain as per the original modelling, based on outturn plus population growth.

1.3 The Fylde Coast has an established joint planning group including all three partner organisations; Blackpool Teaching Hospitals, Fylde & Wyre CCG and Blackpool CCG. The remit is to develop and agree shared planning assumptions for sign off by each organisation and submission in respective organisational plans. The remit of the group is also to ensure that these assumptions are included within other contracts as required to reflect the Fylde Coast Delivery Plan. This approach provides assurance that the operational plans submitted for the three organisations are aligned with the Fylde Coast Local Delivery Plan (LDP). Both CCGs are also linked into Lancashire and South Cumbria ICS wide discussions on planning, to ensure alignment.

1.4 Prior to submission, each organisation will take the proposed plans through their internal governance processes.

1.5 Discussions are taking place regarding the development of a new contracting approach and shared control total between Blackpool and Fylde & Wyre CCGs and Blackpool Teaching Hospitals for 2018-2019. The aim is to:-

- re-align contract values more accurately to services and activity;
- provide agreed capacity for the contract value and risk-share mechanisms if activity cannot be met from the agreed capacity;
- identify mechanisms for reviewing and approving service changes, investments and Cost Improvement Programmes (CIPs)/ Quality, Innovation, Productivity and Prevention (QIPPs).

1.6 The Fylde Coast is intending to submit as an Integrated Care Partnership (ICP). This is subject to any further clarifications/amendments from NHSE about how the control totals and Provider Sustainability Fund will operate for an ICP.

1.7 The Fylde Coast partners believe that proceeding as an ICP offers the best opportunity to improve patient care and maximise the effectiveness of the available resources, and therefore intends to submit a plan and operate as an ICP. Further details are covered in section 3 of this paper.

1.8 The Fylde Coast partners acknowledge that there is further work to do to establish appropriate governance arrangements and processes to effectively identify and manage risk within the system, and ensure delivery of the plan. Development of these arrangements is being progressed through the weekly Fylde Coast Executives meeting.

2 FYLDE COAST APPROACH

Development of a Fylde Coast Integrated Care Partnership (ICP) within a Lancashire and South Cumbria Integrated Care System (ICS)

2.1 The Fylde Coast system leaders have been working together as a group of partner organisations for some time, building on strong relationships and shared organisational priorities, with the main partners being Blackpool CCG, Fylde & Wyre CCG, Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool Council, Lancashire County Council and Lancashire Care Foundation Trust.

2.2 The Fylde Coast health and care partners have agreed that in order to address the greatest issues of challenge in relation to the Triple Aim (health and wellbeing; care and quality; finance and efficiency), increased partnership working across the system is required. Much of this can, and will, be achieved through collaborative working to develop and implement a Fylde Coast Local Delivery Plan (LDP), which comprises a number of clinical and non-clinical work programmes.

2.3 However, the system leaders have agreed that in order to accelerate and expand the

impact of this collaborative working, the Fylde Coast will seek to develop an Integrated Care Partnership (ICP). This is seen as a helpful and necessary vehicle to move the partnership working onto a firmer basis and to provide a framework to mobilise efforts and remove any barriers to true integration that will allow us to achieve our ambitions.

2.4 The 'Next Steps on the NHS Five Year Forward View' document, published in March 2017, outlined the intention to name a small number of Sustainability and Transformation Partnerships (STPs) as England's first Accountable Care Systems. The Fylde Coast, as the forerunner within the Lancashire and South Cumbria STP, was confirmed as one of these sites in June 2017. National guidance stated that these first 'ACSs' will operate in 'shadow' form in 2017/18, becoming 'full' 'ACSs' from 2018/19 if the right progress has been made. This will change the Fylde Coast's relationship with both the Lancashire and South Cumbria STP and the national leadership bodies.

2.5 Subsequent communications during 2017 identified a change in language associated with 'ACSs', with the following definitions being more commonly used:

- Accountable Care System (ACS) – the whole system that we are seeking to create across Lancashire and South Cumbria (involving commissioners, providers and regulators)
- Local Delivery Partnership areas (LDP), becoming known as Accountable Care Partnerships (ACP) – sub Lancashire and South Cumbria level systems i.e. Pennine, Fylde Coast, West Lancashire, Morecambe Bay, Central Lancashire (involving commissioners and providers)

2.6 However, NHS England and NHS Improvement published 'Refreshing NHS Plans for 2018/19' in February 2018. This document introduced the language of 'Integrated Care Systems' which are described as:

"…a collective term for both devolved health and care systems and for those areas previously designated as 'shadow accountable care systems'. An Integrated Care System is where health and care organisations voluntarily come together to provide integrated services for a defined population".

2.7 The document confirms that those areas formerly described as Accountable Care Systems will be known as Integrated Care Systems, which would therefore refer to the Lancashire and South Cumbria STP. As such, the Fylde Coast collaboration will be known as the Fylde Coast Integrated Care Partnership (ICP), using a more user-friendly strapline of "Healthier Fylde Coast".

2.8 Three Fylde Coast health organisations (Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals NHS Foundation Trust), as part of the wider Lancashire and South Cumbria STP, signed a Memorandum of Understanding (MoU) with NHS

England and NHS Improvement in August 2017, which outlined the objectives of 'ACSs':

- To make fast and tangible progress in urgent and emergency care reform, strengthening general practice and improving mental health and cancer services;
- To manage these and other improvements within a shared financial control total and
  to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;
- To integrate services and funding, operating as an integrated health system, and progressively to build the capabilities to manage the health of the ACS' defined population, keeping people healthier for longer and reducing avoidable demand for healthcare services;
- To act as a leadership cohort, demonstrating what can be achieved with strong local leadership and increased freedoms and flexibilities, and to develop learning together with the national bodies that other systems can subsequently follow.

2.9 The three Fylde Coast health organisations (Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals NHS Foundation Trust) are individually and collectively active partners in the Lancashire and South Cumbria ICS through involvement in a number of transformation work programmes, the development of a commissioning framework for Lancashire and South Cumbria (L&SC), the development of new management and governance arrangements for CCGs, the creation of jointly agreed planning assumptions, and the development of ICS-to-ICP assurance processes with national bodies.

