

Blackpool Council

20 November 2018

To: Councillors Callow, Mrs Callow JP, D Coleman, Elmes, Hobson, Humphreys, Hutton, O'Hara, Mrs Scott and L Williams

The above members are requested to attend the:

ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Wednesday, 28 November 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 10 OCTOBER 2018 (Pages 1 - 8)

To agree the minutes of the last meeting held on 10 October 2018 as a true and correct record.

3 PUBLIC SPEAKING

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

4 FORWARD PLAN (Pages 9 - 14)

To consider the content of the Council's Forward Plan, December 2019 – March 2019, relating to the portfolio of the Cabinet Secretary.

5 EXTENDED ACCESS GP APPOINTMENTS (Pages 15 - 98)

To provide an update to the Committee on extended access GP appointments.

6 BLACKPOOL CLINICAL COMMISSIONING GROUP MID-YEAR PERFORMANCE REPORT (Pages 99 - 112)

To consider the mid-year performance of the Blackpool Clinical Commissioning Group (April 2018 – September 2018).

7 BLACKPOOL SAFEGUARDING ADULT BOARD ANNUAL REPORT (Pages 113 - 172)

To receive and consider the annual report of the Blackpool Safeguarding Adult Board.

8 ADULT SERVICES UPDATE REPORT (Pages 173 - 186)

The report provides an update on the current status and developments in Adult Services.

9 GREEN AND BLUE INFRASTRUCTURE STRATEGY (Pages 187 - 248)

To inform and seek support from scrutiny on the production of a Green and Blue Infrastructure (GBI) Strategy.

10 SCRUTINY WORKPLAN (Pages 249 - 258)

The Committee to consider the Workplan, together with any suggestions that Members may wish to make for scrutiny review.

11 DATE AND TIME OF NEXT MEETING

To note the date and time of the next ordinary meeting as Wednesday, 7 February 2019, commencing at 6.00pm.

An additional special meeting of the Committee will be held on Thursday, 24 January 2019, commencing at 5.00pm.

Venue information:

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

Other information:

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

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Public Document Pack Agenda Item 2

MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 10 OCTOBER 2018

Present:

Councillor Hobson (in the Chair)

Councillors

Callow

Mrs Callow JP

Elmes

Humphreys

Hutton

O'Hara

Mrs Scott

L Williams

In Attendance:

Dr Arif Rajpura, Director of Public Health

Ms Karen Smith, Director of Adult Services

Mrs Judith Mills, Public Health Consultant

Ms Rebecca Maidment, Principal Social Worker, Adult Social Care

Mr Scott Butterfield, Transformation Manager

Mrs Sharon Davis, Scrutiny Manager

Councillor Amy Cross, Cabinet Member for Adult Services and Health

Councillor David Owen

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

Mr Stuart Clayton, Fylde Family Support Group, Rethink

Dr Amanda Doyle, Chief Clinical Officer of Blackpool and Fylde and Wyre Clinical

Commissioning Groups and Chief Officer of the Lancashire and South Cumbria Integrated Care System

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Dr Neil Hartley-Smith, GP, Bloomfield Medical Centre

Dr Leon LeRoux, Clinical Director, Lancashire Care Foundation Trust

1 DECLARATIONS OF INTEREST

Councillor Jim Hobson declared a personal interest in Item 6 'Director of Public Health's Annual Report on the Health of the People of Blackpool 2017' as the Chairman of Blackpool Housing Company Limited.

2 MINUTES OF THE LAST MEETING HELD ON 11 JULY 2018

The minutes of the meeting held on 11 July 2018 were agreed as a true and correct record.

3 PUBLIC SPEAKING

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

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4 FORWARD PLAN

The Chairman invited Ms Judith Mills, Public Health Consultant to speak to the item on the Forward Plan 'Green and Blue Infrastructure Strategy'. Ms Mills advised the Committee that the strategy had been in development for 18 months and had started with a comprehensive audit of the green and blue infrastructure in Blackpool. She reported that a wide ranging consultation process would take place on the Strategy including Councillor specific briefing sessions to be held within the next three months.

In response to a question, Ms Mills reported that the outcomes of the Strategy would be measured through identification of relevant Key Performance Indicators.

5 COUNCIL PLAN PERFORMANCE REPORTING ARRANGEMENTS FROM 2018/2019

Mr Scott Butterfield, Transformation Manager reported that as part of the recent review of the Council Plan, the set of corporate performance indicators had been revised from over 100 indicators to a much smaller set of headline key performance indicators (KPIs). The KPIs related directly to corporate objectives and had been designed to provide a short, focused sweep of performance across the core business of the Council.

It was noted that performance reporting would be provided through the service reports received by the Committee in order to provide a more joined up approach to reporting. Furthermore, any KPIs that fell outside the remit of the service reports would be covered in an additional annual report to be received by the Committee in July each year.

The Chairman raised concerns that the KPIs to be reported were not as extensive as those previously submitted to the Committee and received assurance from Dr Arif Rajpura, Director of Public Health that the level of performance reporting previously received would continue through the service reports provided to the Committee.

The Committee agreed to approve the new approach to performance reporting.

6 DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT ON THE HEALTH OF THE PEOPLE OF BLACKPOOL 2017

Dr Arif Rajpura, Director of Public Health presented his Annual Report on the Health of the People of Blackpool 2017, highlighting the key areas of progress and main areas of concern. He noted that the 10 October 2018 was World Mental Health Day and a local campaign had been launched to encourage adults, in particular middle aged men, to speak about their feelings and concerns.

The Committee considered the report in detail and noticed the emphasis placed on housing. It was noted that housing was a key determinant of health and played an important part in wellbeing. In order to address poor housing, the Council had established Blackpool Housing Company Limited to purchase and redevelop dilapidated properties. Other initiatives including Fulfilling Lives and Jobs, Friends and Houses had also been established to make improvements.

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In response to questions, Dr Rajpura advised that life expectancy had slightly reduced nationally and an analysis was being undertaken to determine the reasons for the decrease.

The Chairman noted a recommendation made at a previous Adult Social Care and Health Scrutiny Committee and queried why the Council had not signed up to the Zero Suicide Alliance. Dr Rajpura reported that it was an ambition to subscribe and that he would investigate doing so.

The Committee also discussed the potential introduction of a minimum price per unit of alcohol and noted that such a policy had been introduced in Scotland and was due to be rolled out in Wales shortly. It was noted that a local policy would not have the desired impact and that as a minimum a regional approach would need to be taken to ensure its success.

In response to questions, Dr Rajpura advised that there was now a greater understanding of the wider determinants of health and that had been one of the main reasons for transferring Public Health from the NHS into Local Authorities. He added that Public Health did commission some health services such as smoking cessation and sexual health and that performance of those services was managed through key performance indicators.

Members went on to consider drug related deaths and noted that there had been drops in the number of deaths in 2003 and 2009. Dr Rajpura advised that the reductions had been investigated, but no conclusions could be drawn as to why the reductions had occurred. The discussion extended to the prevalence and impact of Class B drugs and the steps other countries had taken to decriminalise drug taking.

The Committee endorsed the Director of Public Health's Annual Report on the Health of the People of Blackpool 2017.

7 LANCASHIRE CARE FOUNDATION TRUST IMPROVEMENT PLAN

Dr Leon LeRoux, Clinical Director, Lancashire Care Foundation Trust (LCFT) provided an overview of the results of the recent Care Quality Commission (CQC) Inspection of LCFT services. He highlighted the key areas for improvement as Safe, Effective and Well Led and cited a shortage in staffing and poor IT system as areas of concern.

The Chairman expressed the Committee's disappointment that Ms Jo Moore, Director of Operations and Mr Paul Lumsdon, Director of Nursing were not present at the meeting. He also advised that, in his opinion, the report provided by LCFT was poor and did not provide any detail or assurance that the Trust would make the improvements required.

Members raised serious concerns regarding the leadership of the Trust and the citing of staffing issues as a reason for poor performance, highlighting that huge risks were being taken with patients in life or death situations. Concern was also raised that a number of the 'must do' actions from the CQC inspection were basics of care that should not fail to be undertaken.

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The Committee referred to previous discussions with the Trust and Blackpool Clinical Commissioning Group (CCG) when the changes to mental health care provision including the opening of The Harbour were originally considered and the numerous meetings since. It was considered that despite repeated claims that the provision would work for Blackpool and Lancashire and improvements would be made, it had proved not to be the case and the level of service promised to residents had not materialised.

In response to questions, Dr LeRoux advised that the bed model had been based on population and patient numbers in 2006/2007 and had been ambitious in its assumption of performance in the top quartile. The model had also assumed that the money saved by the closure of acute mental health wards would have been reinvested in community service provision, which had not happened. There were therefore not enough beds available. He added that the Trust had struggled to attract staff and was in competition with big cities to do so.

The Chairman referred to the minutes of the meeting of the CCG's Finance and Performance Committee, case studies provided by Blackpool Fulfilling Lives and the CQC inspection report and queried how the Blackpool Clinical Commissioning Group was ensuring that improvements would be made to service provision.

Mr Roy Fisher, Chairman, Blackpool CCG advised that the CCG was not happy with the current level of service being provided by LCFT. He reported that concerns had been raised with the Trust and questions had been asked in order to challenge performance. The concerns had also been raised by the Integrated Care System and discussions were ongoing regarding how improvements could be made across Lancashire.

In response to questions, Mr David Bonson, Chief Operating Officer, Blackpool CCG advised that acute mental health provision was commissioned by eight CCGs as a Lancashire-wide service. He added that discussion would need to take place across all CCGs should LCFT not make the necessary improvements.

Members raised concerns that the response provided by the CCG did not give sufficient assurance that the situation would be monitored with steps taken, where required, to address failures. In response, Mr Bonson sought to assure Members that the CCG was taking the concerns seriously and wanted to work with partners across Lancashire to ensure improvements were made.

At the invitation of the Chairman, Dr Neil Hartley-Smith, GP, Bloomfield Medical Centre advised that more patients attended surgery for consultations regarding their mental health than any other complaint. He advised of the process that a GP would follow in order to make a referral and reported that GPs had recently met with LCFT to raise concerns regarding mental health services. He added that GPs were frustrated that patients were not receiving the treatment that their GP would like to see them have. Key concerns included the lack of a crisis team at Accident and Emergency to enable a quick decision on whether a patient needed admitting.

Following consideration of the concerns raised by Dr Hartley-Smith, the Chairman invited Mr Stuart Clayton, Fylde Family Support Group, Rethink to highlight the concerns of his service users. Mr Clayton reported that there were a number of very vulnerable people in

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Blackpool who required an immediate intervention and raised concerns that the only proposals being made were for long term solutions. He requested that the CCG and LCFT consider options to provide a 'quick fix' for those patients that needed immediate assistance and made a number of suggestions including use of Parkwood, a face to face crisis service and recruitment of more care assistants.

In response to the concerns raised, Dr LeRoux advised that LCFT had been exploring potential uses for the building Parkwood, which had been empty since the closure of the mental health unit previously based there. He advised that LCFT did have a high level of care assistants in comparison to similar trusts and noted that it was important to balance the number of care assistants with qualified nurses, acknowledging the benefit provided by the 'human contact' provided by care assistants.

Councillor Amy Cross, Cabinet Member for Adult Services and Health was invited to describe her experiences of mental health services in Blackpool and made a number of key points including that:

- Key officials from LCFT had not been attending meetings with partners despite confirming attendance.
- Emails sent requesting information and liaison from senior Council staff to LCFT representatives had not been answered.
- The issues relating to poor communication had been ongoing for over 12 months and were not one-offs.
- Discussion had been held at the Health and Wellbeing Board relating to the basic action plan that had been provided to address concerns with no detail of how improvements would be achieved or when.
- Anecdotal evidence had been received relating to poor patient management, including lack of communication with a suicidal patient regarding their discharge.
- The issues with staffing would not be rectified without addressing the culture of the organisation, accepting failures and improving staff morale.

The Committee raised further concerns including the speed in which LCFT was addressing the actions contained within the CQC report, noting that despite the judgement being received in May 2018, a discussion group had only just been established to address some key actions. It was also considered that if the provision of mental health services was indicative of how the Integrated Care System would work across Lancashire and South Cumbria then the system was also a potential cause for concern.

At the invitation of the Chairman, Dr Arif Rajpura, Director of Public Health was invited to feed in his concerns. He highlighted that he was aware that GPs were unhappy with the current service provision and the access to services provided by LCFT. He added that there were a large number of residents who needed immediate help and were suffering. He wanted to work with LCFT, but was currently struggling to communicate with them due to a lack of response received.

Input from Ms Karen Smith, Director of Adult Services was also requested and she advised that she supported the comments and concerns previously raised. She highlighted the need to communicate and work together in order to achieve change.

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The Chairman drew the item to a conclusion by requesting that a written response be provided within 21 days to the key concerns raised by the Committee and that a special meeting be established in January 2019 to consider the progress made by the Trust in addressing the 22 'must do' and 'should do' actions contained within the CQC report.

8 HEALTH AND SOCIAL CARE INTEGRATION PROCESS

Dr Amanda Doyle, Chief Clinical Officer of Blackpool and Fylde and Wyre Clinical Commissioning Groups and Chief Officer of the Lancashire and South Cumbria Integrated Care System presented a report that set out the identified developments and progress made in creating the governance structure and system architecture of the Integrated Care System (ICS), including a high level overview of finances.

Members noted that the original Sustainability Transformation Plan had promised health improvements when first introduced approximately two years ago and queried what had been achieved to date. Dr Doyle advised that a number of high impact interventions had been put in place, with programmes developed for smoking cessation, reduction in alcohol consumption, healthy weight and reducing high blood pressure amongst others. She reported that although impact of the programmes was not necessarily visible in the short term, such programmes would address the underlying health challenges in Blackpool and create long term results with gradual improvement.

In response to questions, Dr Doyle advised that the Integrated Care System was formed of five Integrated Care Partnerships (ICPs), one of which was the Fylde Coast. She added that underneath the ICPs was a further layer consisting of groups of GP practices, of which there were six in Blackpool, each encompassing an area of between 25,000 and 40,000 residents. It was noted that a commissioning framework was in place and that services were commissioned either centrally or locally dependent on need and specialism. For example, specialist stroke units requiring specialist technology and clinicians would be commissioned on a central basis, with additional support for isolated and/or frail people commissioned and provided on a local basis.

Dr Doyle highlighted the key challenges as recruiting and retaining a large, specialist workforce and funding. Responding to Committee questions, she added that the ICS had a £40 million funding gap, but that financial targets would be met in Blackpool. Assurance was also provided that Blackpool would not be subsidising other areas in the ICS.

The Committee discussed the provision of services for lung cancer treatment in detail and noted that late diagnosis in Blackpool was a key issue. Dr Arif Rajpura, Director of Public Health advised that the earlier lung cancer was diagnosed the increased likelihood that it could be treated successfully. It was noted that funding would be used to raise awareness and diagnostics and that a 'lung fit bus' would be utilised in Blackpool to promote and carry out testing in the community.

Members went on to consider the financial shortfall in detail and noted that additional Governmental funding was expected. Dr Doyle advised that key priorities would be considered alongside underlying structural gaps. She cited that it was important to develop services outside of acute hospitals to address the additional problems presented by an aging population and ensure that services were both effective for patients and cost

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effective.

The Committee concluded the item by seeking assurance that the developments outlined in the report were being progressed and Dr Doyle provided this assurance explaining that all developments were happening but that achieving the significant service change would be a long process.

9 SCRUTINY WORKPLAN

The Committee noted its workplan for the remainder of the 2018/2019 Municipal Year.

10 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting was noted as Wednesday 28 November 2018, commencing at 6.00pm.

Chairman

(The meeting ended at 8.10 pm)

Any queries regarding these minutes, please contact:

Sharon Davis, Scrutiny Manager

Tel: 01253 477213

E-mail: sharon.davis@blackpool.gov.uk

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting	28 November 2018

FORWARD PLAN

1.0 Purpose of the report:

1.1 To consider the content of the Council's Forward Plan, December 2018 – March 2019, relating to the portfolio of the Cabinet Secretary.

2.0 Recommendations:

2.1 Members will have the opportunity to question the relevant Cabinet Member in relation to items contained within the Forward Plan within the portfolio of the Cabinet Secretary.

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

3.0 Reasons for recommendations:

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

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

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

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

5.0 Background Information

- 5.1 The Forward Plan is prepared by the Leader of the Council to cover a period of four months and has effect from the first working day of any month. It is updated on a monthly basis and subsequent plans cover a period beginning with the first working day of the second month covered in the preceding plan.
- 5.2 The Forward Plan contains matters which the Leader has reason to believe will be subject of a key decision to be taken either by the Executive, a Committee of the Executive, individual Cabinet Members, or Officers.
- 5.3 Attached at Appendix 4(a) is a list of items contained in the current Forward Plan. Further details appertaining to each item contained in the Forward Plan has previously been forwarded to all members separately.

6.0 Witnesses/representatives

- 6.1 The following Cabinet Members are responsible for the Forward Plan items in this report and have been invited to attend the meeting:
- Councillor Graham Cain, Cabinet Secretary (Resilient Communities).

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 4(a) – Summary of items contained within Forward Plan.

7.0 Legal considerations:

- 7.1 None.

8.0 Human Resources considerations:

- 8.1 None.

9.0 Equalities considerations:

- 9.1 None.

10.0 Financial considerations:

10.1 None.

11.0 Risk management considerations:

11.1 None.

12.0 Ethical considerations:

12.1 None.

13.0 Internal/ External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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EXECUTIVE FORWARD PLAN - SUMMARY OF KEY DECISIONS**(DECEMBER 2018 TO MARCH 2019)***** Denotes New Item**

Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
January 2019	Green and Blue Infrastructure Strategy	35/2018	Executive	Cllr Cain

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision Ref N° 35/2018	Green and Blue Infrastructure Strategy
Decision making Individual or Body	Executive
Relevant Portfolio Holder	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date on which or period within which decision is to be made	February 2019
Who is to be consulted and how	Public consultation has already taken place and will continue as the strategy is further developed
How representations are to be made and by what date	Contact the relevant Director using the contact details below.
Documents to be submitted to the decision maker for consideration	Report and strategy
Name and address of responsible officer	John Blackledge, Director of Environmental and Community Services e-mail: john.blackledge@blackpool.gov.uk Tel: (01253) 478400

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr David Bonson, Chief Operating Officer, Blackpool Commissioning Group
Date of Meeting:	28 November 2018

EXTENDED ACCESS GP APPOINTMENTS

1.0 Purpose of the report:

1.1 To provide an update to the Committee on extended access GP appointments.

2.0 Recommendation(s):

The Committee is asked to consider the report and associated appendices to support the discussions.

3.0 Reasons for recommendation(s):

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

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

4.0 Other alternative options to be considered: N/A

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience

6.0 Background information

6.1 The Committee has requested assurances surrounding extended access to GP appointments in Blackpool, following on from the Gazette article published on 29 July 2018 titled 'Your doctor won't see you now'. The link to the article can be found here: <https://www.blackpoolgazette.co.uk/news/health/your-doctor-won-t-see-you-now-1-9275153>. On reviewing the data sources, it should be noted that the data referred to

within this article was collected prior to the launch of the extended access service in Blackpool in October 2017.

The key issues outlined in the article which are addressed within this report are:

	Issue	Location of the relevant information within the reports/appendices
1.	Almost one in five patients in Blackpool have no access to out of hours GP appointments at their own surgery – four years after it was promised by the Government.	<ul style="list-style-type: none"> • Below the table, please see (a) titled ‘national policy’ and (b) titled ‘extended access across the Fylde Coast’. • Please also see: <ul style="list-style-type: none"> ○ Appendix 5(a) – extended access utilisation data for Whitegate Drive Health Centre and ○ Appendix 5(b) - communications and engagement report regarding extended access to GP services
2.	Figures reveal that there are still more than 100,000 people in the Fylde Coast not getting the full services pledged back in 2014 at their own GP surgery.	
3.	22% have some access to their GP out of hours – but only on selected days and one in 10 people have no extended access at all.	
4.	31,026 people (18%) of people in Blackpool with no extended access at all – Blackpool is in the bottom 25% when it comes to no access at all.	
5.	Lack of Doctors on the Fylde Coast	Please see section (c) titled ‘workforce’.
6.	Number of extended access appointments available and waiting times	Please see section (b) titled ‘extended access across the Fylde Coast’ – paragraph 4 and appendix 5(a) extended access utilisation data for Whitegate Drive Health Centre.

a) National policy

As outlined in the General Practice Forward View (April 2016), the ‘Next Steps on the NHS Five Year Forward View’ (March 2017) and the ‘Refreshing NHS Plans for 2018/2019’ (February 2018), CCGs are required to provide extended access to GP services including at evenings and weekends for 100% of their population by 1 October 2018. However, as stated in the General Practice Forward View:

'Delivering improved evening and weekend access is not about every GP or every practice nurse having to work seven days a week. Nor does it mean that every practice in the country needs to be open seven days a week. It will mean that groups of local practices and other providers will be offered the funding and opportunity to collaborate to staff improved in and out of hours services'.

b) Extended access across the Fylde Coast

When the extended access guidance was originally published, the CCG discussed this with practices in Blackpool to determine whether this service could be offered by individual practices. It was felt that due to workforce challenges across the Fylde Coast that this would not be a clinically sustainable option and therefore it was decided unanimously that the CCG should commission a service on behalf of the practices based on the national specification.

The CCGs therefore commissioned the Extended Access Service, which operates from three sites across the Fylde Coast – Whitegate Drive, Freckleton and Fleetwood Health Centres – offering extended access to 100% of the population and patients are able to visit any of the three sites, whichever is the most convenient to them.

Blackpool CCG has included access requirements for core hours provision (8am – 6.30pm) for a number of years, to ensure the demand for appointments is managed effectively. All practices are asked to provide a minimum of 75 appointments with a prescribing clinician per thousand of the population. A number of practices provide over and above this provision.

It is not possible to gain waiting list information from practices as they work differently according to their patient demographics. For example, in Central Blackpool, practices will provide more same day urgent slots, where the preference in Cleveleys is to offer more pre-booked appointments. However, children under 12 years of age should always be assessed on the same day via a face to face appointment or by phone.