2.10 The Trust is also a partner in the Morecambe Bay Primary and Acute Services (PACS) Vanguard as a provider of community services to the Lancashire North CCG region.

3 FINANCE

3.1 FINANCE ASSUMPTIONS

3.1.1 The Fylde Coast is intending to proceed as an ICP. The Fylde Coast has been set a shared 2018/19 financial control total of £9.309m as set out in the table below:

Organisation	Included in System Control Total %	2017/18 Individual Control Total (incl. STF) £'000	1. 2017/18 System Control Total (incl. STF) £'000	2018/19 Individual Control Total (incl. Provider Sustainability Fund - PSF& excl. CSF) £'000	2. 2018/19 System Control Total (incl. PSF & excl. CSF) £'000
NHS Blackpool CCG	100	270	270	0	0
NHS Fylde & Wyre CCG	100	-810	-810	0	0
Blackpool Teaching Hospital NHS FT	100	3,739	3,739	9,309	9,309
Fylde Coast ICP			**3,199**		**9,309**

3.1.2 In order to proceed as an Integrated Care Partnership there is a requirement to deliver the 2018-2019 control total. All three organisations delivered their control totals in 2017-2018, albeit that this relied on a number of significant non-recurrent measures. The adverse impact of these non-recurrent measures on the 2018-2019 financial position, combined with increasing cost pressures in the health and care system, makes the 2018-2019 position more challenging.

3.1.3 At the draft plan stage in early March, the Fylde Coast submitted an intention to agree the shared control total, subject to being able to draw down historic surpluses (headroom monies) from 2016-2017 and 2017-2018. Since then, NHSE have verbally confirmed that the historic surpluses cannot be drawn down as part of the planning assumptions. As a result the Fylde Coast is no longer in a position to agree to the shared control total.

3.1.4 **Key risks for 2018/19** relate to:-

i. The level of CIP/QIPP targets of 4% across each health organisation. This level of CIP/QIPP has been set with reference to the planning guidance issued by the Lancashire and South Cumbria STP. This equates to £38m (BTH £17m; BCCG £10m; F&W CCG £10.8m);

ii. Other pressures including:
- the need to redesign urgent care;
- development and delivery of a robust winter plan; and
- ensuring that the waiting list (as defined by the number of patients on incomplete pathways) does not increase between March 2018 and March 2019.

Provision of £6m has been made within the Fylde Coast ICP plans for these pressures. However, there is a risk that this provision is found to be insufficient following completion of the assessment of these pressures.

It is likely that there will be a transfer of community services from Blackpool Teaching Hospitals Foundation Trust to Morecambe Bay NHS Foundation Trust during 2018-2019. At present the timing and impact of this on the financial position is not clear. At this stage the plans have not been amended to reflect any change in financial contribution which results from the transfer.

iii. Activity growth in excess of the local growth assumptions used.

3.1.5 **Potential mitigations in 20182019** against the above risks include:

i. Return of the 0.5% STP levy to the Fylde Coast (which has not been considered in the above position);

ii. Exploiting the benefits of cross-partnership working to avoid or reduce potential cost pressures (e.g. reviewing how workforce is best utilised across the system to reduce/avoid pressures);

iii. Development of a single prioritisation process across the ICP to ensure that available resources are allocated to those areas where greatest benefits can be delivered;

iv. Further development of a single Fylde Coast cost reduction programme (see below), to ensure that all organisations are working together to deliver schemes which reduce real costs to the health economy, whilst ensuring that quality standards are maintained or improved.

v. Negotiation with Morecambe Bay NHS Foundation Trust and Morecambe Bay CCG on the terms of the transfer of community services.

vi. Development of joint activity monitoring and reporting to support the early development of proactive mitigating actions in the event that activity exceeds that forecast within the local assumptions.

3.1.5 To achieve the control total and cover the expected pressures with a CIP/QIPP of this level leaves a gap of £9.1m. The Fylde Coast ICP is seeking a reduction in the control total to deliver a small surplus (£0.2m) across the three organisations, after receipt of the £13.1m Provider Sustainability Fund.

3.1.6 The ICP has an established Effective Use of Resources group with senior finance, clinical business intelligence, and programme management representatives from the two CCGs, Blackpool Teaching Hospitals and Blackpool Council. The remit of the group is to ensure that the resources available to the Fylde Coast are used in an effective, efficient and sustainable manner, and drive constant improvements to support successful delivery of health and social care across the Fylde Coast. This

group oversees a number of key workstreams including: development of the processes required to operate within a system control total; development of the contractual form and payment mechanisms (including gain/loss share agreements); and the development of a single Fylde Coast cost reduction programme.

3.2 CONTRACTING APPROACH

3.2.1 The Fylde Coast ICP is developing a new approach to contracting, moving away from Payment by Results, to an approach in 2018-2019 which is focussed on aligning contract values with cost of delivery, whilst embedding a challenging, yet realistic efficiency challenge within the contract.

3.2.2 This approach will give each organisation certainty on funding flows, facilitating focus on the identification and delivery of opportunities to reduce costs to the health economy, whilst avoiding the potential distractions that would result from a focus on the impact changes would have on funding flows between commissioners and the provider.

3.2.3 It is envisaged that this approach is an interim stage, with further work to be undertaken during 2018/19 on payment reform which incentivises further partnership working towards delivery of agreed outcomes. NHS England is supporting this process by providing a member of staff to work with the Trust and CCG teams developing this approach.

3.2.4 Other major contracts (e.g. with NHS England Specialised Commissioning) will remain as Payment by Results (PbR) contracts.

3.3 COST REDUCTION PROGRAMME

3.3.1 The Fylde Coast ICP is working towards having a single cost reduction programme. It is envisaged that 2018/19 will be a transition year towards this, with the cost reduction programme largely being the aggregate of the CCGs' QIPP plans and BTH's CIP plan. However, these plans have been and will continue to be reviewed by the Effective Use of Resources group to ensure that they do not transfer a financial pressure from one organisation to another.