Out of the 18 practices across Blackpool, 14 provide additional appointments outside of the core hours as part of Direct Enhanced Services (DES) for extended access, which equates to 78% of practices.

Please see attached:

- Appendix 5(a) – which outlines extended access utilisation data for Whitegate Drive Health Centre and
- Appendix 5(b) - a recent communications and engagement report regarding extended access to GP services

c) Workforce

Blackpool has been recognised as a challenged area in terms of number of GPs and is

part of the National GP Intensive Support Programme. More detail can be found here: <https://www.england.nhs.uk/gp/gp/v/workforce/retaining-the-current-medical-workforce/local-gp-retention-fund/>

As part of this programme, Blackpool CCG is in the process of developing different roles to try and attract new GPs to the area, by offering portfolio career options.

- 6.2 Mrs Sharon Davis, Scrutiny Manager has also attached the Healthwatch Blackpool report, Having Your Say in GP Surgeries as an appendix to offer an additional evidence source for consideration.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

- 7.1 Appendix 5(a): Whitegate Drive extended access utilisation data
Appendix 5(b): Extended access communications and engagement report
Appendix 5(c): Healthwatch Blackpool, Having Your Say in GP Surgeries

8.0 Legal considerations:

- 8.1 Not Applicable.

9.0 Human resources considerations:

- 9.1 As outlined in section (c) – workforce.

10.0 Equalities considerations:

- 10.1 Not Applicable.

11.0 Financial considerations:

- 11.1 The Extended Access Service is funded via NHS England Access funding.

12.0 Risk management considerations:

- 12.1 Not Applicable.

13.0 Ethical considerations:

- 13.1 Not Applicable.

14.0 Internal/external consultation undertaken:

14.1 Information outlined within section (b) 'Extended Access across the Fylde Coast' and appendix 5(b) – communications and engagement report .

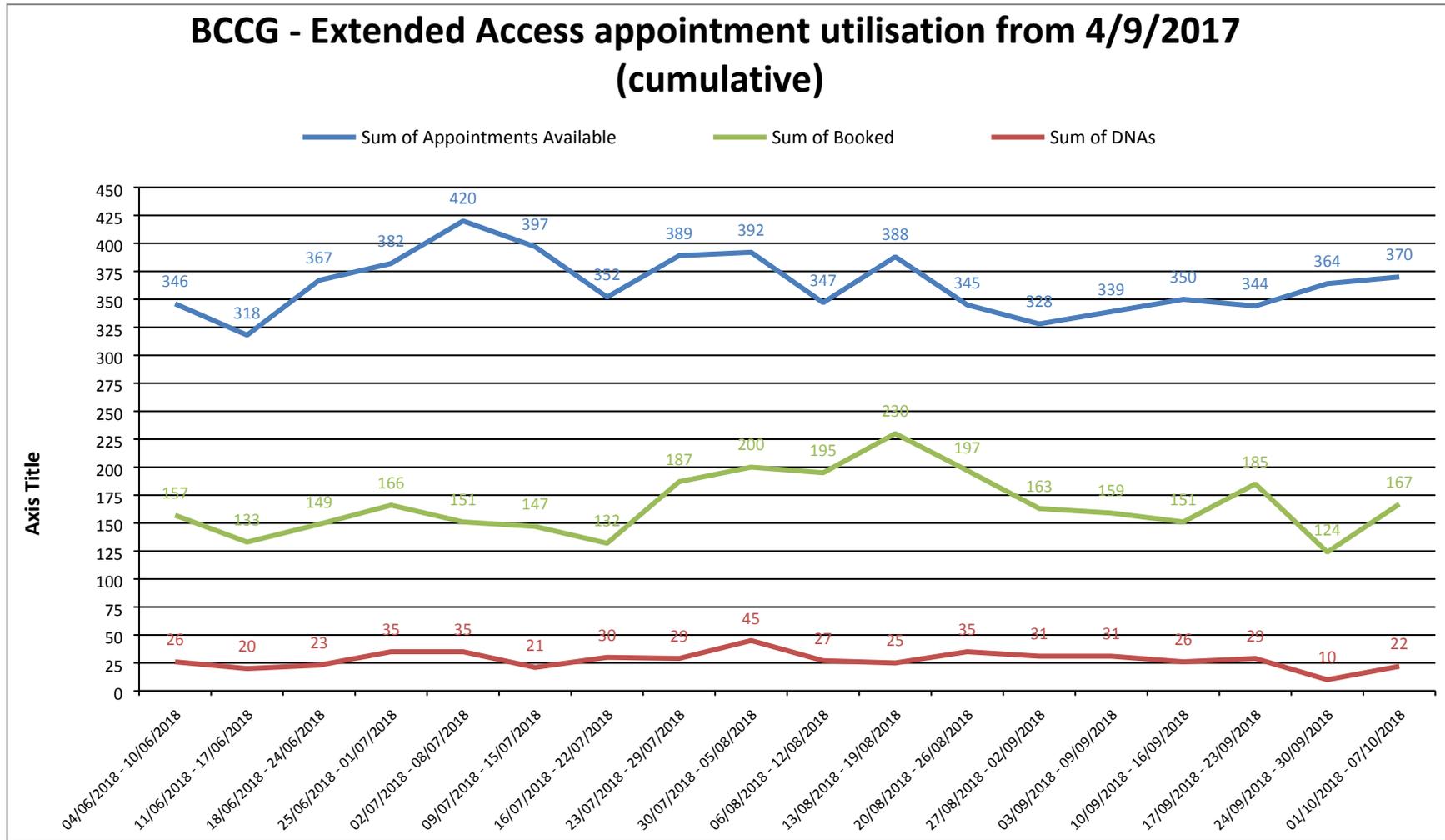
15.0 Background papers:

15.1 Not Applicable.

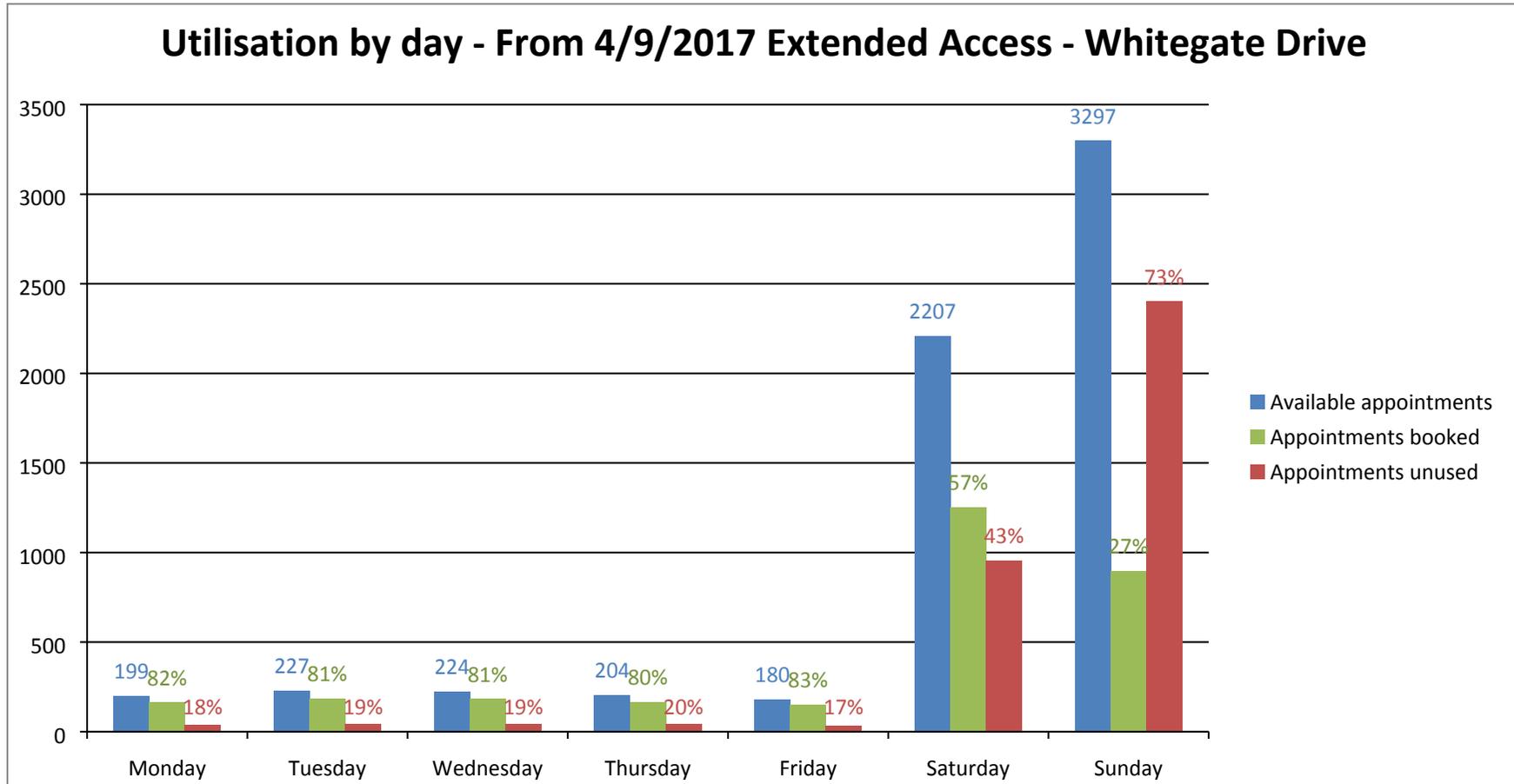
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Appendix 5(a) – Utilisation at Whitegate Drive all appointments

BCCG - Extended Access appointment utilisation from 4/9/2017 (cumulative)



Appendix 5(a) – Utilisation by Day of the week





Blackpool

Clinical Commissioning Group

Access to GP services – Communications and engagement report

Nathan Skelton, Communications and
Engagement Manager

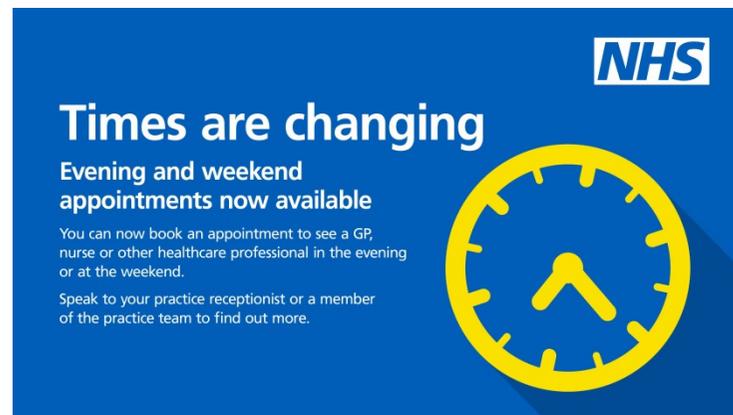


Background

- The CCG commissions the local extended access service on behalf of all 18 member practices to provide additional, pre-bookable appointments from 6.30pm – 8pm on weekdays and 8am – 8pm on weekends.
- This service is provided from the Whitegate Health Centre in Blackpool and has been available to 100 per cent of Blackpool registered patients since launch in October 2017.
- However, utilisation of the additional appointments available to patients has continually remained low.
 - Blackpool Service - 39% of available appointments were booked
 - Fylde & Wyre Service – 66% of available appointments were booked



- Initially promoted using national materials
- Extensive social media activity
- Posters provided to all practices
- Waiting room screen animations shared for use



Engagement activity

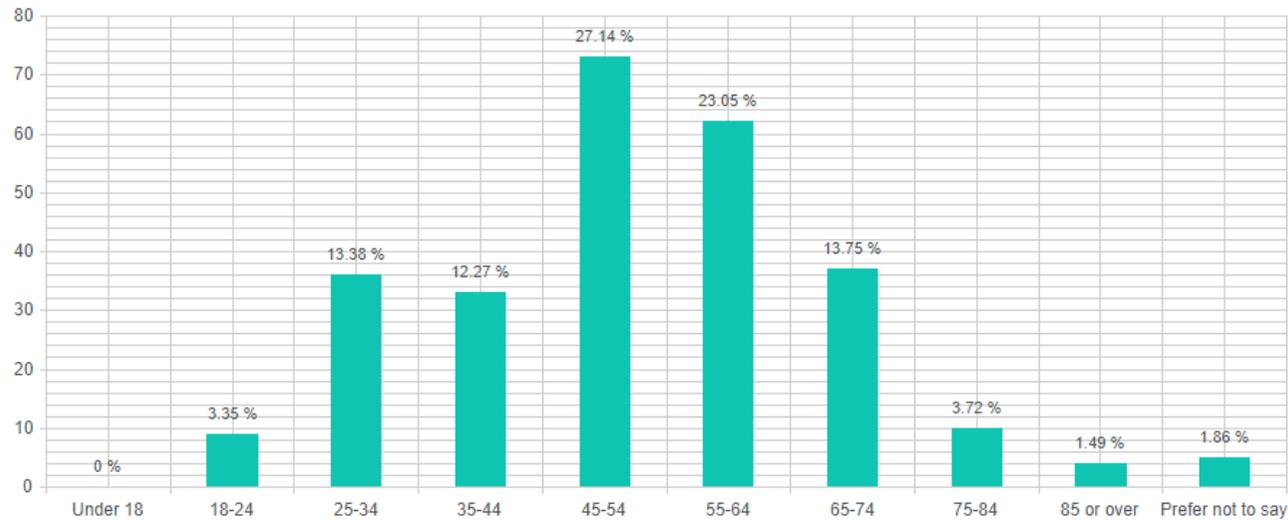
- Survey for patients to complete either online or in paper format.
 - Promoted online via social media
 - paid-for-advertising,
 - posting in local Facebook groups
 - distributing electronically to the CCG's patient and public contacts list.
- paper copies of the survey were made available in GP practice waiting rooms and handed out by receptionists.
- Six practices visited in person at varying times to carry out face-to-face conversations with patients.



Results



- There were a total of 269 responses to the survey
 - 72 were completed in physical paper format
 - 197 were completed electronically



Quality and experience

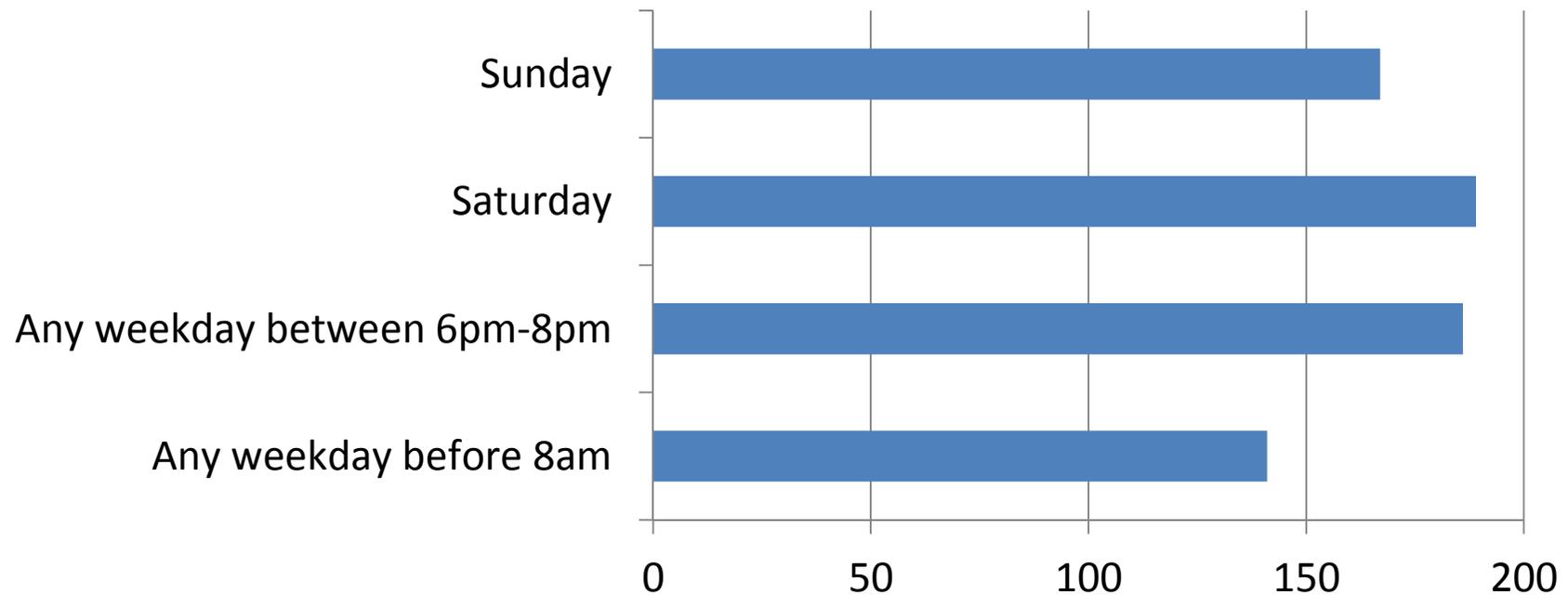
- 27 per cent had previously accessed the service
 - 94 per cent would use it again
 - 97 per cent would recommend the service

“This was really convenient and something I would certainly consider again if I couldn't get an appointment at my own GP practice.”

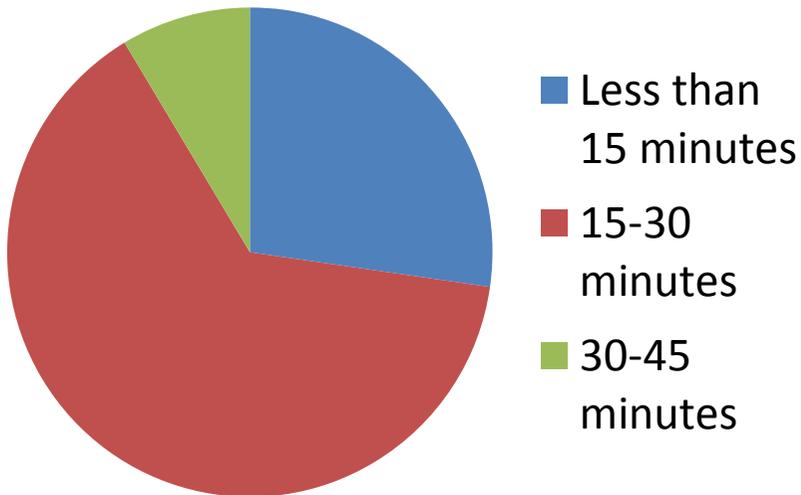


Timings

Which days are better for you?



Location



- The longest likely journey to Whitegate Health Centre is approximately 47 minutes by bus from Cleveleys
- 16 minutes if travelling by car.



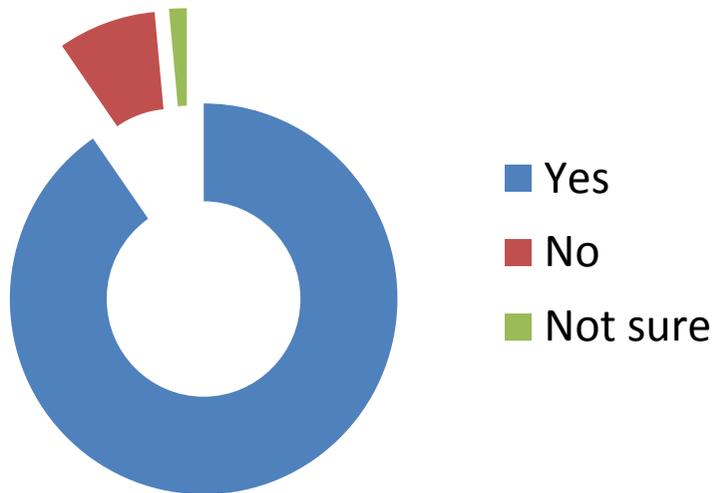
Likelihood to use the service

- When asked how likely they were to use various services if they felt unwell but it was not urgent,
 - 56 per cent said that they were either ‘not very likely’ (26.5%) or ‘not at all’ likely (37.61%) to access the extended access service
 - Healthwatch Blackpool activities found:
 - 55% said that seeing the same GP at each of their appointments was ‘very important’.



BUT...

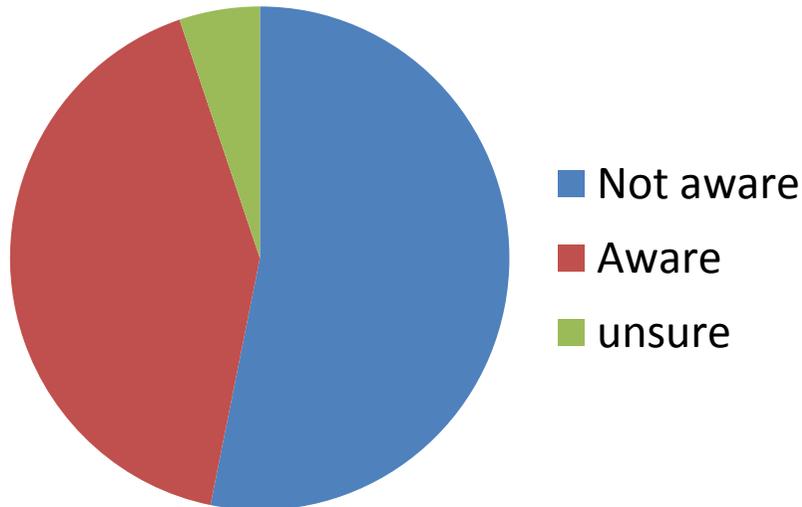
- Would you be willing to see another clinician if it meant being seen in an evening or weekend?



- Analysis of individual responses from those patients stating that they would only wish to see a clinician from their registered practice shows that this is due to ongoing or complex conditions and a wish for continuity of care with regards to this.