3.3.2 In addition, the planning processes for these savings plans have been opened up to representatives from the partner organisations to ensure that: opportunities to maximise savings through partnership working are identified and realised; and any potential adverse impacts on partner organisations are identified in advance, and reviewed to ensure that there is an overall benefit to the health economy.

3.3.3 The cost reduction programme is being developed with reference to:

- The NHS 10 point efficiency plan;
- RightCare;
- Lord Carter's Productivity Programme;

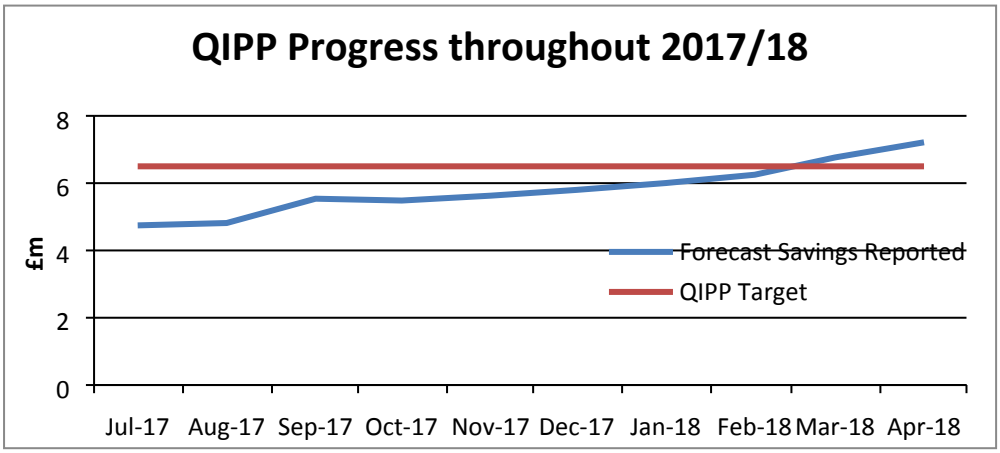
- Blackpool Teaching Hospital's strategic review (undertaken in 2015-2016)

3.3.4 Whilst 2018-2019 is a transitional year, as outlined above, the Fylde Coast ICP is developing an approach to bring together RightCare, Getting it Right First Time, and the Model Hospital to inform end-to end pathway reviews and deliver identified efficiency opportunities.

3.3.5 The Fylde Coast ICP is continuing to engage with the wider Lancashire and South Cumbria STP to identify and deliver opportunities through collaborative working, including back office and pathology.

3.3.6 **Cost Reduction in 2017/18**

Blackpool CCG had a QIPP (Quality, Innovation, Productivity and Prevention) target of £6.5 million for 2017-2018. The graph below illustrates the CCGs performance against that target with a year-end position of £7.2 million.



A number of schemes within the 2017-2018 programme are recurrent in the nature and as such, the continued benefit will flow into 2018-2019.

4 ACTIVITY ASSUMPTIONS

4.1 The broad activity assumptions are outlined below.

- The 2018-2019 plans are based on the 2017- month 11 freeze position plus a forecast for month 12 plus two extra working days.
- The Trust has proposed a profile/trajectory for activity to be delivered in year based on previous trends and cognisant of capacity required to support delivery of winter plans and constitutional standards
- **Activity adjustments** linked to contract discussions have been incorporated into the submission; some areas will be addressed in year.
- **Other adjustments;** in 2018-19 the boundary of Fylde and Wyre CCG will change, and activity for Garstang and Great Eccleston practices has been added into the F&W CCG figures.

- **Growth**; The planning was initially undertaken as a 'bottom up' approach, through the identification of predicted activity levels by point of delivery, with alignment between the CCGs and the trust, and alignment between activity and finance. This was then overtaken by the NHS England directive on 12 April 2018 to incorporate growth rates nearer to national levels for the majority of activity lines. Consequently, the actual activity reported in 2018-2019 is expected to be significantly lower than plan and the CCG activity planning submission now no longer triangulates to the financial planning submission or the Provider submission, which is constrained by available capacity.
- **Blackpool and Fylde & Wyre CCGs;** the growth levels submitted are the regionally dictated levels for all activity lines, with some slight variations between the two CCGs. The dictated growth levels are; GP referrals 0.8%, 1st outpatients 4%, follow up outpatients 2%, Elective inpatients 1.6% (Blackpool 1.3%), Elective day cases 2%, A&E attendances 1.1% Fylde & Wyre, 1% Blackpool 1.1%, non-elective admissions 2%.

4.2 Winter plans:

4.2.1 Based upon pressures experienced in 2017/18 there is a potential for an additional 90 beds to be required by unscheduled care during 2018/19, during 2017/18 these could only be provided from the current elective bed stock.

4.2.2 To mitigate for the expected winter pressures, the Trust has plans for both unscheduled and scheduled care activity which aim to improve patient flow by improvements in discharge facilitation, reduce LOS as well as admission avoidance. In relation to elective activity as part of the overall RTT plans and in planning for winter various schemes are being considered to change the profile of elective admissions over the year and/or to re-provide elective work at alternative sites to maintain flow over the winter period. As in 2017/18 and as a minimum priority 1 and priority 2 patients and all elective cancer work will continue at BTH from the 17th December through to the 30th March 2018.

4.2.3 The re-profiling and/or re-provision of all other elective activity will be confirmed as plans develop for this period.

4.2.4 This will allow for the additional bed requirements in non-elective care to be managed through the capacity freed up from scheduled care during this period.

4.2.3 **Deflections**

- There are existing deflection schemes in place across the Fylde Coast, which provide an enhanced provision of service within the community. They have contributed to the reduction in activity experienced across the Fylde Coast. It is because of these schemes and initiatives that the Fylde Coast activity will be markedly lower than the regionally dictated levels.
- The Tier 2 schemes were introduced and or expanded during 2016-2017 and include Musculoskeletal (MSK), Dermatology and Ophthalmology. The

expectation is that activity levels in 2018-2019 will be similar to 2017-2018 therefore the level of deflection is inherent within the baseline and no further adjustment is required.