Awareness



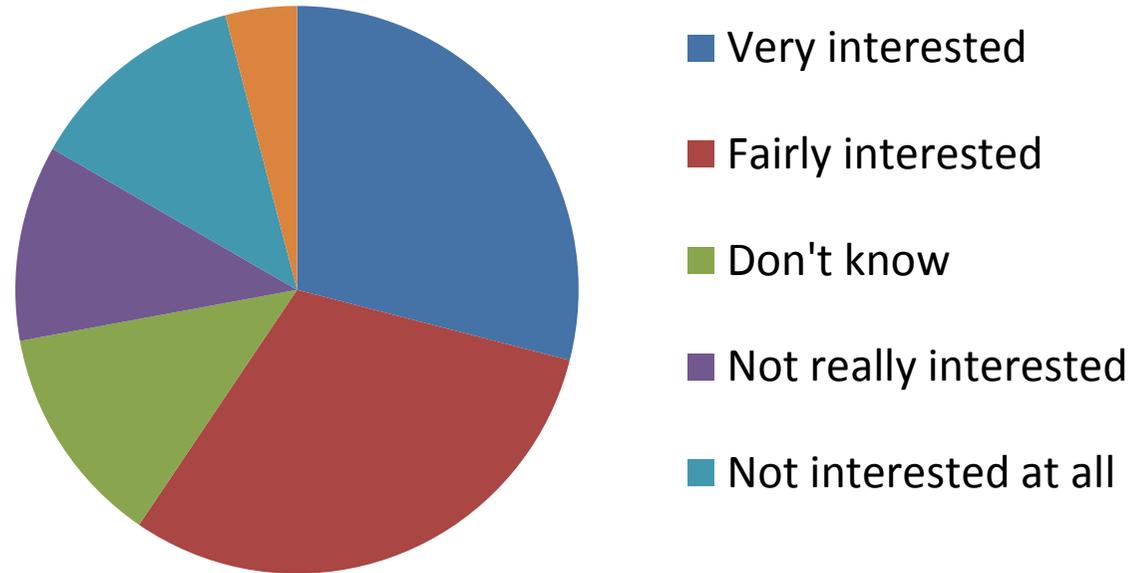
- 41 per cent of patients said they were aware of the service,
 - 34 per cent had been informed by their GP or practice staff
 - 24 per cent said Posters/adverts in practice or other NHS buildings had made them aware

Also evident from other sources such as residents enquiries



Other options

If given the option, how interested would you be in an online consultation with a GP / clinician?



Recommendations



1. Triangulate the findings of this engagement with utilisation reports, particularly in respect of the appointment times/days to build a clearer picture of patient preferences.
2. Consider allocating a dedicated marketing budget to further promote the extended access service amongst local patients to increase awareness and fully evaluate the effects of this activity to assess impact upon utilisation.
3. Continue to engage with the Lancashire and South Cumbria ICS on the roll-out of online consultations given clear patient appetite for this and national drive to implement.
4. Review online booking services amongst practices and the availability of appointments provided via this mechanism.





Blackpool
Clinical Commissioning Group

Thank you
Any questions?

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Having Your Say!

GP surgeries in Blackpool

April 2018

92% of patients who said they were happy with the medical staff said they felt respected and understood.

Most patients found it very difficult to get urgent appointments, calling it a 'nightmare' or 'impossible'.

Report summarising the findings of Healthwatch Blackpool's Enter and View and patient engagement activities in GP surgeries across Blackpool.

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Lessons Learnt

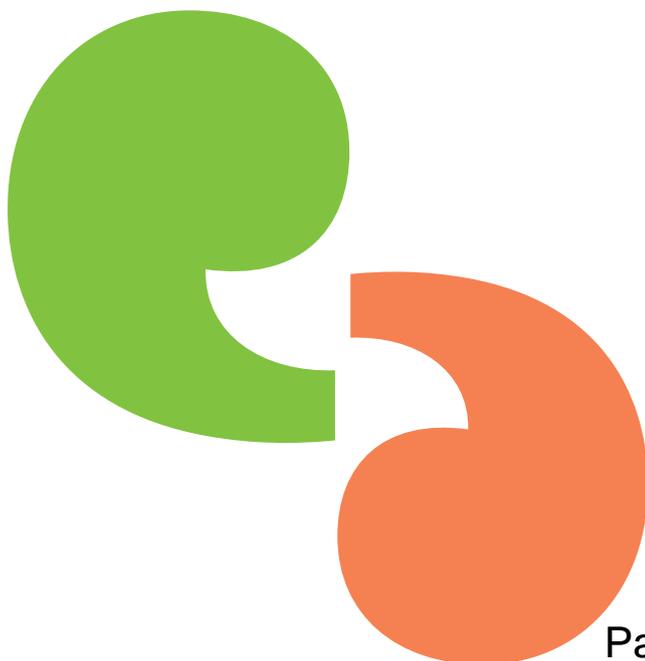
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Disclaimer

This report relates only to the services we visited and is only representative of the patients that were heard from during our engagements.

This project was undertaken by Healthwatch Blackpool with support of Healthwatch Lancashire.

Why are we undertaking this project?

“As patients, and citizens locally, we know primary care is often scrutinised in the media, but we also know that looking at GP services was the number one priority for the residents of Blackpool when they were asked what they’d like their Healthwatch to do.

Over a seven-month period the Healthwatch Blackpool team with support from colleagues at Healthwatch Lancashire and our amazing volunteers have worked hard to reach as many patients as possible, at GP practices in Blackpool to listen to them about their experiences. These views have now been shared with the people who design, commission and manage services with the aim of improving services for patients using them.

This report brings together all the feedback we have received about individual services to understand what it’s like to use GP services in Blackpool.”

Katie Taylor, Senior Project Officer, Healthwatch Blackpool

Project representatives



Project Lead: Katie Taylor



Nick Colledge



Jess Wood



Sam Parker



Lesley Whitehead



Kim Rushton



Lynn Yates

Acknowledgements

Healthwatch Blackpool would first and foremost like to thank over 600 patients and relatives for taking part in this programme of work. We’d like to thank the G.P. services we visited, their staff, and Blackpool Clinical Commissioning Group for supporting our visits and programme of work.

Introduction

This report brings together the feedback and findings of 12 GP services across Blackpool that have been visited by Healthwatch Blackpool between June to December 2017.

The 12 practices we visited were chosen by feedback received from members of the public during our community engagement campaign ‘#haveyoursay’, through feedback via our website, and from phone calls we received. In addition to this we looked at Care Quality Commission (CQC) reports and carefully considered locations to make sure we were visiting a range of services.

The aim of the project was to listen to patients about their experiences, particularly in relation to:

- How patients get to the service
- Access to appointments, including ease of booking appointments, use of online and mobile services
- Quality of care provided
- Importance of choice of medical practitioner
- Awareness and interest in the GP services Patient Participation Group

In summary

- 571 patients shared their experiences and feedback
- 12 different GP practices were visited
- Each practice was visited twice, once on a weekday morning, and once during an evening or weekend surgery
- Two Healthwatch authorised representatives conducted each visit
- The visits were conducted under the Healthwatch statutory ability to “Enter and View” publicly funded health and social care services
- One GP practice (Gorton Street) closed before we completed the Enter and View process, therefore we were unable to produce a report, however the feedback we gathered from those patients is included in the findings of this report
- 10 out of the 12 GP services provided responses to reports
- The individual reports can be found on our website here: <https://healthwatchblackpool.co.uk/reports/read-our-reports/>

This piece of work follows a similar series of visits to GP services across Lancashire, performed by Healthwatch Lancashire. The questions asked to patients in Blackpool differ, following the evaluation of the project in Lancashire. Where possible, the findings from Healthwatch Lancashire’s ‘Your Voice; GP surgeries across Lancashire’ report will be used to compare trends and performance in Blackpool with the wider health landscapes across the Fylde coast and Lancashire. The Healthwatch Lancashire ‘Your Voice: GP surgeries across Lancashire’ report, and the individual GP service reports can be found here: <https://healthwatchlancashire.co.uk/reports/reports/>

We found that while speaking to patients at their GP service, many spoke about attending the walk-in service as an alternative when unable to access urgent appointments. This service offers alternative primary care provision and is based in central Blackpool. From analysis of the feedback we received at the GP services we visited, we felt the project should include a review of the Whitegate Drive GP led Walk-in Centre.

The fourth section of this report summarises the findings of three Patient Engagement Days which were carried out with the support of the service. The whole report can be found here: <https://healthwatchblackpool.co.uk/reports/read-our-reports/>

We also found that young people (under 25 years old) were under-represented in this work. While conducting a separate project seeking the feedback and experiences of young people (aged 13-25), during our Care Circles (focus groups already existing in community groups) we chose to ask young people about their experiences of GP services. Feedback from the Care Circles conducted in Blackpool can be found in section five.

Map of GP practices in Blackpool

Far North

Cleveleys Group Practice
The Crescent Surgery
Population = 19,450

North

Glenroyd Medical Centre
North Shore Surgery
Population = 25,500

Central West

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



Central East

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

South Central

Bloomfield Medical Centre
Waterloo Medical Centre
Population = 23,100

South

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

This map shows the footprint of Blackpool, and where each neighbourhood is based.

It shows how the surgeries were distributed throughout the borough at the start of Enter and View visits to GP practices.

This map was provided to Healthwatch Blackpool by Blackpool Clinical Commissioning Group.

During the course of our project a number of changes occurred; Gorton Street Practice in Central West closed, Abbeydale Medical Centre and Vicarage Lane Surgery (both in the South), merged to become one practice, and Stonyhill Medical Practice and Harrowside Medical Centre (both in the South), also merged to become one practice.

Executive Summary

Introduction

- This report brings together the feedback and findings of individual reports following Enter and View visits to 12 GP practices in Blackpool between June and December 2017.
- This report follows a similar project in GP practices across Lancashire and we are therefore able to draw comparisons across these different areas.
- In Blackpool, we spoke to 571 patients and asked about their experiences of booking appointments, the quality of care, how important it was for them to see the same GP at each appointment, and if they were aware of or interested in their practices Patient Participation Group.
- As a result of patient feedback, we undertook a number of patient engagement events to ask similar questions to patients using the GP-led walk-in centre. Findings and feedback from the resulting report have been compared with findings from GP services across Blackpool.
- We also found that young people were underrepresented in the work we have done in GP services. We therefore sought the feedback of young people on their GP services through a number of care circles, which is also detailed in this report.

Comparisons between a. Blackpool practices, b. Fylde and Wyre practices and c. Lancashire practices

- Booking method - More patients in Blackpool book appointments by telephone and far fewer book repeat appointments compared to the rest of Lancashire but more patients use online booking 'sometimes' and far more patients in Blackpool received a text reminder about their appointment than in other areas of Lancashire.
- Difficulty booking appointments - Patients in Blackpool reported having similar difficulties booking urgent appointments as in other areas of Lancashire, although patients in other areas of the Fylde Coast reported having less difficulty. Patients in Blackpool reported having slightly more difficulty booking routine appointments.
- Overall booking experience - Patients in Blackpool more commonly said that their experience of booking appointments was 'excellent' than in other areas of Lancashire.
- Staffing - Significantly more patients in Blackpool said they were 'happy with staff' as opposed to 'happy with most staff' or 'unhappy with staff' than in other areas of Lancashire. Patients in Blackpool and other areas in Lancashire reported similar experiences of feeling listened to during appointments.
- Overall satisfaction of care - more patients in Blackpool said they were 'very satisfied' and fewer said they were 'unsatisfied' with the care they receive than in the rest of the Fylde Coast or Lancashire.
- Patient Participation Groups (PPG) - in Blackpool, similar numbers of patients had heard about their service's PPG, although more patients said they were not interested. Of those who said they were interested, far fewer said they would be interested in attending meetings, with more saying they'd like to be involved online only.

Trends and themes of patient feedback in Blackpool

Most who said they find it **difficult** to get routine appointments said it was because of the **wait** for their appointment

Most patients who said they were 'happy with most' medical staff said they had a **negative** experience with **one or two** staff

From people who didn't already have an app, **most** comments were **positive** about considering using an app

Of those who said they would **not** use online booking, **48%** said they **would** consider using a mobile app

21% of patients who said it was **very important** to see the same GP **had asked** to see a specific person but were **unable** to see them

Most suggestions relating to **improvements** to booking appointments were about **phoning to book**

Most patients found it **very difficult** to get **urgent appointments** describing it as "a nightmare" or "impossible"

Most patients **prefer** to see the **same GP** because they want **continuity of care**

Of the patients who said they were '**very satisfied**' by the quality of care, **69%** of them **also** said their experience of booking appointments was '**excellent**'

64% of patients we spoke to **had** requested to see a specific GP **24%** said they were **not** able to see the person they wanted

Most suggestions relating to **improvements** were about **opening later** in the evening

Patients who use online services thought they are okay, but has **poor** **availability of appointments**

So What?

- Of the 12 GP practices visited, ten responded to their individual reports, and seven responded with actions they would undertake as a result of listening to their patients.
- Actions for improvements focused on environments, information sharing, staff awareness or training, and improving access to appointments.

97% of the patients we spoke to were registered at a GP service and **74%** of those were from **Blackpool**

49% of patients who we spoke to at their GP said it was difficult to get an urgent appointment, **34%** of patients attended the walk-in centre because they could not or assumed they could not get an appointment at their GP

Whitegate Drive GP-led walk-in Centre

- Patients at the GP Led Walk-in Centre were happier with both medical and non-medical staff than those we spoke to at their GP service.
- Patients at the GP Led Walk-in Centre more commonly said they felt listened to, respected and understood than patients we spoke to at their GP service.
- More patients at the GP Led Walk-in Centre were 'very satisfied' than those we spoke to at their GP service.

Young People's Voices

- Most of the young people we spoke to did not book their own appointments, because they did not know how to or did not have the confidence. Those that did had difficulty phoning for emergency appointments.
- Most of the young people we spoke to said they did not feel listened to because their doctor looks at the computer too much, or that they have an attitude of superiority.

44% of young people said they did not feel listened to during their appointments, **2%** of patients we spoke to at GP practices did not feel listened to

Conclusion

To conclude, we have sent this report to key stakeholders and requested responses to how the report's findings will be used to inform improvements to and future redesign of services.

- This report was sent to the Chief Nurse at Blackpool Clinical Commissioning Group, Senior Responsible Officer for Primary Care, via the Communications and Engagement team at Healthier Lancashire and South Cumbria and the Inspection Manager for Primary Medical Services and Integrated Care at the Care Quality Commission, for comments prior to publication to check for factual accuracy and to respond to its findings.
- A response was received from Blackpool Clinical Commissioning Group Primary Care Commissioning Manager

Comparisons with a. Blackpool practices, b. Fylde and Wyre practices and c. Lancashire practices

The programme of Enter and View visits completed by Healthwatch Blackpool considered a project already carried out by Healthwatch Lancashire in 2016/17. We took note of lessons learnt from evaluating this work, while some questions are easily comparable with the data across Lancashire, some were changed, and new questions were added. For example, from our initial engagement, it became apparent that residents in Blackpool found seeing the same GP very important and it appeared to be a source of frustration, we therefore included a question to discover whether this is important to those we spoke to. Additionally, Healthwatch Lancashire reported some difficulty when asking patients how they felt about staff at their practice, patients reported feeling different about medical and non-medical staff, we therefore asked separate questions about these different groups to give clearer feedback to services.

The questions and results from the programme of work carried out in Blackpool, Lancashire, and the Fylde Coast can be found in Appendix 1, starting on page 41.

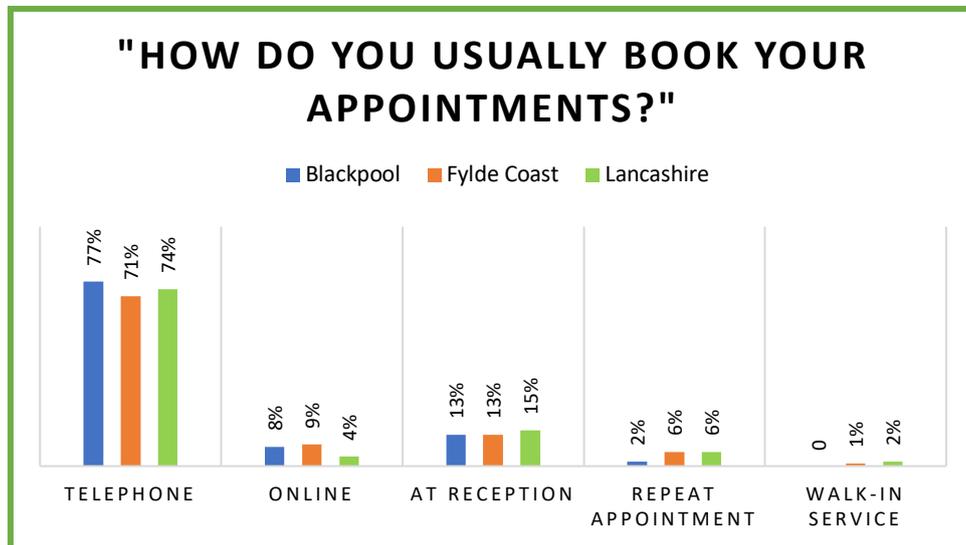
Comparable questions which have been clearly marked as findings from Blackpool, findings from the Fylde Coast (excluding Blackpool) and the rest of Lancashire (Excluding Blackpool and Blackburn with Darwen) are as follows;

Please note, percentages have been rounded to the nearest whole number and therefore do not add up to 100%.

A comparison of patient responses for accessing and booking appointments at their GP practice

From the question, “How do you usually book appointments?”

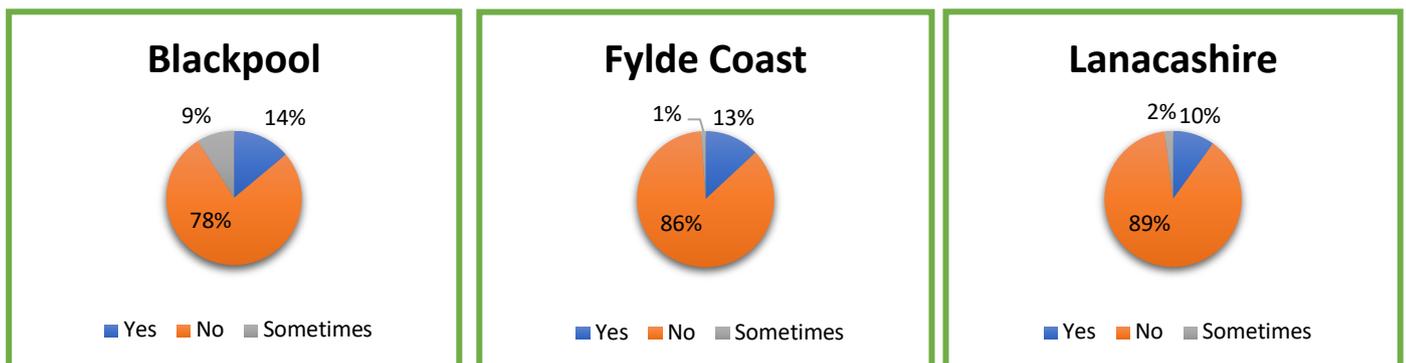
(In Blackpool 560 patients answered, in Fylde Coast 144 patients answered, in Lancashire 839 patients answered)



In Blackpool, a higher percentage of patients telephoned to book appointments compared to other areas, and a lower percentage of patients in Blackpool were attending repeat appointments. Blackpool and the Fylde Coast had an equal percentage of patients usually booking appointments at the reception than in Lancashire as a whole.

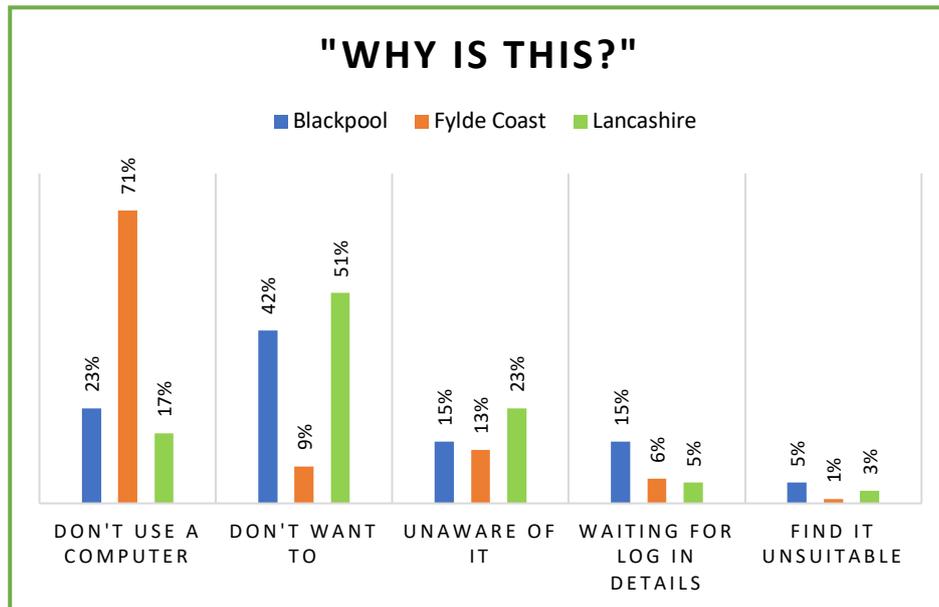
From the question, “Do you use online booking?”

(In Blackpool, 552 patients answered, in Fylde Coast 141 patients answered, in Lancashire 840 patients answered)



In Blackpool, a higher percentage of patients use, or sometimes use online services to book their appointments compared to other areas. In Lancashire a higher percentage of patients do not use any online booking options.