- Non elective; In October 2017 primary care streaming was introduced, with appropriate patients being streamed to the Urgent Care Centre at BTH, Fleetwood Same Day Health Centre and the Whitegate Drive Walk in Centre. This has had a marked impact on A&E attendance levels at Blackpool Teaching Hospitals. There has also been an adjustment for the higher than normal activity seen in spring and summer.

4.3 Headline reflections on growth

- The two CCGs have applied broadly the same assumptions on growth, with some slight variation (based on advice from NHS England). Despite significant local modelling having been undertaken to ensure alignment across the Fylde Coast, the CCGs were directed by NHS England to apply regionally determined growth levels on 12 April. The dictated growth levels are; GP referrals 0.8%, 1st outpatients 4%, follow up outpatients 2%, Elective inpatients 1.6% (Blackpool 1.3%), Elective day cases 2%, A&E attendances 1.1% Fylde & Wyre, 1% Blackpool 1.1%, non-elective admissions 2%.

Detailed below, for reference, is a high level summary of the locally aligned and triangulated plan on growth. The CCGs were not able to submit this plan; it has been included below for completeness. Going forward it is anticipated that there will be a significant variance between reported activity and the activity plan, and the detail below will be helpful in explaining where the CCGs expected activity to be, based on local modelling and intelligence.

Local modelling on growth is included below for reference (this is not part of the submission).

The Trust has modelled its growth based on capacity:-

- *GP referrals;* the growth proposal was for 0.8% F&W CCG and 0.8% Blackpool CCG, based on the national growth rate, as this is lower than the local population growth rate. This does pose a risk (expected population growth is 1.5% for F&W CCG and 1.2% for Blackpool CCG) although further demand management schemes are being looked at.
- *Other referrals*, the growth proposal was for *1.5%* F&W, 1.2% Blackpool, as no deflection schemes or gatekeeping is in place and there is not a nationally defined growth level, it was proposed to plan on the basis of local growth.
- *Total outpatients*, the growth proposal was for *1.5%* F&W and 1.3% Blackpool. BTH 1.44%

- An ICP planned care workstream has been established and is currently formulating plans for transformation of planned care, at this stage it is not possible to make assumptions about the impact of these schemes on activity levels, however, where these result in reduced demand it is the expectation that capacity can then be utilised for further RTT reduction.
- *Total electives:* the growth proposal was for *1.5%* for F&W and 1.3% for Blackpool. BTH 1.44%
- *A&E attendances;* the growth proposal was for 0.3% for F&W and 0.1% for Blackpool BTH 0.19%. Local figures were deemed the most appropriate due to the impact of primary care streaming. The CCG figures reported only cover type one A&E attendances seen at Blackpool, excluding all the type 3 attendances seen in the health economy, hence why, with the advent of primary care streaming, the reduction seen in 2017-18 is so significant.
- *Ambulance;* there is no requirement to submit planning trajectories for ambulance, however, ambulance commissioners have planned for growth on PES, circa 3.5% on the financial element of the contract, of which circa 1.5% is anticipated growth.
- *Non elective admissions;* the growth proposal was for 0.3% for F&W and 0.2% for Blackpool CCGs. BTH 0.2%. The quality premium requirements are for the A&E type one attendance activity to be lower than plan and also for the non-elective activity to be lower than plan.