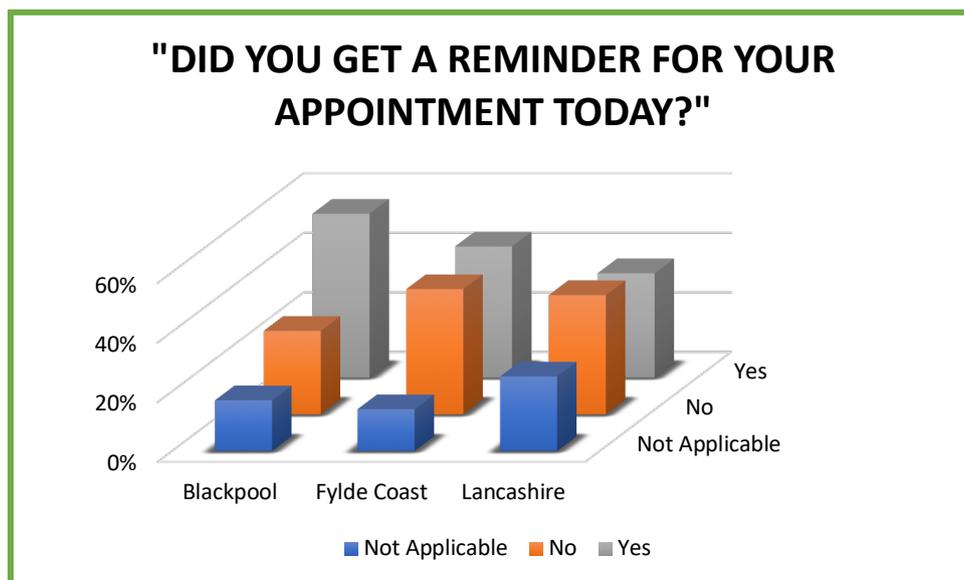
When patients answered that they sometimes use, or do not use online booking:
 (In Blackpool, 411 patients answered, in Fylde Coast 114 patients answered, in Lancashire 777 patients answered)



Findings for Blackpool were more similar to those for Lancashire than the rest of the Fylde Coast. Notably, a higher percentage of patients are waiting for log in details from their GO service than in other areas, and more patients find online services unsuitable for their needs. More patients in Blackpool prefer not to use online services, compared with the Fylde Coast where most patients said they do not use a computer.

From questions about receiving a reminder about their appointment:

(In Blackpool, 529 patients answered, in Fylde Coast 136 patients answered, in Lancashire 813 patients answered)

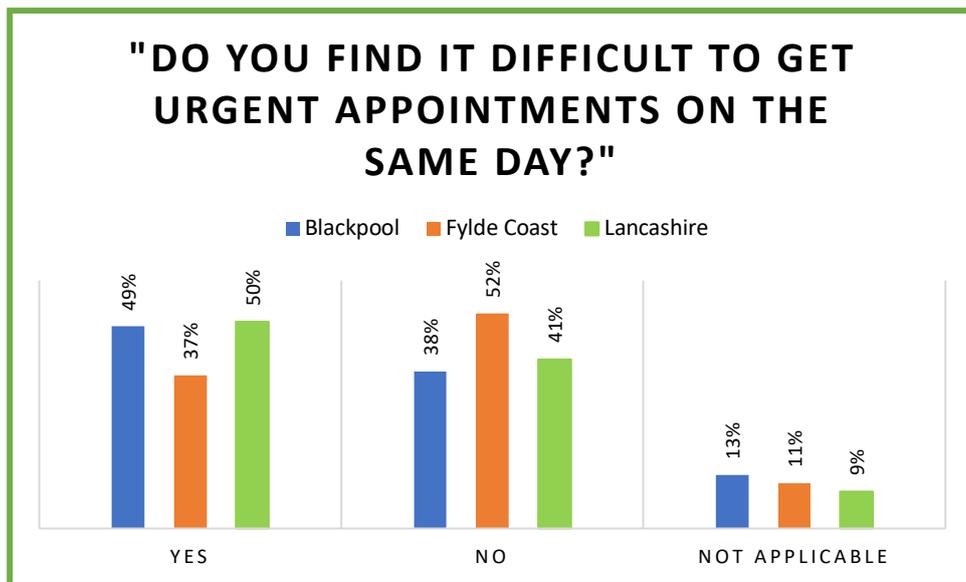


In Blackpool, a higher percentage of patients received a reminder about their appointments compared to the Fylde Coast or across Lancashire. Usually this was a text message.

Healthwatch Blackpool received a number of comments about this being useful. Some patients answered that this service would not be applicable to them if they had booked the appointment that day, or they did not use a mobile phone.

From asking if patients find it is difficult to get urgent appointments on the same day:

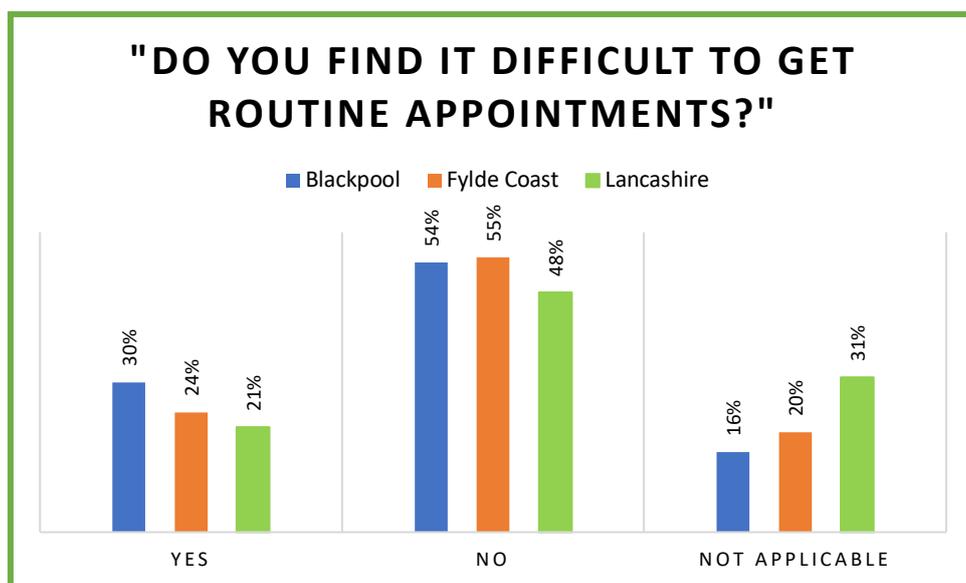
(In Blackpool 534 patients answered, in Fylde Coast 144 patients answered, in Lancashire 833 patients answered)



In Blackpool, patients reported that it is more difficult to get an urgent appointment on the same day, compared to the Fylde Coast. Fewer patients indicated that it was easy to get an urgent appointment compared with those across Lancashire.

From asking if it is difficult to get routine appointments:

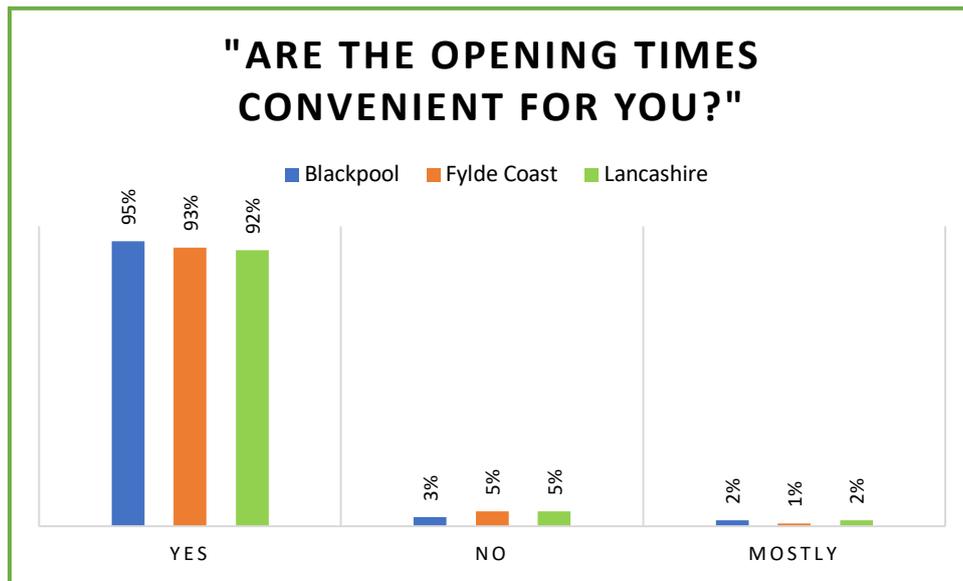
(In Blackpool 533 patients answered, in Fylde Coast 139 patients answered, in Lancashire 822 patients answered)



In Blackpool, more patients find it difficult to get a routine appointment than those in the Fylde Coast or Lancashire. However, in all areas more patients said it was not difficult to get routine appointments than said it was difficult to get a routine appointment. Note: routine appointments refer to all non-urgent appointments.

Regarding the convenience of opening times:

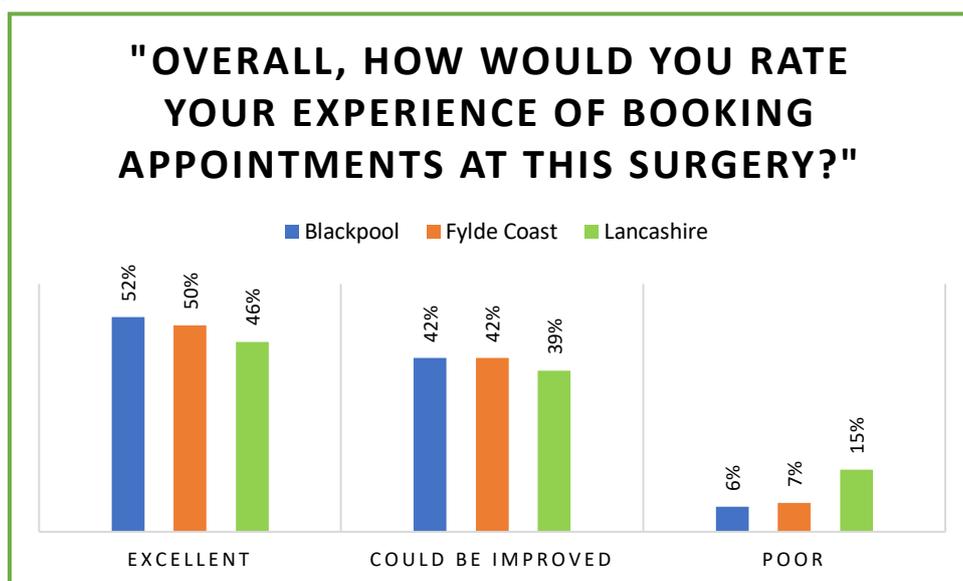
(In Blackpool 530 patients answered, in Fylde Coast 136 patients answered, in Lancashire 803 patients answered)



Patients from all areas found the opening times of their GP surgeries convenient with Blackpool having a marginally higher percentage saying 'yes' than in other areas.

When we asked about the overall experience of booking appointments:

(In Blackpool 468 patients answered, in Fylde Coast 135 patients answered, in Lancashire 801 patients answered)

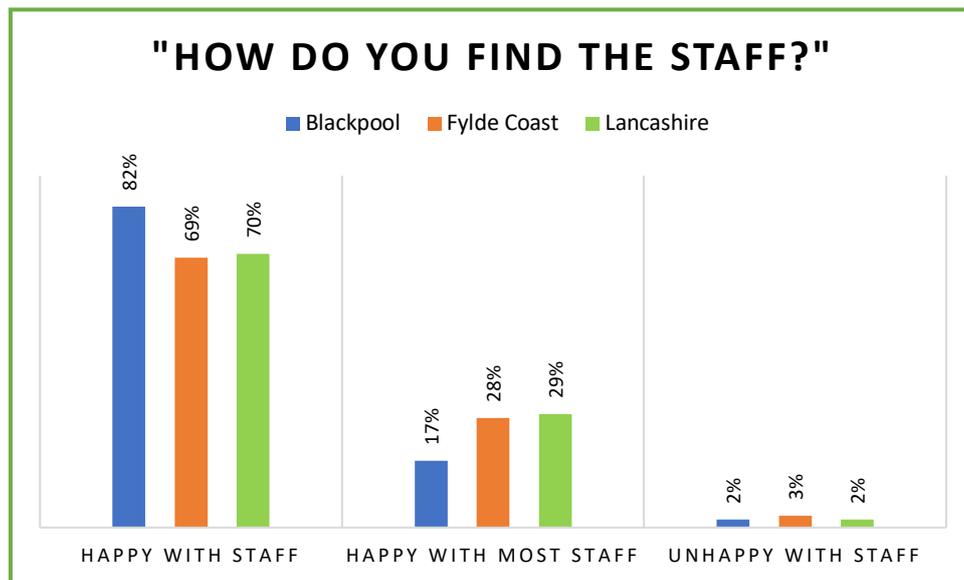


Patients in Blackpool more commonly rated their experience of booking appointments as 'excellent' than in other areas. Patients in Lancashire rated their experience as poor more commonly than in the Fylde Coast or in Blackpool.

A comparison of patient responses for the quality of care received at their GP services

When asking patients about how they find the staff:

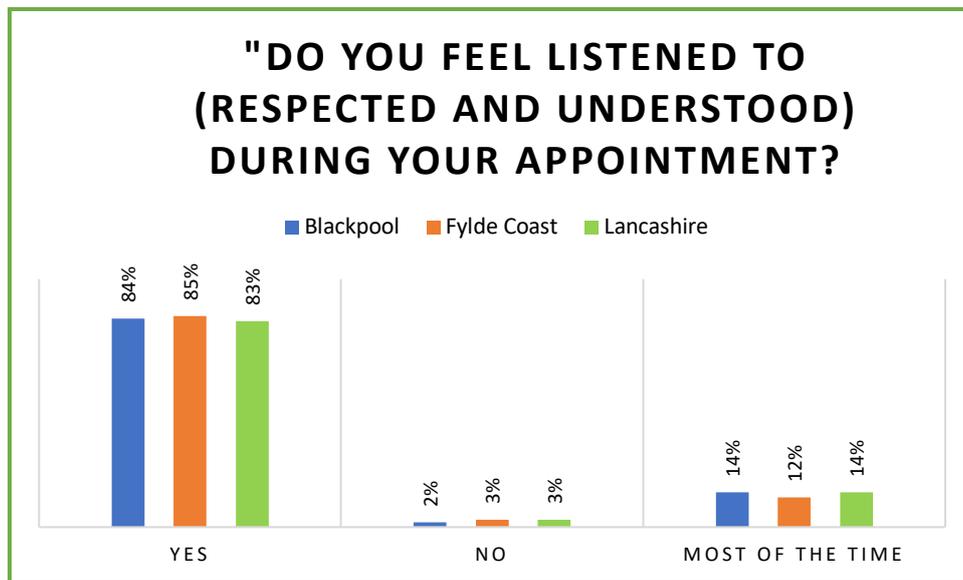
(In Blackpool 511 patients answered, in Fylde Coast 138 patients answered, in Lancashire 805 patients answered)



In Blackpool, patients were asked how they found medical staff (doctors and nurses), and non-medical staff (receptionists and administrators), where as in Lancashire patients were asked how they found staff without specifying roles. Findings show that in Blackpool, patients are more commonly happy with the staff at their surgery than in the Fylde Coast and Lancashire. In order to make comparisons for staff in Blackpool, we have combined the results for medical and non-medical staff.

When asking patients whether they feel listened to during appointments:

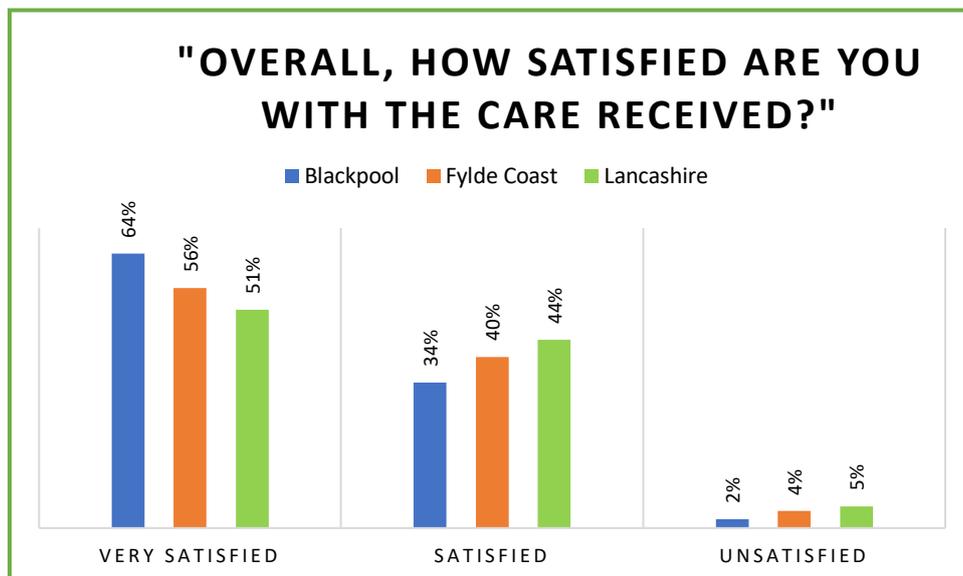
(In Blackpool 469 patients answered, in Fylde Coast 135 patients answered, in Lancashire 793 patients answered)



The way in which this question was asked varied between Lancashire and Blackpool. In Lancashire, patients were asked if they felt “listened to”, while in Blackpool patients were asked if they felt “listened to, respected and understood”. Findings show patients across Blackpool, the Fylde Coast and Lancashire feel very similarly about whether they are listened to during their appointments.

From asking overall how satisfied patients are with the care they receive:

(In Blackpool 486 patients answered, in Fylde Coast 133 patients answered, in Lancashire 789 patients answered)

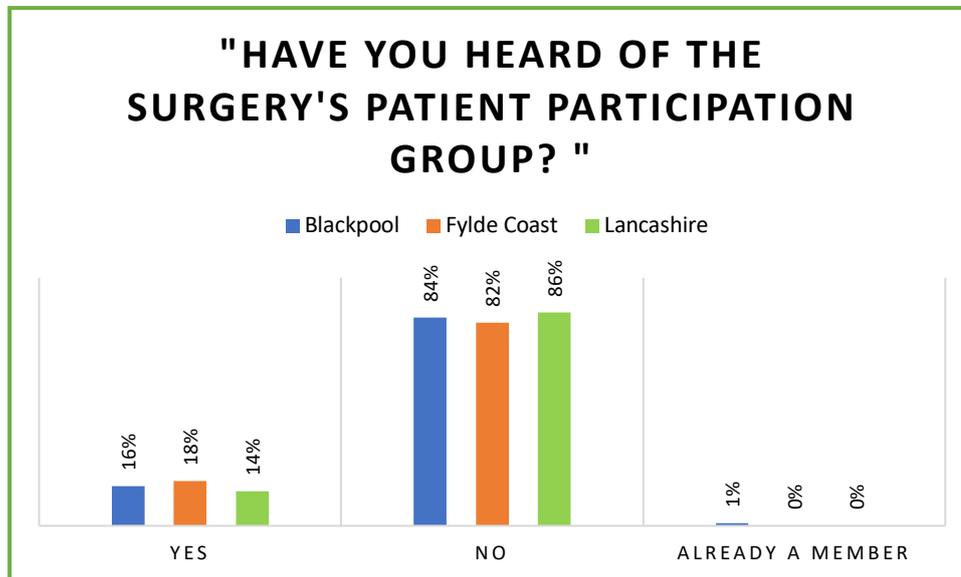


Findings show that, more patients in Blackpool are very satisfied with the care received, and fewer patients are unsatisfied with the care received, than in the Fylde Coast. Patients in both Blackpool and the Fylde Coast are more satisfied than those in Lancashire as a whole.

A comparison of patient responses for involvement in their GP service's Patient Participation Groups

Responses regarding awareness of the Patient Participation Group

(In Blackpool 488 patients answered, in Fylde Coast 129 patients answered, in Lancashire 736 patients answered)

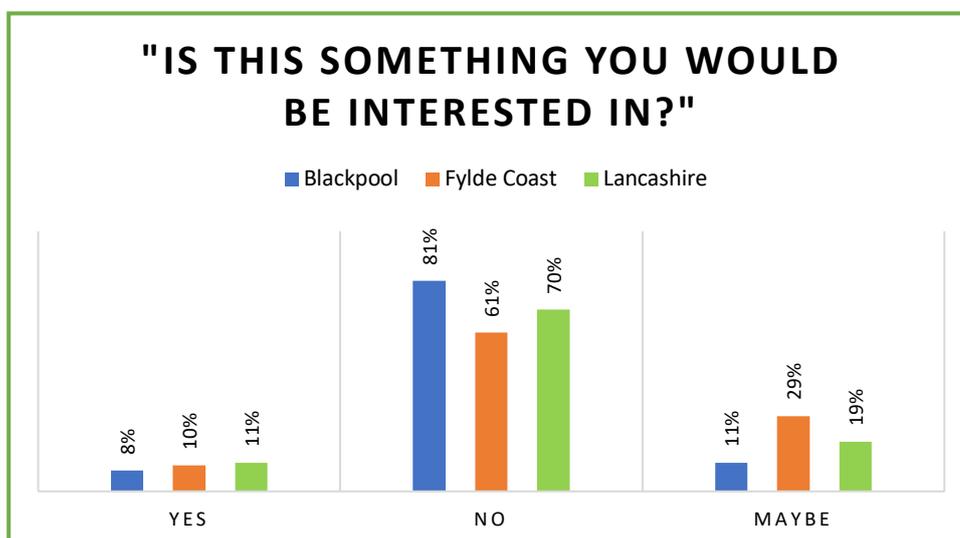


Across Blackpool and Lancashire awareness of Patient Participation Groups is relatively low. A slightly higher percentage of patients in the Fylde Coast were aware of Patient Participation Groups than in Blackpool. A higher percentage of patients in both Blackpool and Fylde Coast were aware of the groups than in Lancashire as a whole.