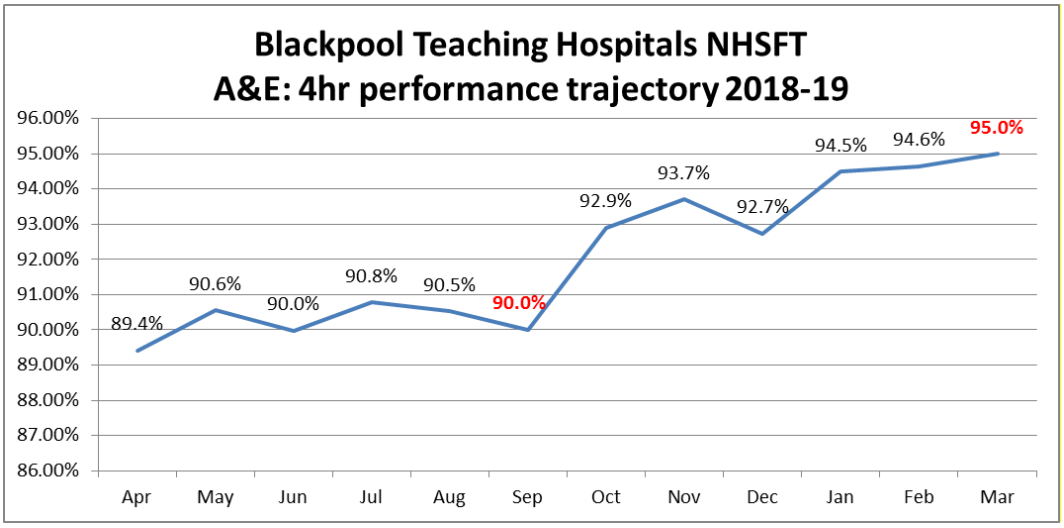
5 CONSTITUTIONAL TARGETS

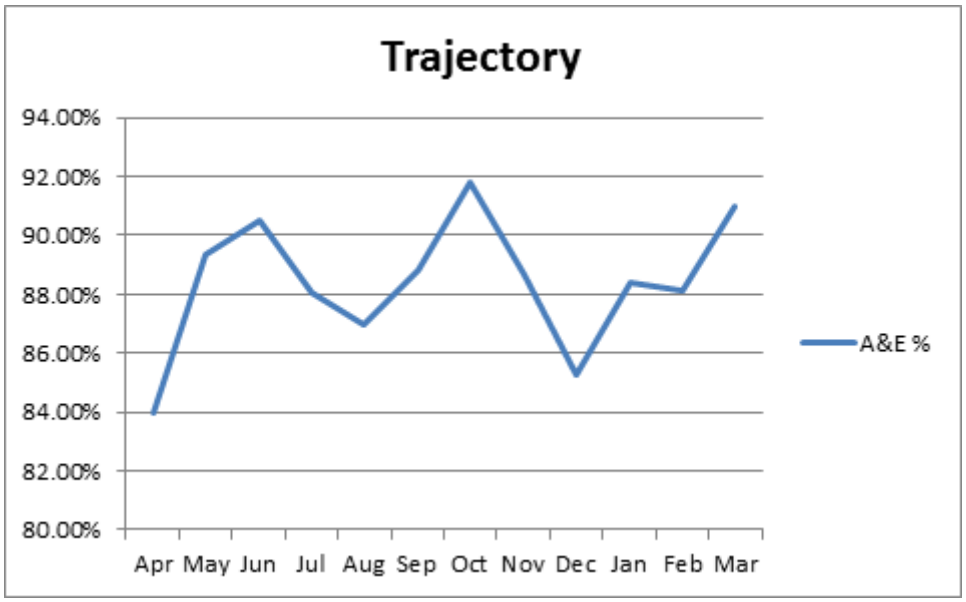
The narrative below highlights the approach taken to the constitutional metrics. Further work is being progressed across the health economy to maximise capacity whilst minimising the financial implications to reduce their impact on the affordability of some of the plans.

- *Cancer*; All three organisations have planned on the basis that these national standards are delivered consistently throughout the year. An assumption has been made that any additional activity required is included within the growth assumptions.
- *Referral Times to Treatment (RTT)*; Waiting list to be maintained at March 2018 level, which is now confirmed at 18,885 as at 31st March 2018 an increase of 1,346 patients, 7.8%. However, the volume of patients waiting over 18 weeks has increased more significantly from 1,344 in March 17 to 3,712 as at March 18, an increase of 2,368 patients, 162.0%. In terms of RTT incompletes, since March 2017; F&W has seen a reduction of 0.1% between March 2017 and December 2018 position, and Blackpool has seen a reduction of 2.5%. BTH data shows the waiting list position has increased markedly. The view is that the ICP RTT position will be judged based on the Trust position, hence the need to have consistency of approach with Specialised Commissioners. Modelling has been undertaken to maintain the overall incomplete WL size but to change the profile of the WL to be in a positon to once again achieve the 92% operational standard on this indicator by the month of March 2019. Discussions are underway across the health economy to agree an action plan to achieve this position, whilst

minimising the reliance on additional capacity but looking at other options to ensure treatment of the long waiting patients. .

- *Diagnostics*; National standards are to be delivered consistently throughout the year. There is expected to be an impact on diagnostics from increased activity around cancer and RTT. Ambulance; there is no requirement to submit planning trajectories for ambulance, however, ambulance commissioners have planned for growth on PES, circa 3.5% on the financial element of the contract, of which circa 1.5% is anticipated growth.
- *A&E*; Improvement trajectory for 2018-19 has been developed. For 2018-19, the plan is to achieve 95% by November 2018
- *Following further discussion with NHS Improvement, we have been advised to apply a realistic trajectory. Remodelled trajectory below*





6 OTHER TARGETS

6.1 There are a number of other target areas which relate to CCGs. These include mental health, e-referrals, personal health budgets, wheelchair waits, learning disabilities and extended primary care access. Details on key risks and mitigations are included within a separate document.

7 CONTRACT ALIGNMENT ISSUES

7.1 2017-2018 Contract Alignment

7.1.1 Both CCGs and all NHS Providers with a contractual value above £5m carried out a contract alignment exercise at Month 06 2017-2018 with a review in Month 09. Any material variances were reported to NHS England. The only material issue reported was the contract dispute between Blackpool Teaching Hospitals and NHS England Specialised Commissioning. This has been resolved through the Expert Determination process and the results included in the Trust's 2018-2019 plan.

7.2 2018-2019 Contract Alignment Issues

7.2.1 It is proposed to redesign the Fylde Coast commissioner / provider contracts within a value that represents the current cost base of services, as adjusted for inflation and agreed growth, to reflect accurately how and where services are delivered;

7.2.2 The Fylde Coast Planning Group will agree the starting point by Point of Delivery and prioritise the areas to be reviewed. Each type of activity will be reviewed and a plan (activity and £) for each contract prepared on the basis of forecast outturn activity and known and proposed changes.

7.2.3 The overall contract value will not be altered but increases and reductions in the value of each Point of Dispensing (POD) or service will be taken to a separate "contract adjustment POD" in the contract to maintain the overall contract value;

7.2.4 At this point there will be a series of agreed activity levels and services with values attached and the balancing difference described above which will form the starting contract for 2018-2019.

7.2.5 The contract will also include the processes and payment mechanism by which activity above the agreed numbers will be managed (e.g. using those measures set out in the assured contract proposal) and "gain share" arrangements for any savings made.

7.2.6 The contract will also need to be adjusted for:

- Service changes, developments and pressures agreed by the ICP;
- Additional national funding agreed (e.g. winter pressures or other national priorities not included in baseline planning assumptions);

- Commissioning for Quality and Innovation (CQUIN) – while this will be included in the opening contract value and be essential to the Trust's financial position, there is the opportunity to review how additional payments can be used to incentivise service changes (e.g. to allow a larger proportion of income to be earned based on improved outcomes).

8 RISKS AND MITIGATIONS

The table below outlines key Fylde Coast risks and mitigations.