When asking if patients would be interested in joining their GP service's Patient Participation Group:

(In Blackpool 478 patients answered, In Fylde Coast 124 patients answered, in Lancashire 726 patients answered)

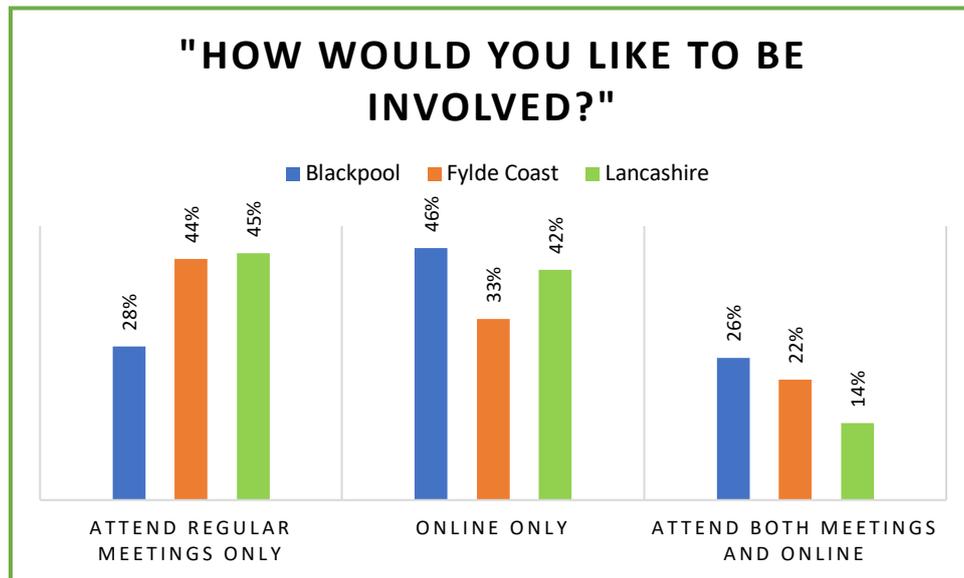
In Blackpool, notably fewer people were interested in becoming a member of their surgeries Patient Participation Group than in the rest of Lancashire. In the Fylde Coast a higher



percentage of patients said that they were interested or may be interested than in Blackpool or Lancashire.

When asking how patients would like to be interested in their Patient Participation Group:

(In Blackpool 80 patients answered, in the Fylde Coast 18 patients answered, in Lancashire 96 patients answered)



Only patients who had said they were interested or may be interested in joining their Patient Participation Group were asked how they would want to be involved. A higher percentage of patients in Blackpool responded that they would rather be involved online only, more commonly than those in Fylde Coast or Lancashire. Notably, far fewer patients in Blackpool would prefer to attend regular meetings than patients in Fylde Coast and Lancashire.

Trends and themes of patient feedback in Blackpool

Trends around rating of surgeries

In the reports published following our visits to GP practices in Blackpool, Healthwatch Blackpool decided to rate the areas of environment, access to appointments, and quality of care through a **RED**, **AMBER** and **GREEN** rating system. This enabled us to easily compare patient feedback about different areas within a service as well as comparing services with each other.

Ratings were based on the following:

Environment

When assessing the environment, we considered a number of external factors such as the proximity to public transport and the availability of parking. Internal factors were considered such as accessibility for patients with disabilities, dementia friendly facilities, cleanliness of the environment, available seating and the information that was displayed.

Access to Appointments

When assessing access to appointments we used statistical data to rate the service. The responses to questions for this rating were difficulty: getting an urgent appointment, difficulty getting a routine appointment, and overall experience of booking appointments. Each answer was individually rated by looking at the percentage of patient feedback that focused on the negative response option.

Quality of Care

The assessment for quality of care used statistical data in the same way as above. The rating process considered the responses about both medical and non-medical staff, whether the patient felt listened to, respected and understood, and overall rating for quality of care. Each answer was individually rated by looking at the percentage of patient feedback that focused on the negative response option.

For example, when asking ‘Overall, how would you rate the quality of care?’. If patients responded less than ‘Very Satisfied’, this would be a negative response. If under 20% of the responses were negative the rating was green, if between 20% and 60% of the responses were negative, the rating was amber, if over 60% of the responses were negative, the rating was red. The most common score for each question indicated the rating, for example if two questions had a ‘green’ rating and one question had an ‘amber’ rating, the overall rating would be green.

The matrix used to rate each service can be found in Appendix 4 on Page 55.

Rating of the surgeries we visited

GP Practice	Neighbourhood or Location	Environment	Access to Appointments	Quality of Care
Adelaide Street Surgery	Central West	Green	Amber	Green
Abbey Dale Medical Centre	South	Green	Amber	Green
Stonyhill Medical Centre	South	Green	Green	Amber
Waterloo Medical Centre	South Central	Green	Red	Green
St Paul's Medical Centre	Central West	Green	Red	Amber
Glenroyd Medical (Moor Park)	North	Green	Red	Green
Leyton Medical Centre	Central East	Green	Amber	Amber
Cleveleys Group Practice	Far North	Green	Green	Green
North Shore Surgery	North	Green	Amber	Green
Highfield Surgery	South	Green	Amber	Green
Bloomfield Medical Centre	South Central	Green	Amber	Green
Elizabeth Street Surgery	Central West	Green	Amber	Green

Reports for each individual GP service can be found at www.healthwatchblackpool.co.uk

Environment

All surgeries were rated 'Green' for environment. All practices were relatively close to public transport links and most had parking or on-street parking available. All practices were accessible for people using wheelchairs, and some had hearing loops to support people with hearing aids or signage that would be appropriate for people with visual impairments. Most practices had single coloured non-reflective flooring suitable for patients with a dementia, although Healthwatch representatives did find the carpets in two surgeries to be stained, worn or damaged. A few of the practices had adaptations for patients who required specific chairs with arms for those with mobility difficulties and non-white toilet seats for visually impaired patients or those with a dementia. The majority of services were clean and tidy. Each service had a different approach to displaying information. Healthwatch representatives found that displays which were themed were more aesthetically pleasing and made it easier to get information.



From left to right: A notice board clearly themed to aid patients to seek appropriate information, a waiting room with chairs that have high backs and arms to aid patients with mobility difficulties, an accessible entrance with stairs with a hand rail and ramp, as well as a power assisted door.

Access to Appointments

Three of the surgeries we visited were rated as ‘Red’ for access to appointments. These practices are in different neighbourhoods with varying population types. All were visited within the same month during the summer period. Two of the surgeries we visited were rated as ‘Green’ for access to appointments. These surgeries are in different neighbourhoods but were visited several months apart. Over half of the practices were rated ‘Amber’ based on the feedback from patients.

Quality of Care

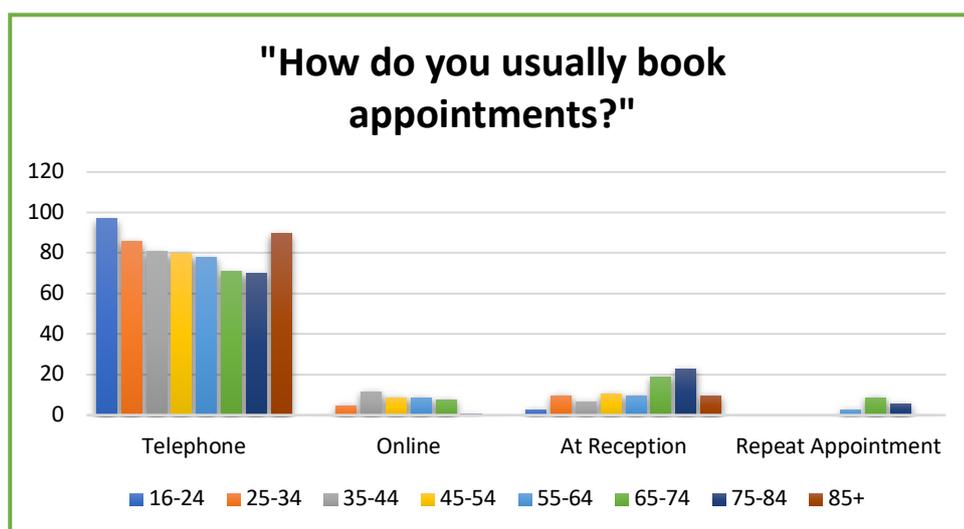
Overall, most surgeries were rated ‘Green’ for quality of care based on the feedback from patients. Three services were rated as ‘Amber’ for quality of care. These services are, as above, in different neighbourhoods.

Trends around booking appointments

Generally, we found that patients under the age of 16 had their appointments booked by somebody else, usually a member of their family.

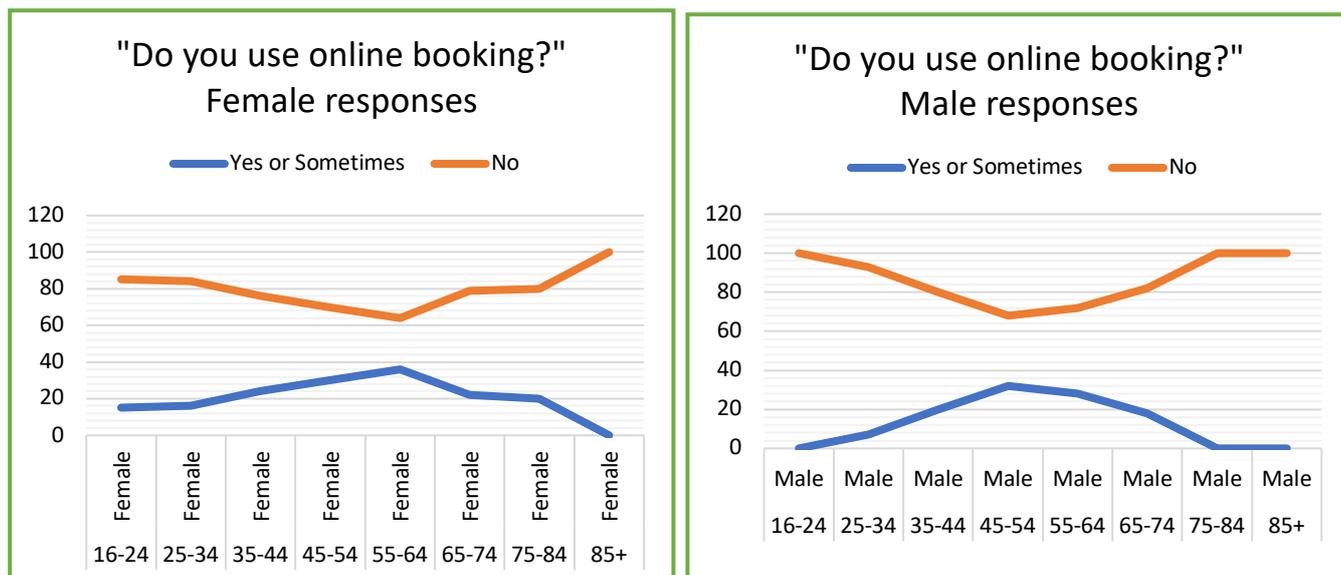
Patients of all ages usually book their appointments by telephone.

From the patients we spoke to, we found that only patients over 55 were attending repeat appointments. We found that younger patients are more likely to book appointments over the phone with this becoming less common with older patients, with the exception of the over 85 group. Older patients first preference is to book by telephone, followed by booking their appointments at reception.



The majority of patients we spoke to do not use online booking. Of those that said they did, or sometimes did use online booking, the graph over the page describes differences in age and gender. A clear trend emerges that working age patients more commonly use online booking, and that this increases around the 45-64 age groups. Overall, marginally more

female patients said they *do* or *sometimes do* use online booking (23%), as opposed to males, who less commonly used or sometimes used online booking (18%).



Themes from patient's comments when asked about online booking can be found in appendix 2 on page 47. The most prominent themes are below:

Patients who use online services thought online booking is okay, but has poor availability

Over a quarter of patients did not use online booking because they prefer their current method

Patients who no longer use online booking said this is because they have had problems with it in the past

"I re-order prescriptions online, but my doctor isn't on there to book appointments. Only two of the GP's are."

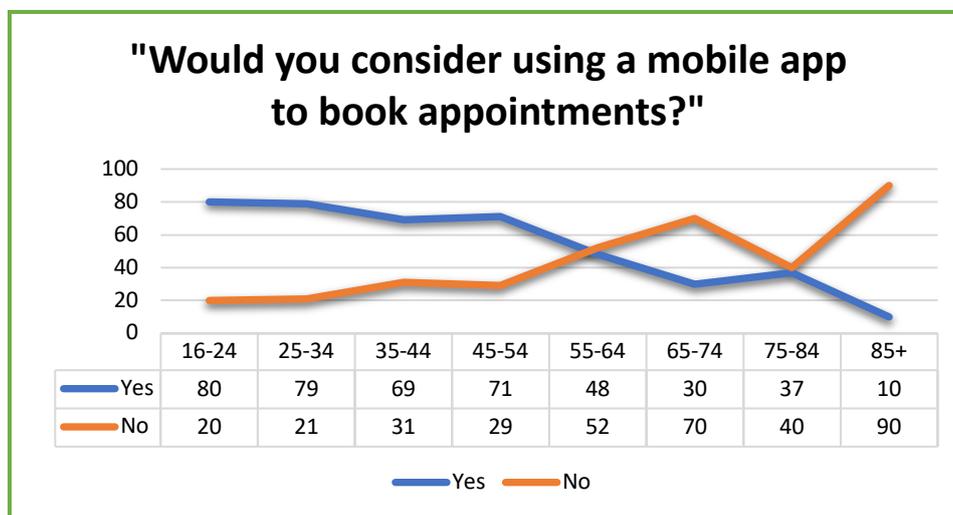
"I just prefer to ring up, I prefer to speak to someone."

"I tried ordering prescriptions and it didn't work so I just stopped using it."

Before starting this programme of work, we spoke to Blackpool Clinical Commissioning Group (CCG) about forthcoming developments in primary care. They informed us that they would soon be offering a mobile app that patients could download to their mobile phone or tablet, and use this to book appointments or repeat prescriptions. The app would also allow the practice or CCG to share information or campaigns to target groups.

When this programme of work started in June 2017, the app had not yet been released, however, during this project it came into use and GP practices started to make it available to their patients. Therefore, some of the patients we spoke to towards the end of the programme of work were already using the app.

Just over half of the patients we spoke to, would consider using a mobile app to book appointments. It is clear that people below the age of 55 are more receptive to using a mobile app to contact their surgery, than people over the age of 64. Between the ages of 55-64 almost half of the patients we spoke to would not consider using a mobile app to book appointments.



Of the patients who said that they would not consider using a mobile app almost half would consider using a mobile app. Of those patients who do, or sometimes use online booking, two thirds (67%) would consider using a mobile app to book appointments.

Of those who said they would not use online booking, 48% said they would consider using a mobile app

Themes from the comments patients made when asked about online booking can be found in the appendix on page 47. The most prominent themes are:

Over half of patients using the app left positive comments

Most comments about using an app, from people who didn't already have it, were positive

Most patients who didn't want to use the app said it was because they prefer their current method

"I already use the mobile app. It works well for booking advance appointments and for sorting prescriptions."

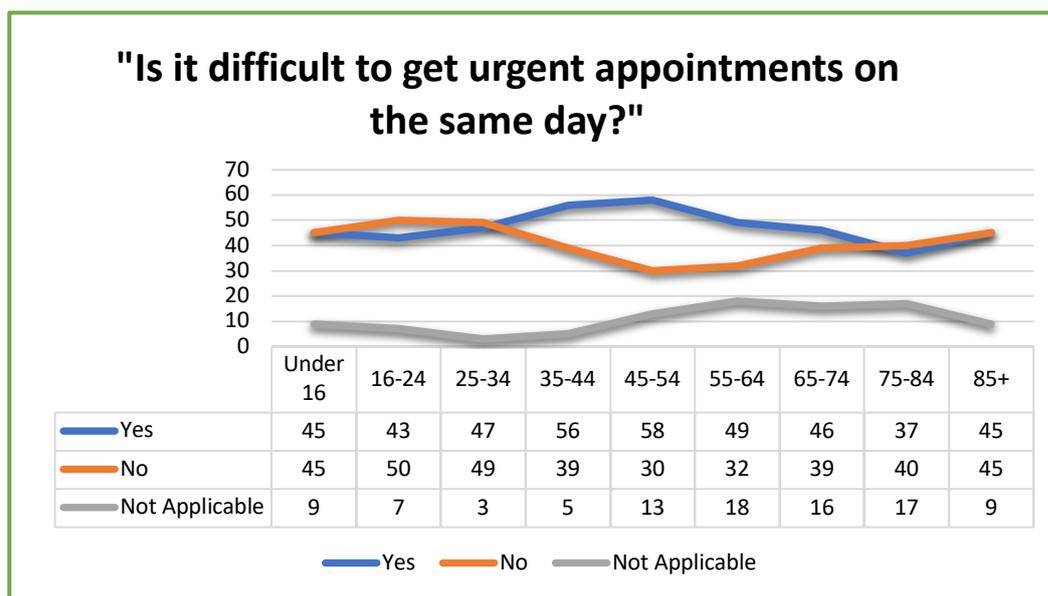
"It would be easier; a lot of apps are more direct."

"It's easier to speak to someone. Sometimes you don't know if it's serious until you speak to someone."

Trends around access to appointments

Almost half of the patients we spoke to said they had difficulty getting urgent appointments on the same day, the remainder said they did not have difficulty or that the question was not applicable to them. Half of male patients said that they had difficulty getting urgent appointments (50%) whereas just under half of female patients had difficulties getting urgent appointments (48%).

The graph below reflects how patients responded by age group. Most prominently, patients between the ages of 35-74 said that they had difficulty getting urgent appointments. Of the patients we spoke to who were aged between 75-84, marginally more patients told us they do not have difficulty getting urgent appointments. Equal numbers of patients under the age of 16, and over the age of 85 told us they have difficulty getting appointments on the same day as those who said they did not. Between the ages of 16-34, marginally more patients told us they did not have difficulty getting urgent appointments.



Themes from comments patients made when asked about booking urgent appointments can be found in Appendix 2 on page 49. The most prominent themes were:

Most patients who did not find it difficult to get urgent appointments indicated their experience was acceptable

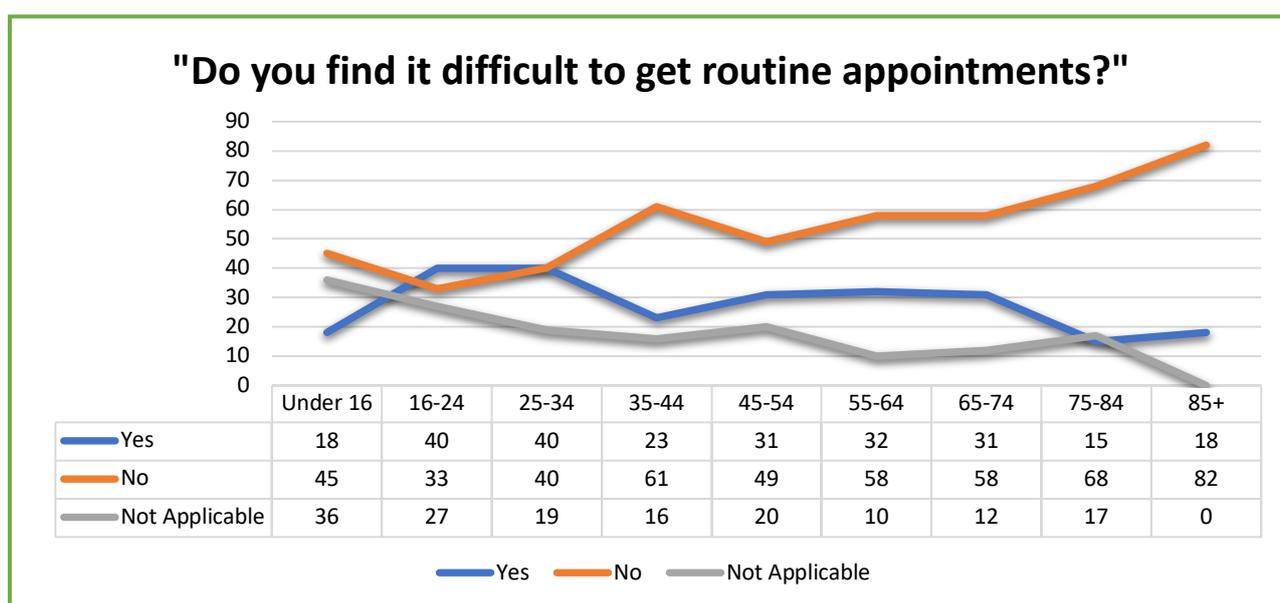
Most patients found it very difficult to get urgent appointments describing it was “a nightmare” or “impossible”

“It’s alright - I booked it today”.
“It’s impossible to get an appointment.”

Just over half of the patients we spoke to said they did not have difficulty getting routine appointments, and less than a third (30%) said they did find it difficult. Of the patients we spoke to, marginally more (59%) male patients said they did not have difficulty getting a routine appointment, whereas, just over half (53%) of female patients said they did not have difficulties.

The graph below shows that younger patients answered, 'not applicable' more commonly than older patients. Generally, this was because they did not book routine appointments. The trend appears to be that the older the patient, the less difficulty they report when booking routine appointments. Of the patients we spoke to, more patients (40%) aged 16-24 experience difficulties booking routine appointments than said they did not have difficulties (33%).

Themes from the comments patients made when asked about booking routine appointments can be found in Appendix 2 on page 46. The most prominent themes are:



Most patients who did not find it difficult to get routine appointments indicated their experience was acceptable

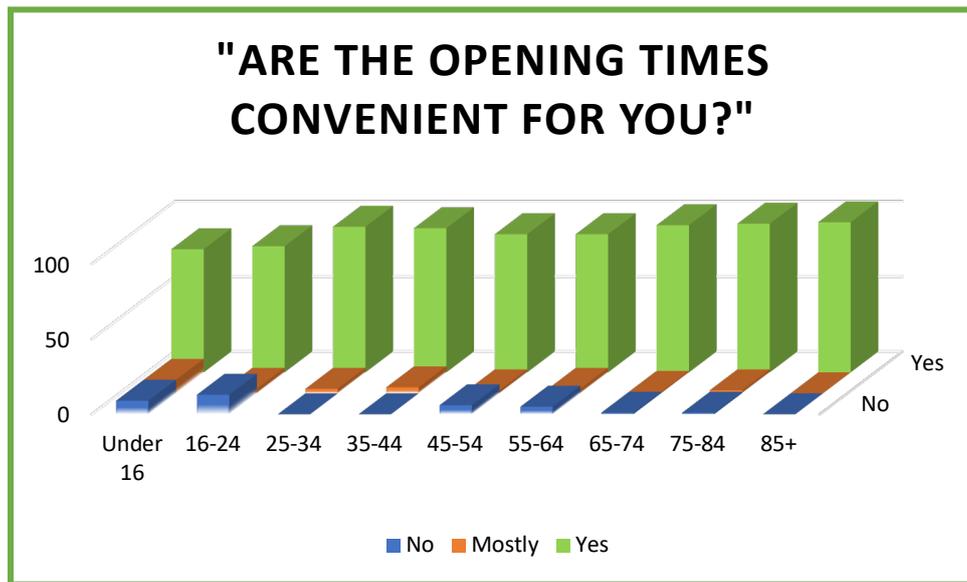
Most who said they find it difficult to get routine appointments said they had to wait a long time for their appointments

"Ok, if booked in advance."

"It's a long wait, three weeks to get an appointment."

Overall, patients found the opening hours at their GP services convenient (95% said yes when asked "are the opening times convenient for you?"). 96% of female patients found the opening times convenient, more than male patients (92%).

The graph below shows that younger people, particularly those under the age of 24, did not find the opening times as convenient as those over the age of 25.



Themes from comments when asked about how convenient opening times are, can be found in Appendix 2 on page 49. The most prominent themes are:

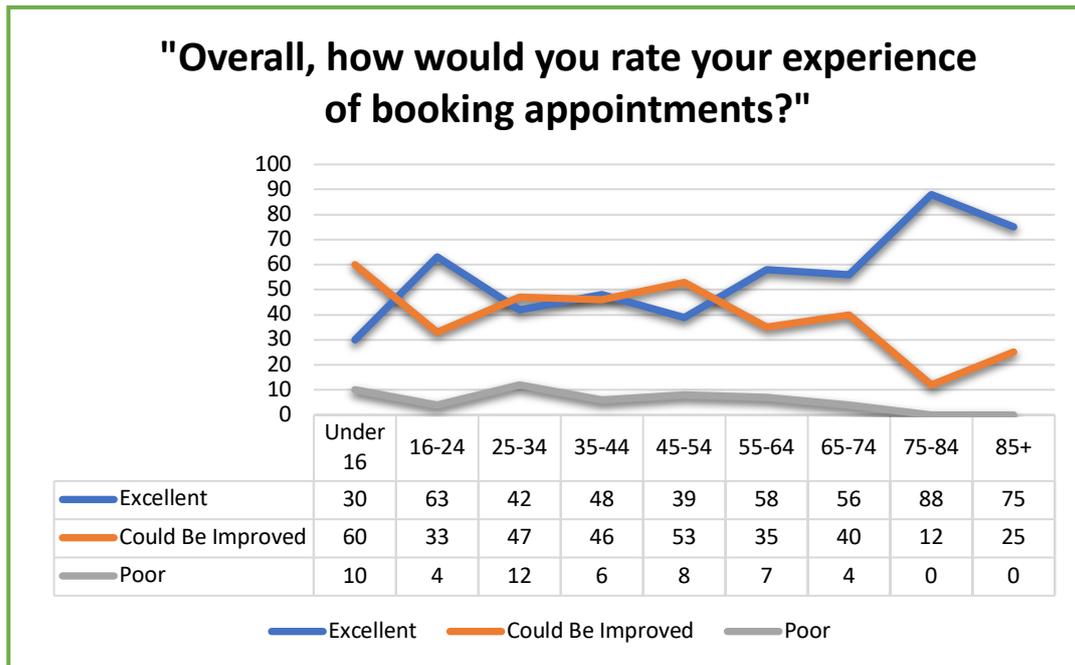
Most patients commented positively about opening times, particularly about late or evening opening

Most suggestions relating to improvements were about opening later in the evening

"Yes, the opening times are fine, it's good that they are open late too on certain evenings."

"More late nights would be good as I work full time."

Overall, just over half (52%) of patients rated their experience of booking appointments as 'excellent' with 42% being 'could be improved'. Marginally more patients (44%) who identified as women said that their experience 'could be improved' where fewer patients (38%) identifying as male said their experience could be improved.



The graph above shows that the general trend is that the older the patient the more commonly they reported that their overall experience of booking appointments were 'excellent'. In contrast to this, over half of the patients between 16-24 years old described their experience as being excellent.

Themes from the comments patients made when asked about how convenient opening times are can be found in Appendix 2 page 49. The most prominent themes are:

Most patients said their overall experience of booking appointments was excellent

Most suggestions relating to improvements were about the process of phoning to book

"It's ten out of ten, I can't fault them."

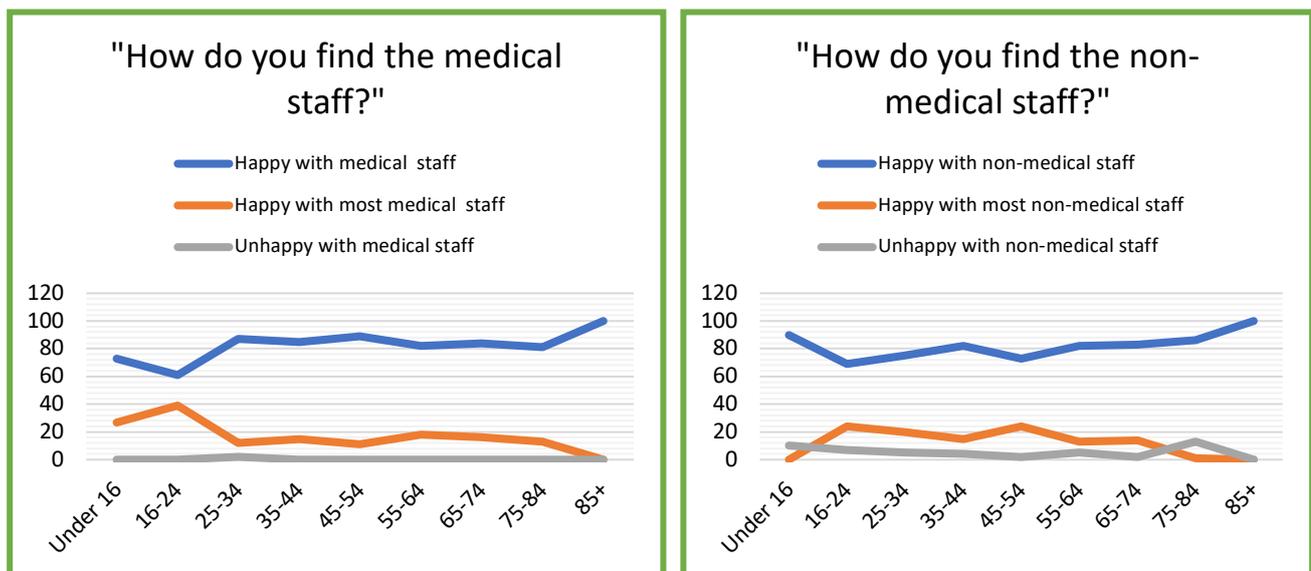
"I think they could manage the appointment system a little better. My son has a health condition that requires checking regularly with the GP and often I am told to ring back later, and when I do I'm then told to ring back the next day, which is too late. We often now just go to the walk-in centre if it's urgent for him."

Trends around the quality of care

Over three quarters of the patients we spoke to reported being happy with both medical and non-medical staff. There were very few cases where patients told us they were unhappy with either medical or non-medical staff, although this was marginally more common when speaking about non-medical staff. Overall, marginally more male patients (89% for medical staff and 81% for non-medical staff) were 'happy with staff' and fewer female patients (81% for medical staff and 78% for non-medical staff) were 'happy with staff'.

The graph below shows that most patients are happy with medical staff. Although this is fairly even across the age groups there is a notable difference for patients aged 16-24. While it was still most common for patients in this age group to say they were 'happy with staff' it is markedly fewer than other age groups. More patients in this age group said they were 'happy with most staff' than other age groups.

The graphs show that most patients are happy with non-medical staff. As we found when asking about medical staff, patients aged 16-24 less commonly said they were 'happy with non-medical staff'.



Generally, patients of all ages and genders (average of 84%) felt listened to, respected and understood during their appointments. Patients aged 16-24 said they felt this way less commonly than any other age group (64%).

92% of patients who said they were happy with the medical staff, said they felt listened to, respected and understood during appointments

Themes from comments patients made when asked about how they find the medical and non-medical staff can be found in Appendix 2 on page 50. The most prominent themes are:

Most patients who said they were 'happy with most 'medical staff said they had a negative experience with one or two staff

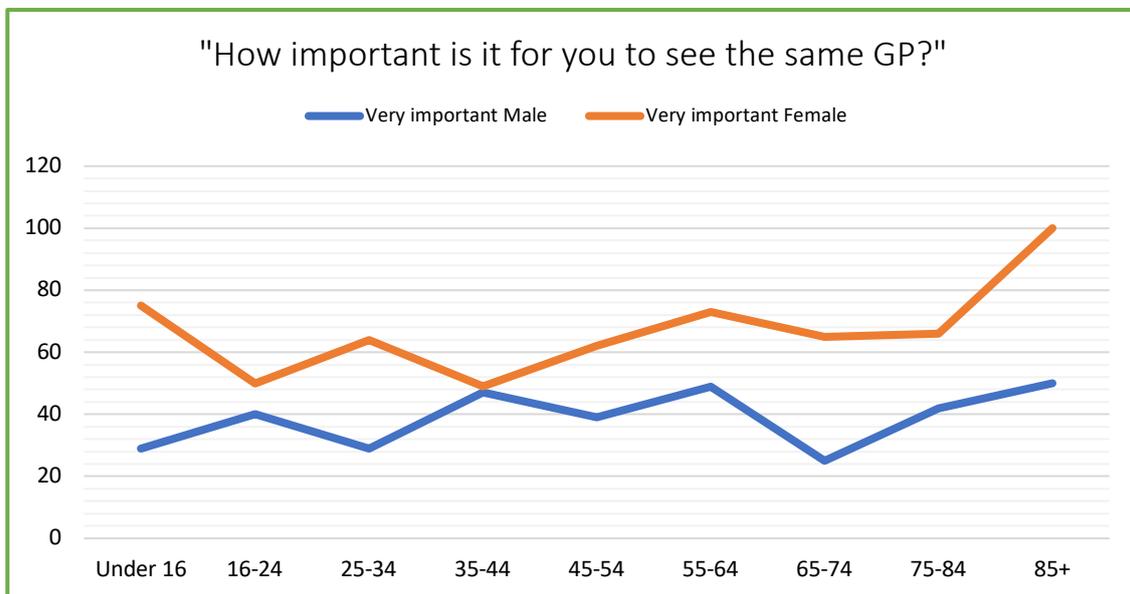
Most patients who said they were 'unhappy' with non-medical staff said this was because they found them rude

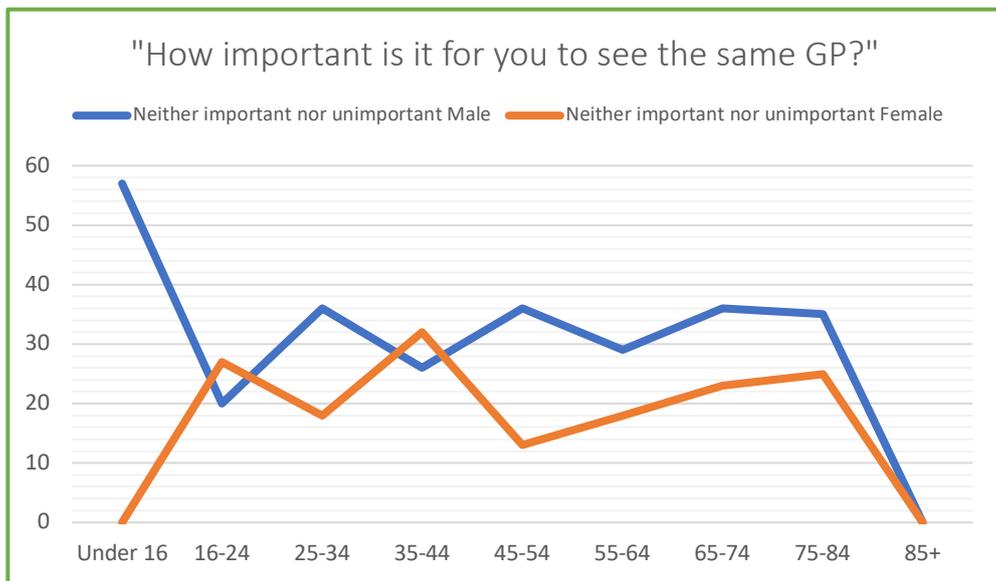
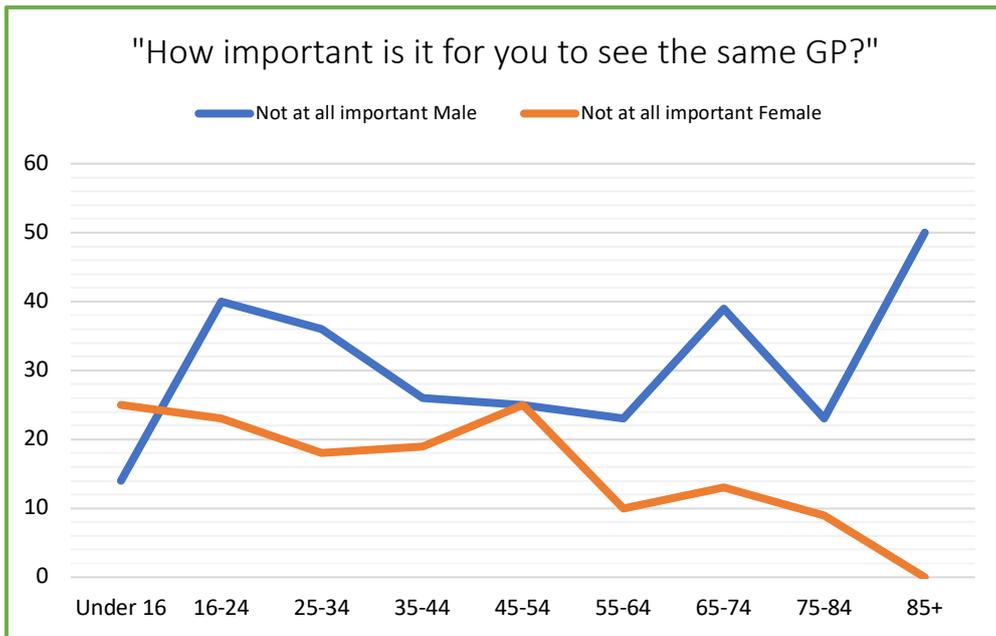
"Happy with all but two GPs (I think they were locums). I just stopped short of making a complaint about the manner of one of them".
"Very, very rude. Lie through their back teeth and talk down to me."

Trends about wanting to see the same GP for appointments

Over half of patients we spoke to (55%) said that seeing the same GP at each of their appointments was 'very important'. Just under a quarter of patients (24%) said it was 'neither important nor unimportant', while a fifth (20%) said it was not important at all.

The graph below shows that in every age group, but particularly the youngest and oldest age groups, female patients felt it was more important to see the same GP than male patients.





Themes from the comments patients made when asked about the importance of seeing the same GP can be found in Appendix 2 on page 50. The most prominent themes are:

<p>Most patients prefer to see the same GP, because they want continuity of care</p>	<p>Patients who had requested and saw a preferred doctor said they waited two to three weeks</p>	<p>Patients who had not requested to see a specific GP, did not know the doctors at their practice</p>
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"The doctor I see has treated me from the beginning, I wouldn't be here without them. I like that I don't have to repeat my long medical history. I don't like seeing a new doctor, they try to change my medication."

"It's hard to see the same GP, you have to wait 3 weeks to get an appointment."

"I used to, but I don't bother now. I wouldn't know who to ask for."

64% patients we spoke to **had** requested to see a **specific GP**

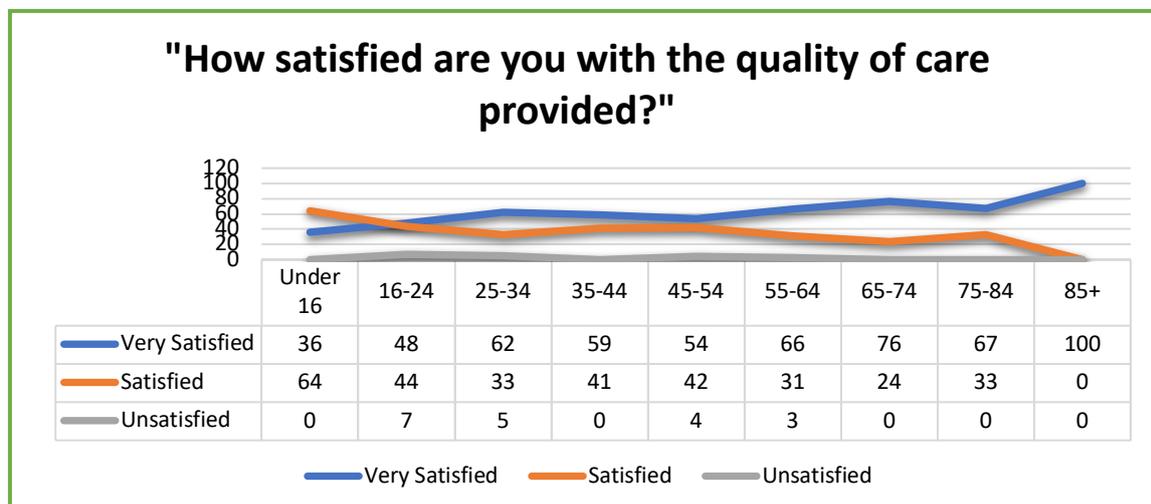
24% said they were **not** able to see the person they wanted

Almost half of the patients we spoke to (49%) said they had asked to see a specific GP, and they were able to see that person. More male patients had never asked to see a specific GP (46%) than those that had and saw that person (44%). Generally, female patients more commonly ask to see a specific person (69%) than patients identifying as male (54%).

21% of patients who said it was **very important** to see the same GP **had asked** to see a specific person but were **unable** to see them

Trends about overall satisfaction around quality of care

Over half of the patients we spoke to (52%) said that they were 'very satisfied' with the quality of care provided by their practice. A small number (6%) of patients said they were 'unsatisfied' with the quality of care.



The graph on the previous page shows that older patients we spoke with were more commonly 'very satisfied' with the quality of care provided to them. Younger patients more commonly said they were 'satisfied' with the quality of care provided to them.

Themes from the comments patients made when asked about the overall quality of care can be found in the appendix on page 44. The most prominent themes are:

Patients who said they were unsatisfied with the quality of care said there has been a deterioration

Most patients who said they were very satisfied elaborated saying staff were friendly and caring

*"The merger with another practice has not improved the service to patients."
"I saw the person I'm seeing today last time and they're lovely."*

Of the patients who said they were 'very satisfied' by the quality of care, 69% of them also said their experience of booking appointments was 'excellent'

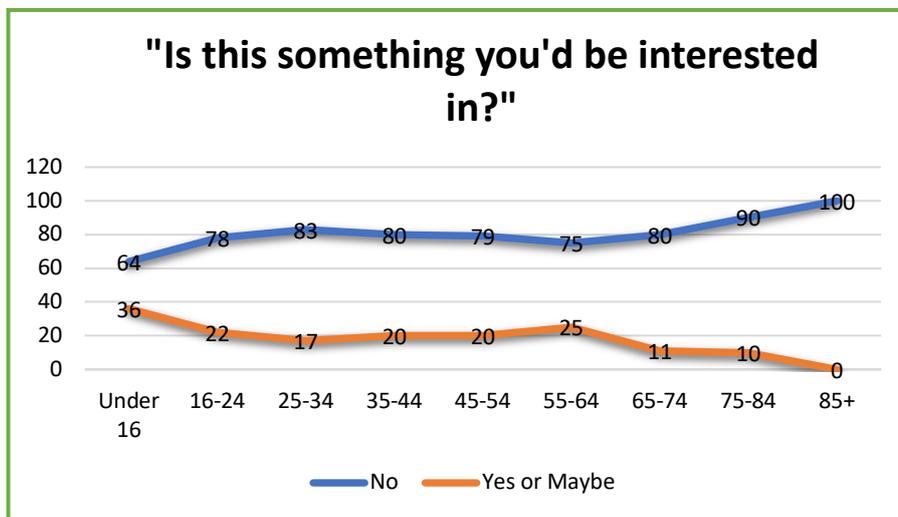
Trends about the Patient Participation Groups

Over three quarters of patients (84%) had not heard of their practice's Patient Participation Group, and most patients (81%) said they would not be interested in joining. Of the patients who said they would be interested in joining, most would want to be involved online only (46%).

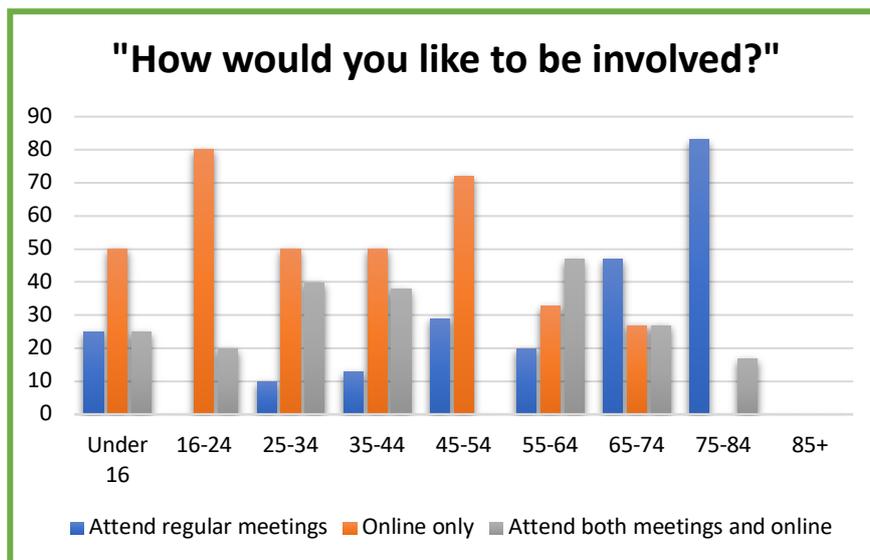
There was no significant difference in awareness of Patient Participation Groups between genders or age groups.

Of the patients who had heard of their Patient Participation Group but were not already members, a quarter of them would, or would maybe be interested in joining

The graph below shows the age groups of those who showed interest in joining their Patient Participation Group were generally younger patients (under 24) or between the ages of 55-64. From the patients we spoke to, older patients were less interested in joining their Patient Participation Group.