Key risk	**Mitigations**
Delivery of A&E position	Urgent Care ICP workstream and progressing through A&E Delivery Board.
Delivery of RTT position – total incomplete WL. Risk that other non-Fylde Coast Commissioners wont commission significant activity to achieve the WL maintenance.	All commissioners to have plans to manage the RTT position, including Specialised Commissioners.
Delivery of the CIP/QIPP targets of 4% across each health organisation.	Further development of a single Fylde Coast cost reduction programme (see below), to ensure that all organisations are working together to deliver schemes which reduce real costs to the health economy, whilst ensuring that quality standards are maintained or improved.
Affordability of pressures including: • The need to redesign urgent care; • Development and delivery of a robust winter plan; and • Ensuring that the waiting list (as defined by the number of patients on incomplete pathways(does not increase between March 2018 and March 2019)	Provision made within the Fylde Coast ICP to fund these. Exploiting the benefits of cross-partnership working to avoid or reduce potential cost pressures (e.g. reviewing how workforce is best utilised across the system to reduce/avoid pressures) Development of a single prioritisation process across the ICP to ensure that available resources are allocated to those areas where greatest benefits can be delivered. Return of the 0.5% STP levy to the Fylde Coast
Request to access historic CCG underspends denied	Request for reduction in Control Total.

Key risk	Mitigations
At this stage the plans have not been amended to reflect any change in financial contribution which results from any transfer of community services from Blackpool Teaching Hospitals to Morecambe Bay NHS Foundation Trust.	Negotiation with Morecambe Bay NHS Foundation Trust and Morecambe Bay CCG on the terms of the transfer.

This page is intentionally left blank

Blackpool Council

NHS
Blackpool
Clinical Commissioning Group

New Models of Care

Jeannie Harrop
Senior Integrated Commissioning Manager

Extensive Care – Overview

Consultant Led community based service

Seamless ‘step up / step down’ provision with Enhanced Primary care

Eligible patients referred by primary care and neighbourhood hubs

Referral criteria – patients with two LTC including frailty and dementia

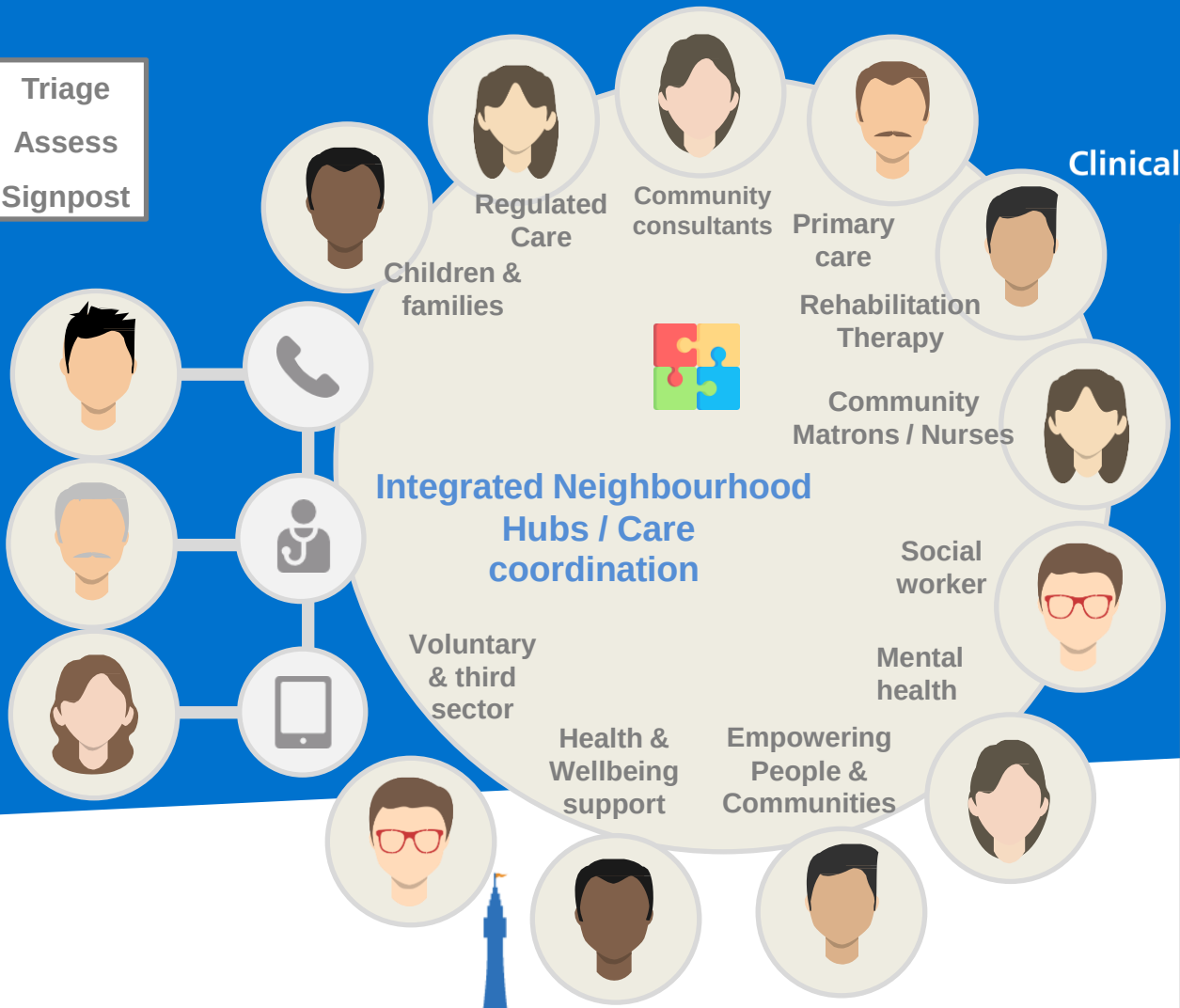
NHS Blackpool Clinical Commissioning Group

Integrated Neighbourhood Team

Blackpool Council

NHS
Blackpool
Clinical Commissioning Group

Triage
Assess
Signpost



Integrated pathways

- End of life care
- Intermediate Care
- Falls
- COPD
- Empowering people & Communities
- Drug and alcohol services
- Mental health

- Multi Disciplinary Team meetings
- Neighbourhood meetings
- Chronic Disease Management reviews
- Self referral
- Hospital discharge
- Processes

Blackpool Care Home model update

- All staff in post and integrated in the neighbourhood teams
- Completing planned chronic disease management reviews for all patients in care homes
- Responsive model in place in four neighbourhoods.
- The responsive model - all phones calls from care homes go via the hubs, not to primary care.
- The hubs are responsible for signposting and / or triaging for urgent patient issues either by phone, visits or via care home connect
- All care homes are using FCMS care coordination for out of hours to try and avoid an inappropriate admission.

NHS
Blackpool
Clinical Commissioning Group

End of Life Care

Electronic Palliative Care Coordination System (EPaCCS)

- EPaCCS enables the recording and sharing of people's care preferences and key details about their care (at the end of life) with those delivering care. The system's support co-ordination of care and the delivery of the right care in the right place, by the right person, at the right time.
- EPaCCS template completed
- All templates will be logged with FCMS Care coordination service
- Now in place for primary care, neighbourhood hubs and Trinity Hospice.
- Yearly audit
- Further work is required with primary care and EPC to improve the % figures for EPaCCS

Empowering People and Communities

- Key focus for 2018/19 year.
- One of 15 areas receiving ‘intensive support’ from NHS England.
- Already implemented Patient Activation Measure locally in our Extensive Care service and continuing to roll-out further.
- In place across all six neighbourhoods
- Integration 20:20

NHS
Blackpool
Clinical Commissioning Group

Ongoing Development of Enhanced Primary Care (including care home model)

It is now important that further integration with primary care becomes the focus for 2018/19 to ensure further continuity for patient care

A draft plan for the development of New Models of Care has been completed. Priorities for the plan include:-

- Allowing the EPC model to embed properly before further integration
- Communications to patients and carers
- Integration of the hubs with hospital discharge processes
- Further GP engagement and integration including the development of named GP leads in each neighbourhood and a Blackpool new models of care meeting
- To include care at home and learning disabilities in the model
- To review population sizes, practice boundaries and named GP practices for care homes to ensure they are still appropriate

NHS
Blackpool
Clinical Commissioning Group

Ongoing Development of Enhanced Primary Care (including care home model)

- Self referral for patients and carers
- Development of Nexus
- Frequent caller model for primary care
- Mobile working
- Access to ‘Home’s Best’ - an offer of care and support might help them ‘get back on track’ in the short term; to provide intensive support to facilitate early supported discharges from hospital
- Fylde Coast approach via the Integrated Care Partnership – Integrated Primary and Community Care work stream

NHS
Blackpool
Clinical Commissioning Group

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of Meeting:	9 May 2018

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.

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 Services Scrutiny Committee was previously responsible for Adult Social Care scrutiny. Actions requested by the Resilient Communities and Children's Services 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.

This page is intentionally left blank

Adult Social Care and Health Scrutiny Committee - Work Programme 2017-2018	
11 May 2018	Deadline - sending response on draft Quality Accounts - Blackpool Teaching Hospitals
4 July 2018	Note - some items will be moved to Sept. 1. **Availability/Duration of GP Appointments and A&E waiting/turnaround times** (Access to Services and Quality) 2. **Blackpool Clinical Commissioning Group Performance Report - End of Year 2017-2018** 3. **Annual Council Plan Performance report on relevant Priority Two projects**, complete with 'Blackpool Outcomes' - for summer 2018. 4. **Adult Services Overview** (to include Transforming Care for Adults with Learning Disabilities progress) 5. **Public Health Overview** (to include progress with breastfeeding / infant feeding support) 6. **Stop Smoking - Service Model** - specification options (may be covered in overview report)
26 Sept 2018	Note - some items will be added from July. 1. **Healthwatch Progress Report 2017-2018 (Apr 2017 - Mar 2018), 2018-2019 Priorities**
28 Nov 2018	1. **Blackpool Safeguarding Adults Board Annual Report 2017-2018** 2. **Health and Social Care Integration Progress** (focus on STPs) 3. **Priority Two - Key Priority Report: Public Health and Social Care** 4. **Adult Services Overview** 5. **Public Health Overview**
Jan 2019 date tbc	1. **Blackpool Clinical Commissioning Group Performance Report - Mid-Year 2018-2019**

This page is intentionally left blank

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 replaced the old Action Tracker which contained actions from Health Scrutiny and Resilient Communities Scrutiny. Numbering retained so does not start from number one. Actions from 5 July 2017 which were amber or new 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

GREEN ACTIONS ARE ONLY SHOWN FOR THE IMMEDIATE MEETING FOLLOWING COMPLETION OF ACTION (FULL LIST AVAILABLE IF REQUIRED)

AMBER ACTIONS

NEW ACTIONS (OR NOT DUE YET) - THESE ARE NOT COLOUR CODED

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICR	UPDATE (NOTE - ANY EXTENSIVE RESPONSES ARE FURTHER BELOW AFTER THE END OF THE TABLE)	RED AMBER GREEN
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, Cabinet Member for ASC / Health	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). 28.11.17 - ref made during 15.11.17 meeting to new service to support smoking reduction to be commissioned in early 2018, Scrutiny will want opportunity to comment. 16.01.18 Potential new service specification / model will be considered at 14.03.18 meeting and can include an update on GP patient referral rates. 14.03.18 Item deferred. **01.05.18 - updated referral rates to be considered at 04.07.18 meeting (smoking service item)**	Amber
39	ASCH 27.09.17	Receive a copy of Sustainability and Transformation Plan Impact Report	Oct / Nov 2017	David Bonson, CCG	07.11.17 The impact report won't be available until spring 2018 when Scrutiny is next due to receive an STP update (May 2018). **01.05.18 STP report on agenda, action should be complete.**	Green