The patients who said they would, or maybe would be interested in joining their practice's Patient Participation Group, were asked how they would prefer to be involved. Options provided included attending regular meetings which are often held at the practice, online only through a closed Facebook group or online forum, or to participate in both.



The graph above shows that the majority of patients under the age of 55 would prefer to be involved in their practice's Patient Participation Group online only. Those aged 55-65 would prefer to attend both meetings and be involved online. Patients aged over 65 would prefer to attend regular meetings.

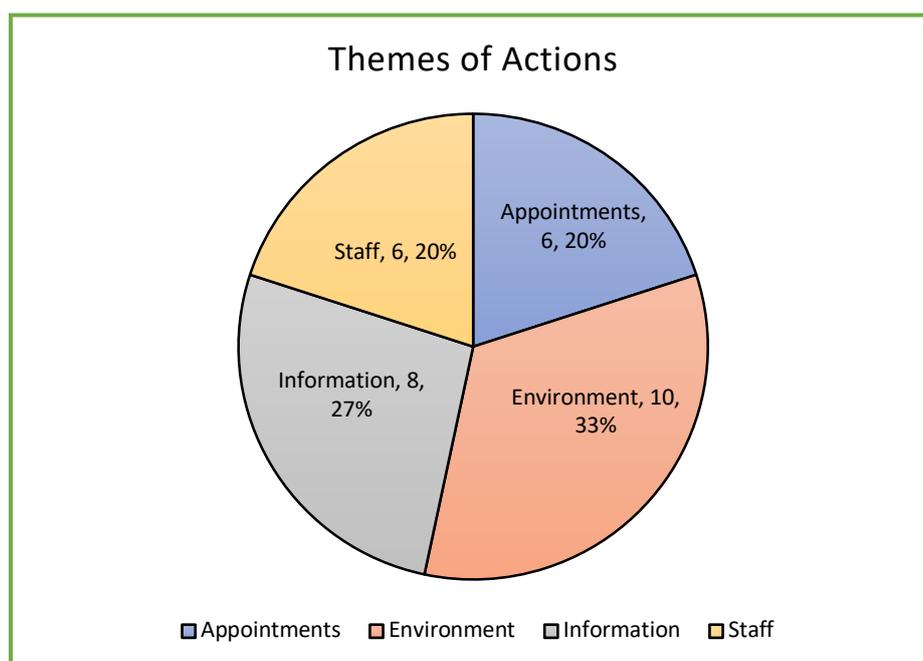
Of the patients who said they were, or maybe were interested in joining a Patient Participation Group, 66% of patients were very satisfied with the quality of care

So What?

For each GP practice visited, an individual report was produced. The report and a response template were sent to the Practice Manager. They were asked to check the report for factual accuracy with regards to information such as opening times or the number of patients registered. They were asked to consider what patients had said about their service and consider any actions they felt appropriate and proportionate. Any response received was added to the report, published on our website and shared with key stakeholders such as Blackpool Clinical Commissioning Group, Care Quality Commission and NHS Improvements.

Of the 12 GP practices that were visited during this programme of Enter and Views, two services did not respond to the reports, three replied but did not provide any actions as a result of hearing from their patients and seven responded with an action plan highlighting improvements to their service.

From the seven practices who responded to our report with an action plan, there were a total of 30 actions between all the services. These have been themed to assess where improvements plan to be made in each of these service:



Environment

A third of actions related to changes to the environment. These particularly related to repairing broken or damaged items such as carpets, chairs, or technology such as TV screens or electronic self-check in systems. Other actions related to improving cleanliness, managing noise levels, providing water to patients, and finding an alternative toilet locking solution

Information

Almost a third of actions related to the sharing of information. Most of these related to services recognising they need to better communicate certain topics with their patients including, campaigns ensuring patients are aware of their named GP or the existence of their Patient Participation Group, and recognising a need to reinstate noticeboards. One

action related to requesting support from the CCG to encourage patients to use online services. Other comments related to services needing to share information within their staff team particularly regarding use of intercoms and using correct clinical titles. One action related to investigating an error in the texting system to ensure information can be shared with patients regularly.

Appointments

A fifth of actions related to comments that patients had made around appointments. Most actions related to practices aiming to increase the number of appointments with GPs, by recruiting more GPs or increasing availability of trainee GPs, or increasing appointments with nurses. Other actions related to reviewing patients who 'do not attend' appointments and trialling a text service to try to minimise this. One action was to encourage online booking to promote choice.

Staff

A fifth of actions related to problems that patients had raised around staff. Most actions related to supporting staff to improve customer service, particularly by sharing patient comments with staff, recognising negative attitudes and reminding GPs to focus on patients rather than computers. Actions also included to recruiting more medical staff and training reception staff around triage.

Whitegate Drive GP Led Walk-in Centre

During our visits to GP services, and from listening to patients, members of the public and people who use services across Blackpool, a notable number of people had spoken to Healthwatch Blackpool about the walk-in centre at Whitegate Drive.

We therefore included in this project visits to the GP led walk-in centre and conducted three Patient Engagement Days, whereby we sat in the waiting room and surveyed patients to ask if they were Blackpool residents, whether they were registered with a GP locally, and what had brought them to use the walk-in centre service rather than attend their GP service. We then asked about their experience of using the walk-in service, how patients found the staff and how satisfied they were with the care they received.

On Saturday 9th (9am - 12noon), Monday 11th (8am - 11am), and Wednesday 13th December (5pm - 8pm) Healthwatch Blackpool representatives gathered survey responses from patients at the GP led walk-in centre a total of 104 patients provided feedback.

Trends and themes about why and how regularly patients were attending the walk-in centre

97% of the patients we spoke to were registered at a GP service and 74% of those were from Blackpool

We asked those who said that they were registered at a GP service, why they attended the walk-in centre instead of using their own GP service;

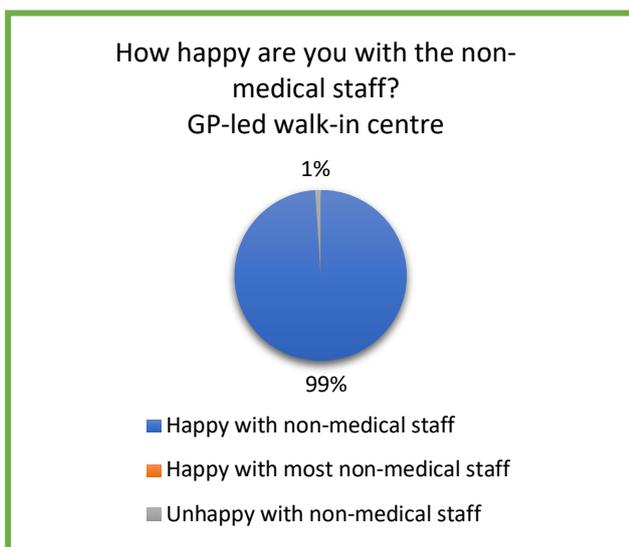
- 34% of patients said they were unable to get an appointment, or assumed it would be too late to get an appointment at their GP service
- 20% of patients who chose to attend the walk-in centre, indicated it was because they thought it was the best place for them with their current illness or ailment
- 18% said their GP service was closed at the time of them attending the walk-in centre, this was most commonly found during our evening and weekend visits
- 8% were attending for specific reasons such as blood tests or an appointment that had been pre-booked
- The remaining patients gave reasons including that they'd been advised to attend by their GP service, or the patient felt their concern was urgent and wanted to see someone quickly, or that they were registered with a GP service outside the area.

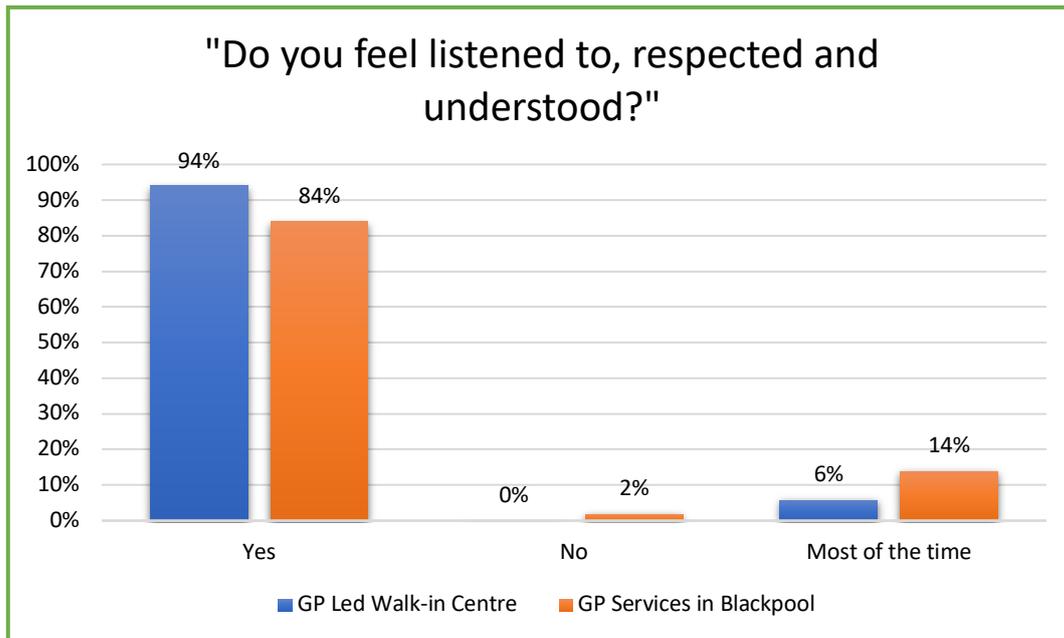
Most patients couldn't or assumed they wouldn't get an appointment with their GP service

49% of patients who we spoke with at their GP service said it was difficult to get an urgent appointment, 34% of patients attended the walk-in centre because they could not or assumed they could not get an appointment with their GP

Trends and themes about what patients said about the quality of care at the walk-in centre

We asked patients who had attended the service before if they were happy with the medical and non-medical staff. We also asked whether patients felt listened to, respected and understood. This has been compared with what patients in their own GP practice said when asked the same question about the service they were attending:





The charts show that patients we asked at the GP led walk-in centre are generally more favourable about both the medical and non-medical staff than those we asked while visiting their own practice. In addition to this, patients we spoke to at the GP led walk-in centre more commonly feel listened to, respected and understood than when we asked patients at their own practice.

We asked patients who had attended the service before how satisfied they were with the care they have received. This was compared with what patients in their own GP practice said when asked the same question about the service they were attending:



These charts show that more patients we spoke with at the GP led walk-in centre were 'very satisfied' with this service than those we spoke to at their own GP service.

The full report for the Whitegate Drive GP-Led Walk in Centre can be found <https://healthwatchblackpool.co.uk/reports/read-our-reports/>

Young People's Voices

The age groups of patients spoken with during the Enter and View programme of work in GP services across Blackpool during 2017 were mainly adults with 2% of responses from patients who were under 16.

Healthwatch Lancashire and Healthwatch Blackpool undertook a three-month project seeking to hear the voices of young people across our areas, particularly focusing on health and wellbeing.

During this project we took the opportunity to ask young people about their GP services and their thoughts and feelings about booking appointments, information provided to them, and whether they felt listened to, respected and understood during their appointments.

We held five focus groups in Blackpool where most participants were between 15-18 years old. We used a variety of open and closed questions, and images of 'emojis' to express different feelings in order to better engage with the young people.

We asked young people how they felt when we said "GP"

 **28%** showed us the "happy face" emoji, indicating they were generally happy with their GP or GP service

 **28%** showed us the "face with straight mouth" emoji indicating that they generally felt indifferent towards their GP or GP service

 **8%** showed us the "sad face" emoji indicating that they were sad, unhappy or have negative experiences of their GP or GP services

 **5%** showed us the "angry face" emoji indicating that they were angry about an experience or interaction with their GP or GP service

 **31%** showed us the "poo" emoji indicating they were very unhappy with their GP or GP service

We went on to ask young people about their experience of booking appointments; 70% of the young people we spoke with said their appointments were booked by other people, usually a parent, family member or friend. Generally, young people said that they didn't know how to book or didn't have the confidence to book an appointment. Of those that did book their own appointments most commonly, comments related to challenges in phoning up for emergency appointments.

*"You're on the phone for like 20 minutes and you're still in position two, it takes the p*ss."*

"You ring at five past eight in the morning and all the appointments are gone."

We asked young people about whether they felt listened to during their appointments;

Of those that answered, 44% said they did not feel listened to. Comments related to doctors prescribing medication rather than listening, looking on their computers too much, having an attitude of superiority, and feeling rushed during appointments, or when they are attending with a parent.

42% said that they do feel listened to. They commented that doctors have been friendly and solved their issues and that they've received the medication they needed.

The remaining 14% indicated they sometimes feel listened to.

“I go by myself because otherwise they ignore me and just speak to the person I'm with.”

“You get rushed through, feels like you're on a conveyer belt.”

“I could be a doctor. All they do is read the computer and tell you to take paracetamol.”

44% of young people said they did not feel listened to during their appointments, 2% of patients we spoke to while at GP practices did not feel listened to

We asked young people if the information they received during their appointment was good, 48% said that it was good. 24% said the information was not good but did not elaborate further. Of those that did, most commonly, young people said that the doctors did not use language that was understandable, or they spoke “too medically” about a problem. They also said that they sometimes felt their questions were not answered, that they felt rushed, or that the doctors did not tell them much.

“You need to go in with a medical dictionary to understand them.”

“They don't use language I understand.”

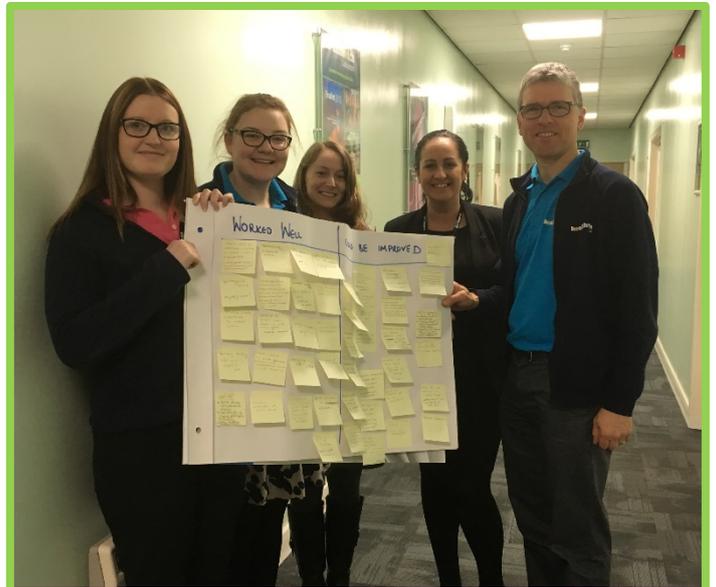
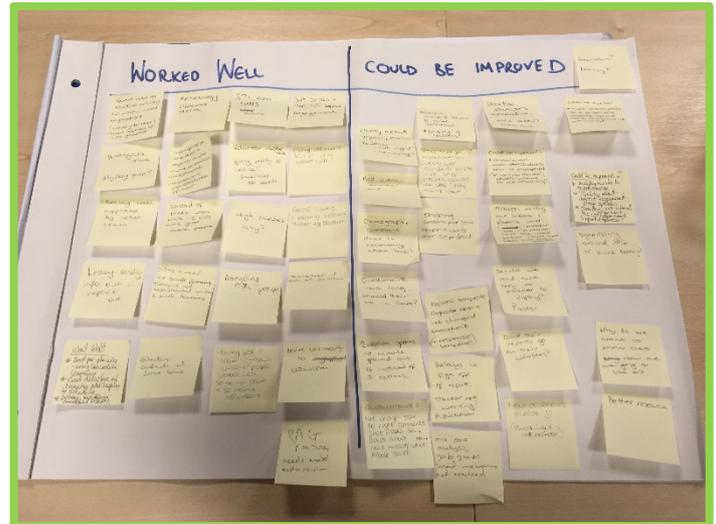
The full report for our Young People's project will be published in due course and available via the Healthwatch Blackpool and the Healthwatch Lancashire website.

Lessons Learnt

At the end of the project, key staff and volunteers involved were invited to evaluate the project. The group discussed what went well and what could be improved, these comments have been summarised below.

Worked Well

Our methodology brought intelligence from different sources together	Work was developed because the public directed us towards primary care service
The CCG supported the project and met with Healthwatch Blackpool prior to the project commencing	Attending at the Patient Participation Network Group allowed us to share progress and findings
High numbers of patients answering questions allows for better and more accurate representation	Having staff dedicated to the project with specific functions
Generic engagement to gather information from the public as to what they thought was important	We were well supported by Healthwatch Lancashire through sharing best practice
Engagements were arranged in advance giving Healthwatch volunteers plenty of notice	Visiting each practice twice and at different times allowed us to access a wider group of patients
Inviting volunteers to the evaluation process giving a different perspective on the project	Rating red, amber and green makes the reports more accessible



What we can improve for future projects

Comments about the survey -

- Questionnaires should be shorter
- All questions we ask about personal characteristics should be used to analyse data
- Patients were offered three response options e.g. 'Excellent', 'Could be improved', 'Poor' and patients often found this difficult. A further middle ground option should be given
- There should be more space on the survey to capture everything patients shared
- There should be space to record comments that patients made that did not relate directly to the questions asked
- Terms such as 'routine appointment' should be defined in advance

Comments about staff or volunteers

- Practice specific information could be provided to representatives prior to engagements e.g. number of patients registered at practice, services provided by practice and number of patients not attending appointments
- All comments should be recorded as patients said them, including use of hesitations such as 'erm' and 'like'
- The survey should be shared with representatives prior to engagement to allow them to become familiar with the questions
- The same staff and volunteers attended most engagements and therefore had little capacity for other work

Comments about sharing information about the project

- Practices and Practice Managers should all receive information about the project before it begins
- Communication with stakeholders can be improved
- Some practices stated they did not receive the letter and poster that was sent and therefore did not know about the visits, they should be contacted in multiple ways to ensure this happens
- Information was not included in the reports about what information was used to rate practices red, amber or green, this can form part of reports going forward
- Following publication of reports, the practices were not sent a hard copy or information to display for patients. This can be done in future projects

Reflective Practice

- Future surveys will limit the number of questions and be shared with volunteers for feedback before engagement with the public
- Surveys will include a space for 'other comments' patients or members of the public may wish to make
- Services will be better communicated with at the start of a project including information about who Healthwatch are, why we are undertaking a project, and what can be expected
- Staff and volunteers should receive a face to face or written briefing before their first engagement on a project to support them and make recording of information more consistent
- Practices should receive a phone call to make them aware of our visit, then emailed and posted information and poster to ensure they are fully aware of visits before engagement
- Information about how practices were rated red, amber and green have been included in this report
- When the draft report is sent to the provider for their comments, the Service Manager should have the option to receive a hard copy/poster to be displayed for patient's information

Responses

Response from Blackpool Clinical Commissioning Group Primary Care Commissioning Manager

“We know that our residents rightly expect high quality, safe and accessible general practice services.

“We’re proud to have a very high standard of general practice across Blackpool, despite the well-known pressures on NHS services and particularly general practice, we have consistently seen good, positive ratings from the Care Quality Commission for the quality of local GP services. We have one of the highest proportions of practices rated as ‘outstanding’ when compared with other CCGs in the North West and the rest of the country. There is however always room for improvement and we are happy to acknowledge the themes raised within this report.

“During April and May 2018 we have been undertaking our own local engagement with patients and carers to better understand their wishes for access to appointments at weekends and evenings. This includes assessing new ways of booking appointments and even new types of consultations using the advances in technology which we know give us more opportunities to increase access and convenience for patients.

“The findings of this report along with those of our own local engagement activities will be used to reassess our currently commissioned extended access service (weekend and evening appointments) to make sure we are providing a more accessible service for local people.”

Reference Reports

All data used to create this report is taken from reports into individual services, or work done in collaboration with Healthwatch Lancashire

All published reports can be found at:

<https://healthwatchblackpool.co.uk/reports/read-our-reports/>

<https://healthwatchlancashire.co.uk/reports/reports/>

APPENDICES

Appendix 1 - Results for Blackpool Patient Response Location

Practice name	Number of responses	Percent of overall responses
Adelaide Street Surgery	37	6%
Gorton Street Practice	9	2%
Abbey Dale Medical Centre	48	8%
Stoneyhill Medical Practice	33	6%
Waterloo Medical Centre	53	9%
St Paul's Medical Centre	42	7%
Glenroyd Medical	48	8%
Leyton Medical Centre	52	9%
Cleveleys Group Practice	43	8%
North Shore Surgery	51	9%
Highfield Surgery	62	11%
Bloomfield Medical Centre	55	10%
Elizabeth Street Surgery	38	7%
Total	571	100%

Patient responses for getting to the practice

1. We asked: 'How did you get here today?'

(570 patients answered)

Walk	Car	Bus	Train/Tram	Other
26%	61%	6%	Less than 1%	7%

Other included:

- 30 patients - Taxi
- 3 patients – Mobility/Electric Scooter
- 3 patients - Bicycle
- 1 patient – Motorbike
- 1 patient – Community Car

2. **To those who did not use public transport, we asked: 'Would you consider using public transport, or if you do how do you find it?'**
(528 patients answered)

24% said Yes **76%** said No

Patient responses for accessing and booking appointments

3. **We asked: 'How do you usually book your appointments?'**
(560 patients answered)

Telephone	Online	At reception	Repeat appointment
77%	8%	13%	2%

4. **We asked: 'Do you use online booking?'**
(552 patients answered)

14% said Yes **78%** said No **9%** Said Sometimes

Please note, percentages have been rounded to the nearest whole number and therefore do not add up to 100%.

5. **We asked those that answered No or Sometimes to Question 4: 'why is this?'**
(411 patients answered)

Don't use a computer	Don't want to	Unaware of it	Don't have log in details yet	Unsuitable
23%	42%	15%	15%	5%

Please note, percentages have been rounded to the nearest whole number and therefore do not add up to 100%.