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICR	**UPDATE** (NOTE - ANY EXTRENSIVE RESPONSES ARE FURTHER BELOW AFTER THE END OF THE TABLE)	RED AMBER GREEN
41	ASCH 15.11.17	Performance reports to include targets for all indicators in the main pages.	04.07.18 tbc	Ruth Henshaw, Council performance	**Note - next report (end year) due July 2018.** Interim response from ASC - not appropriate to set targets for every indicator. The performance report will explain where this is the case - Members can discuss and decide whether they still want a target.	Not due yet
42	ASCH 15.11.17	Target-setting methodology to be in performance reports where targets were not being met or where there may be proposals to reset targets.	04.07.18 tbc	Ruth Henshaw Supported by service leads (Karen Smith, Arif Rajpura)	**Note - next performance report due July 2018** but if Directorate Overview reports (due March 2018) contain targets off-track / changes proposed then methodology info required.	Not due yet
44	AHSC 24.01.18	'Zero' suicide target should be adopted within Blackpool	14.03.18	Zohra Dempsey, Public Health	06.03.18 To be raised by Public Health (Judith Mills) at the next Suicide Prevention Oversight Group for Lancashire and South Cumbria on 19 March 2018. 01.05.18 Considered by the sub-regional group, recognise the aspiration for no suicides but some concerns that families of victims may feel they are at fault and that NHS England have set an achievable 10% reduction target nationally linked to funding support. Members may wish to consider whether they wish to accept this or reiterate their recommendation to sub-regional group (or higher, e.g. Sustainability and Transformation Partnership at board level) citing other areas which have set themselves a zero target, e.g. Mersey Care NHS, Bolton Council's Public Health. Other factors of interest include changes to Coroners' rules so that deaths may be recorded when suspected suicide (previously had to be no doubt of this) and that there are nearly no suicides within controlled health provider environments.	Amber

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICR	**UPDATE** (NOTE - ANY EXTRENSIVE RESPONSES ARE FURTHER BELOW AFTER THE END OF THE TABLE)	RED AMBER GREEN
47	AHSC 24.01.18	Consider targeted community options for support and mental health awareness-raising and report back on progress.	14.03.18	Zohra Dempsey, Public Health	06.03.18 This is being considered as part of the scoping work for a local adult mental wellbeing campaign using the five ways to wellbeing - the campaign will link people up with community-based options and there will be some targeting of those at risk of low wellbeing. There are also plans for a national campaign, raising awareness of mental health. The national campaign will concentrate on people without a diagnosis - those coping and those struggling. There will be a strong emphasis on self-care and how we can help other people. It may target particular populations (e.g. perinatal women). The campaign will cover anxiety, depression, sleeping, low mood and stress, debt, building resilience, exercise and mindfulness. It will also show people how to recognise the signs of stress in others, promote good listening skills and how to have supportive conversations. **Initial action completed (left on tracker for progress update in summer 2018).**	Not due yet
50	AHSC 24.01.18	Invite Blackpool CCG to the Committee's meeting in either March or May 2018 to discuss its 'mapping' of mental health and community services work with particular reference to good access and the range of support options available. PH and BTS' Families and Mental Health Services also to be invited.	09.05.18	Helen Lammond-Smith, CCG Elaine Walker, BTH	06.03.18 - CCG confirmed attendance, other confirmations awaited. **01.05.18 mental health report on agenda, action should be complete.**	Green

<table>
<tr><th>REC NO.</th><th>DATE OF REC.</th><th>RECOMMENDATION</th><th>TARGET DATE</th><th>RESPONSIBLE OFFICR</th><th>UPDATE (NOTE - ANY EXTRENSIVE RESPONSES ARE FURTHER BELOW AFTER THE END OF THE TABLE)</th><th>RED
AMBER
GREEN</th></tr>
<tr><td>51</td><td>AHSC 24.01.18</td><td>A&E targets, with clear explanations, should be shown in future CCG performance reports</td><td>04.07.18 tbc</td><td>Kate Newton. CCG</td><td></td><td>Not due yet</td></tr>
<tr><td>52</td><td>AHSC 24.01.18</td><td>Dec 17 performance figures for NWAS would be provided by the Committee's next meeting on 14 March 2018.</td><td>14.03.18</td><td>Kate Newton. CCG</td><td>06.03.18 To be chased. 01.05.18 This will be provided before the 9 May meeting else shortly after.</td><td>Amber</td></tr>
<tr><td>53</td><td>AHSC 14.03.18</td><td>Provide written details of sustained employment (35 people recovering from drugs/alcohol secured work)</td><td>09.05.18</td><td>Judith Mills, Public Health</td><td>01.05.18 Figures cover Apr 2017 - Mar 2018
<table><tr><td>Job Starts</td><td></td><td></td></tr><tr><td>43</td><td>26 still employed (60%)</td><td>17 have fallen out (40%).</td></tr><tr><td>Sustainability rates</td><td></td><td></td></tr><tr><td>15 Sustained 26 weeks+ (35%) –13 still going</td><td>10 Sustained 13 weeks (23%) – 6 still going</td><td>18 employed less than 13 weeks (42%). 11 fallen out, sustainability will be measured for 7 of these after 6/12 months</td></tr></table></td><td>Green</td></tr>
</table>

<table>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>
<table>
<tr><td>Completed short-term contracts</td><td></td><td></td></tr>
<tr><td>3 jobs (26 weeks +) - 2 initially started on casual contracts and then became permanent and 1 is currently on a “maternity cover” contract until August</td><td></td><td>1 (not yet reached 13 weeks) is a casual ongoing contract with the council but is regularly getting 2/3 days per week (14-21 hrs). Expect would apply for a more permanent vacancy when arises.</td></tr>
</table>
</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>AHSC 14.03.18</td>
<td>Provide written details of percentage of people entering [drug/alcohol] treatment against those successfully completing treatment</td>
<td>09.05.18</td>
<td>Judith Mills, Public Health</td>
<td>01.05.18 Successful completions as a proportion of all in treatment - this is a rolling total and so is for the completion period 1/1/2017 to 31/12/2017. Therefore, the data here measures both the old treatment system and the new Horizon service which started 1 April 2017. Action complete.
<table>
<tr><td>Primary Substance</td><td>%</td><td>Number</td></tr>
<tr><td>Opiate</td><td>4.7</td><td>51/1095</td></tr>
<tr><td>Non-opiate</td><td>50</td><td>26/52</td></tr>
<tr><td>Alcohol</td><td>27.5</td><td>119/432</td></tr>
</table>
</td>
<td>Green</td>
</tr>
</table>

This page is intentionally left blank