6. **We asked: 'Would you consider using a mobile app to communicate with the service?'**

(545 patients answered)

52% said Yes **48%** said No

7. We asked: 'Did you get a reminder for your appointment today?'

(529 patients answered)

55% said Yes **28%** said No **17%** were Not Applicable

8. We asked: 'Do you find it difficult to get urgent appointments on the same day?'

(534 patients answered)

49% said Yes **38%** said No **13%** said Not Applicable

9. We asked: 'Do you find it difficult to get routine appointments?'

(533 patients answered)

30% said Yes **54%** said No **16%** said Not Applicable

10. We asked: 'Are the opening times here convenient for you?'

(530 patients answered)

95% said Yes **3%** said No **2%** said Mostly

11. We asked: 'Overall, how would you rate your experience of booking appointments at this surgery?'

(468 patients answered)

52% said Excellent **42%** said Could Be Improved **6%** said Poor

Patient responses for quality of care

12. We asked: 'How do you find the medical staff e.g. Doctors and Nurses?'

(511 patients answered)

84% said happy with medical staff **16%** were happy with most medical staff

Less than **1%** were Unhappy with medical staff

13. We asked: 'How do you find the non-medical staff e.g. receptionists, administrators, practice management?'

(504 patients answered)

79% said Happy with non-medical staff **18%** were Happy with most non-medical staff

3% were Unhappy with non-medical staff

14. We asked: 'Do you tend to feel listened to, respected and understood during your appointments?'

(469 patients answered)

84% said Yes **2%** said No **14%** said Most of the Time

15. We asked, 'How important is it for you to see the same GP?'

(492 patients answered)

55% said Very Important **20%** said Not at all Important

24% said Neither Important nor Unimportant

Please note, percentages have been rounded to the nearest whole number and therefore do not add up to 100%.

16. We asked: 'Have you asked to see a specific GP, was this request successful?'

(488 patients answered)

49% said Yes, I saw the GP I wanted to see

15% said Yes but I was not able to see the GP I wanted

36% said I have never requested a specific GP

Please note, percentages have been rounded to the nearest whole number and therefore do not add up to 100%.

17. We asked: 'Overall, how satisfied are you with the care provided?'

(486 patients answered)

64% said Very Satisfied **34%** said Satisfied **2%** said Unsatisfied

Patient responses for around Patient Participation Groups

18. We asked: 'Have you heard of the surgery's Patient Participation Group?'
(488 patients answered)

16% said Yes **84%** said No Less than **1%** said they were already a member

19. We asked those that answered No to Question 18: 'Is this something you would be interested in?'
(478 patients answered)

8% said Yes **81%** said No **11%** said Maybe

20. We asked those that answered Yes or Maybe to Question 19, 'How would you like to be involved?'
(80 patients answered)

Attend regular meetings only	Online only	Attend both meetings and online
28%	46%	26%

21. We asked, 'Have you shared the information you've shared with us, with anyone else?'
(477 patients answered)

10% said Yes **90%** said No

Appendix 2 - Themes from patients' comments

Themes from patient's comments methods of booking appointments

Most of the comments we received from those who used, or sometimes used online services of those:

- 22% were neutral
- 22% were about poor availability of appointments on the online system
- 19% were positive comments about booking appointments online
- 18% were positive comments about online prescription services
- 7% related to problems or difficulties accessing the online system
- 6% were negative, these comments related to the speed of the system or that it was difficult to use.
- Other comments relate to patients using the online service for family members but not for themselves, or at previous practices but not currently, or that they use the service irregularly

Of the patients who did not use online booking:

- 27% said this was because they prefer their current method of booking appointments
- 17% said they find their current method of booking appointments easier for them
- 15% related to patients lack of knowledge of how to use technology computers; these predominantly came from older patients
- 11% had heard about the online system but did not provide a reason why they did not use it
- 6% said they didn't use online service because they would need more information about online services, or that they did not have access to digital technology.
- Other comments related to patients forgetting there was an online option, that their current method of booking quicker, or that they found the online system unsuitable for their needs

A number of patients we spoke to had tried to use online booking, but no longer used this method to book appointments:

- 44% said this was because they had experienced problems with the system in the past
- 41% said they don't use the online services because of problems logging on, usually either because they have requested log in details and are yet to receive them, or because they have lost or unable to log in with details they have used.
- 15% told us that they no longer use it because they found it did not meet their needs, usually because the appointments available are too far in advance, or because their preferred doctor did not appear.

During the later stages of the project, we came across more patients to patients who were using the mobile app. Of those patients who were using the app:

- 55% made positive comments, particularly relating to its ease of use and convenience
- 45% made negative comments, of which 30% had problems accessing the app. 70% had problems with the app itself including it being complicated, needing individual apps for each child, taking up a lot of phone memory, the app not working once downloaded.

Of the comments from patients who did not have the app, but said they would consider using an app:

- 60% of comments were generally positive statements, considering this option to be a good idea and that they would probably download and use an app
- 15% (most of which were made by older patients), said they would consider using the app but would need support or guidance to download or use it
- 10% commented on an app being useful for reordering prescriptions
- Other comments related to patients who would consider an app but prefer their current method of booking, or concerns about the cost

Of the comments from patients who did not have the app, and said they would not consider using it:

- 39% said this was because they prefer the method of contact they currently use
- 37% stated that they do not have access to the technology that would be necessary, (smart phone or tablet, or access to the internet)
- 18% related to patients not wanting to use and being reluctant to use technology
- Other comments relate to the unreliability of technology, or that this would be unsuitable for their needs

Themes from patient's comments about access to appointments

From patients who commented after they responded 'no' when asked about whether it is difficult to get an urgent appointment at their GP practice:

- 28% said it was 'okay' or 'alright', indicating that their experience was acceptable but not excellent
- 25% said that their experience was good
- 13% made reference to their ease of booking appointments for children, sometimes stating that this is in contrast to their experience of booking appointments for themselves
- 11% made positive comments about the triage system where patients requesting urgent appointments would be phoned back by a clinician to assess their needs
- 8% related to phoning the practice early or the time left waiting until the call is answered.

The remaining comments related to being able to attend the walk-in centre, that getting an urgent appointment was easier due to a long-term health condition, positive comments about reception staff, or that it is possible to see a nurse if it's not possible to see a doctor.

From patients who commented after they responded 'yes' when asked about whether it is difficult to get an urgent appointment at their GP practice:

- 26% elaborated on how difficult they found getting appointments to be, some stating it is 'very difficult', a 'nightmare' or 'impossible'
- 20% were about the difficulties of getting an urgent appointment over the phone. Many negative comments were about how busy the phone lines are, the time it takes to speak to someone, and the amount of times they have to try to call
- 14% related to how long patients were waiting for urgent appointments
- 8% of patients said that they attend the walk-in centre when they struggle to get an urgent appointment at their practice, or attend the walk-in centre because they don't believe they'll get an urgent appointment at their GP practice

- 8% of comments stated that it is easier to get an appointment for their child than for themselves
- 7% suggested that they would like more urgent appointments to be available, so more patients could be seen as urgent cases.

The remaining comments related to it being sometimes difficult to get urgent appointments, the triage system which is positive as it results in an appointment but they system not particularly convenient, that you can't get an appointment with your own GP and negative comments about receptionists.

From patients who commented after they responded 'no' when asked whether it is difficult to get routine appointments at their GP practice:

- 28% said it was 'okay' or stated that they had not "had a problem", indicating that their experience was acceptable but not excellent
- 21% made positive comments saying their experience was good
- 18% said that booking was not a problem and accepted that there was a wait between booking appointments and attending appointments
- 10% said they did not find it difficult to book routine appointments because either they or the doctor made follow up arrangements while at their appointment
- 6% of comments related to; positive experience of booking online, the practice contacting the patient to book routine appointments, and patients recognising there is a longer wait for appointments with their preferred GP.

The remaining comments related to sometimes having difficulty booking routine appointments, having less difficulty booking routine appointments with nursing staff, and attending the walk-in centre should patients be unable to get appointments at their practice.

From patients who commented after they responded 'yes' when asked whether they find it difficult to get routine appointments at their GP practice:

- 76% said that they had to wait a long time between booking and the time of their appointment, most stating a wait of around two to three weeks, and some saying they've waited four to six weeks. 12% of those mentioning difficulty waiting, also mentioned they wait even longer if requesting to see a preferred GP
- 7% elaborated on how difficult it is, stating there is "no chance" or that it's a "nightmare"
- 5% said they struggled to get a routine appointment, especially with their preferred GP.

The remaining comments related to: booking routine appointments being difficult and receiving mixed information regarding when and how they should be booked, that they sometimes have difficulty booking routine appointments, that they can book to see a nurse but not a doctor, and that they find phoning to book an appointment difficult.

From patients who commented when asked whether the opening times were convenient:

- 80% of those who answered 'yes' left positive comments, particularly praising the evening surgeries of their practice, that opening times were convenient despite the patient working, or that opening times were acceptable because of the flexibility retirement gave to the patient.

Other comments from those answering 'yes' stated that they didn't know what the times were, but this led them to believe they must be convenient as it had never been a problem.

- 28% of patients made suggestions of how the opening times could be improved; 56% said they would like their practice to be open later in the evening, 44% said they would like their practice to be open at a weekend, particularly a Saturday morning.

The biggest reason patients gave for opening times not being convenient for them related to their employment. 60% of patients leaving these comments answered 'no' when asked if the opening times were convenient.

Patients who responded their overall experience of booking appointments to be excellent:

Of those who said excellent, 74% left generally positive comments such as 'very good', and 26% were neutral such as 'fine'. A small number elaborated, particularly praising booking for children, and how nice or helpful the staff are.

Of those who said it was poor, 27% said this was due to poor availability, 18% were generally negative, 18% were about the long waiting time between booking and having an appointment, and 18% were about not being able to get an appointment with a doctor. Other comments were about being unable to get appointments despite then having specific medical conditions and attending the walk in centre due to being unable to book appointments with their own practice.

From patients who replied that their experience of booking appointments could be improved:

- 20% of comments suggested that improvements need to be made to the process of phoning to book appointments, particularly around the time it takes to get through to someone at 8am in the morning
 - 20% of comments implied there is always room for improvement, and some had generally positive comments
 - 16% of comments suggested that their experience would be improved if there were more available appointments, particularly with a doctor
 - 16% of comments suggested that their experience would be improved if there was a shorter wait between booking and their appointment
 - 11% of comments related to a struggle to get urgent appointments, on the same day
- Other comments related to being able to book appointments with nurses online, negative comments about the reception staff, and practices needing more staff both clinical and non-clinical.

Themes from comments made by patients about staff

From patients who commented when asked how they find about the medical staff at their practice:

- Of those who said they were 'unhappy with medical staff', one patient commented stating this was because of an error made by the clinical staff.
- Of those who said they were 'happy with most staff', 49% said they were not happy with all of the medical staff, most saying this was because of a negative experience with one or two staff members. Other comments related to staff being 'okay' or 'fine', not being totally satisfied because they felt rushed during appointments, that they often see nurses instead of their doctor, or that they were unsatisfied with seeing different doctors.
- Of those who said they were 'happy with staff', 98% of comments were generally positive statements, some specifically choosing to make positive comments about the nursing staff, stating the medical staff were 'helpful', 'friendly', 'polite' or 'approachable'. The other 2% of comments related to not being happy with all the medical staff, often specifically one doctor, but that the patients request not to see that person.

From patients who commented when asked about how they find the non-medical staff at their practice:

- Of those patients who said they were ‘unhappy with non-medical staff’, 39% said they found non-medical staff rude, and a further 22% said they were unhelpful. Other comments related to non-medical staff being disorganised, asking too many personal questions, and having an attitude.
- Of those patients who said they were ‘happy with most non-medical staff’, 42% indicated their experience was acceptable saying the staff were ‘fine’ or ‘alright’. 37% made positive comments stating they found the non-medical staff helpful, polite or that the patient understood their job role. 9% of comments stated that they have found the non-medical staff to have an attitude, and 9% of comments related to patients not wishing to share personal information with non-medical staff. Other comments related to patients finding staff rude, that they had made errors, and that their experience is dependent on the individual staff members.
- Of those patients who said they were ‘happy with non-medical staff’, 62% made positive comments, most saying they found the non-medical staff ‘very good’ or ‘excellent’, others elaborated and said that they found the staff ‘helpful’, ‘polite’, ‘friendly’ or ‘accommodating’. 20% of comments indicated they found the non-medical staff acceptable, saying they were ‘fine’ or ‘okay’. 8% of comments were negative, where patients had stated they found non-medical staff unhelpful, rude, or appearing stressed. 4% of comments related to patients not wishing to share personal information with non-medical staff. Other comments related to their experience being dependant on the individual member of staff, patients wanting more male call handlers, or that they had experienced errors from the non-medical staff.

From patients who commented when asked about whether they feel listened to, respected and understood during their appointments:

- Of those who said ‘yes’, 61% of patients made positive comments about feeling listened to such as ‘definitely’ or that they ‘never have problems’. 17% of comments stated that they don’t feel listened to, respected and understood by all the medical staff they’d seen. Other comments indicated the way they’re listened to respected and felt understood had improved recently, or that language is sometimes a barrier, due to accent or understanding of English
- Of those who said ‘no’, their comments were mixed. Patients commented on feeling rushed, that they didn’t feel listened to, and that the medical staff speak to their parent or carers rather than themselves
- Of those who said, ‘most of the time’, 19% said they feel rushed, and 19% said they don’t always feel listened to, respected and understood. 15% of comments indicated that whether a patient feels listened to respected and understood was dependant on the person their appointment is with. Other comments related to patients feeling there had been improvements recently, or that they did not always feel listened to, respected and understood.

Themes from comments made by patients about seeing the same GP

From patients who commented when asked how important seeing the same GP for appointments is to them:

Of those who said seeing the same GP is important to them:

- 93% said they would prefer to see the same GP. Of these, 32% said this is because they value continuity in their care many mentioning this would save time during appointments as they would not have to repeat themselves and that it would increase their confidence. 16% said they would prefer to see the same GP as they have or

would develop a relationship and the GP would know their history and develop a rapport. 11% said that they would prefer to see the same GP however commented that this happens rarely or never

- Other comments related to the importance of see the same GP being determined by the reason they were visiting, particularly if they had a recurring condition.

Of those who said that seeing the GP is neither important nor unimportant:

- 37% said that they would prefer to see the same person, but that this wasn't vitally important to them
- 20 % said that it would only be important to see the same GP if they were attending a follow up appointment, or if they were attending for a specific condition
- 15% said that it didn't matter which doctor they saw, some saying that notes are on the computer
- 11% said that they would prefer to be seen, or prefer to be seen sooner, by having an appointment with any GP, rather than waiting for a specific one to be available
- The remaining comments related to not being able to see the same person even if they wanted to, not knowing the GPs or practices having a high staff turnover, or a large amount of temporary or locum doctors.

Of those who said that seeing the same GP is not at all important to them:

- 36% said that they don't mind seeing any of the doctors at their practice, and that they would be 'happy' to see anyone
- 20% said that it didn't matter who their appointment was with as all the doctors had access to online records and information
- 16% of patients said that it didn't matter who appointments were with because they were happy with all the staff at their practice. The remaining comments related to not knowing the doctors, not being able to see the same person and not wishing to wait for an appointment.

From patients who commented when asked about whether they had requested to see a specific GP, and whether that request was successful:

Of those patients who said that they had requested a specific person and that they were able to see them:

- 62% of comments spoke negatively about the wait between booking an appointment and attending the appointment. Most patients commented that this was usually two to three weeks, with a few patients saying they wait four weeks, and one patient say they waited three months
- 25% said that they do, or usually do get the see the doctor they request
- 7% made positive comments about the choice provided by booking appointments online. Remaining comments related to patients who said their preferred doctor had retired or left the practice, or that their request relates to the gender of the doctor.

Of those patients who said that they have requested to see a specific GP but were unable to see that person:

- 26% of comments related to the wait between booking appointments and attending appointments. Most patients stated they would have to wait three to four weeks, with some saying they would have to wait as long as six weeks to see their preferred GP
- 23% said that it was not possible to see the GP they had asked for, while 15% said it was not always possible to see the GP they preferred. Remaining comments were about poor availability to see a preferred doctor, patients being given a

choice to wait to see their preferred doctor or be seen sooner, and that one patient asked to see a female doctor and was not able to.

Of those patients who said that they have not requested to see a specific GP:

- 45% of comments related to patients not knowing the doctors at the practice, and therefore did not have a preferred doctor
- 18% said they would only request to see a specific doctor if they required a follow up appointment but would otherwise see anyone. The remaining comments related to the patients preferred doctor retiring and now not having a preferred doctor, and knowing that there would be a long wait.

Themes from comments made by patients about the quality of care

From patients who commented when asked about how satisfied they were about the quality of care provided at their practice:

Of those patients who said that they were unsatisfied:

- 60% of comments stated there had been a deterioration in the quality of care
- The remaining comments related to have repeat problems, or that the quality of service could be improved.

Of those patients who said they were satisfied:

- 46% of comments indicated that patients feel the quality of care was acceptable but could be improved. Many comments stated they felt the quality of care was 'okay', 'fine' or 'alright'
- 12% said that they thought the quality of care was 'good'
- 12% said that the quality of care depended on which doctor they saw
- 8% praised the nurses
- The remaining comments related to difficulties with communication between the practice and midwives, that patients will see a nurse instead of a doctor, that referrals seemed to be slow, or that patients regularly attend the walk-in centre.

Of those patients who said that they were very satisfied:

- 90% of comments elaborated on how satisfied patients were, particularly around staff being caring, friendly, trustworthy and several comments praising the nurses
- The remaining comments related to patients saying their current practice is better than their previous practice and praised the service for seeing children quickly.

Appendix 3 - Demographic

Please note, percentages have been rounded to the nearest whole number and therefore do not add up to 100%.

22. We asked, "What is the first part of your postcode?" (464 patients answered)

Postcode	Number of responses	Percentage of overall responses
FY1	116	25%
FY2	85	18%
FY3	73	16%
FY4	126	27%
FY5	52	11%
FY6	4	Less than 1%
FY7	2	Less than 1%
FY8	6	1%

23. We asked, "What is your gender?" (499 patients answered)

Gender	Number of responses	Percentage of overall responses
Male	180	36%
Female	318	64%
Trans	1	Less than 1%
Other	0	0%

24. We asked, "Is this the same as the gender on your original birth certificate?" (452 patients answered)

Yes	446	99%
No	6	1%

25. We asked, "What is your age?" (498 patients answered)

Age group	Number of responses	Percentage of overall responses
Under 16	12	2%
16-24	31	6%
25-34	64	13%
35-44	58	12%
45-54	85	17%
55-64	80	16%
65-74	86	17%
75-84	71	14%
85+	11	2%

Others included

3 patients - Polish
 1 patient - White English
 1 patient - Mixed White British/Israeli
 1 patient - White European
 1 patient - British Mauritian
 1 patient - German
 1 patient - Human
 1 patient - Black/Asian Mixed

26. We asked, "What is your ethnicity?" (496 patients answered)

Ethnic Group	Number of responses	Percentage of overall responses
White - British	467	94%
White - Irish	4	1%
White - Other	3	1%
Mixed - White and Black Caribbean	2	Less than 1%
Asian/Asian British - Indian	2	Less than 1%
Asian/Asian British - Pakistani	3	1%
Asian/Asian British - Chinese	2	Less than 1%
Asian/Asian British - Other	2	Less than 1%
Black/Black British Caribbean	1	Less than 1%
Other ethnic group	10	2%

Appendix 4 – Red, Amber Green Rating

Name of Practice:				Number of Registered Patients		
Date and time of Visits:						
Name of Practice Manager:						
Names of staff spoken to:						
Number and Roles of staff (e.g. 4 GPs 2 Nurses):						
Number of responses 1:	Number of Visit declining 1:	Number of Responses 2:	Number of Visit declining 2:	Total number of patients responding:		
Environment – External and Internal				Green	Amber	Red
1. Is the practice close to public transport?						
2. Is there plenty of parking available? Are there ample disabled parking spaces?						
3. Is the practice accessible? E.g. wheelchair friendly, have a hearing loop, have good signage for people with visual impairments?						
4. Is the practice environment dementia friendly? E.g. is the flooring single coloured and not reflective, are the doors a single colour different to the walls, are the walls easily distinguished from the floor, is there a handrail along any corridor?						
5. Does the environment appear clean and tidy?						
6. Is there ample seating for all patients?						
7. Are the noticeboards up to date with current information on local issues or campaigns? Is the CQC report displayed? Is there information on how to make a complaint? Is there information displayed about the PPG group?						
Rating for Area:						
Access – (Negative responses – 0%-20% Green, 20% - 60% Amber, 60%-100% Red)						
1. Is it difficult to get an emergency appointment?						
2. Is it difficult to get routine appointments?						
3. Overall, how would you rate your experience of booking? (% that is 'could be improved and/or poor')						
Rating for Area (cannot be Green if any questions are Red):						
Quality of Care – (Negative responses – 0%-20% Green, 20% - 60% Amber, 60%-100% Red)						
1. Are you happy with the medical staff? E.g. GPs and Nurses						

2. Are you happy with the non-medical staff? E.g. practice managers, administrators and receptionists			
3. Do you feel listened to?			
4. Overall how would you rate the quality of care? (% that is satisfied or unsatisfied)			
Rating for Area (cannot be Green if any questions are Red):			

Other Comments:

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr David Bonson, Chief Operating Officer, Blackpool Commissioning Group
Date of Meeting	28 November 2018

BLACKPOOL CLINICAL COMMISSIONING GROUP MID-YEAR PERFORMANCE

1.0 Purpose of the report:

1.1 To consider the mid-year performance of the Blackpool Clinical Commissioning Group (April 2018 – September 2018).

2.0 Recommendation(s):

2.1 To receive and scrutinise the report.

2.2 To make any recommendations to the Blackpool Clinical Commissioning Group.

2.3 To determine any future reporting from the Blackpool Clinical Commissioning Group on the issues / identify any topics for further consideration by the Committee.

3.0 Reasons for recommendation(s):

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

3.1a To note the reported exceptions and support the Blackpool Clinical Commissioning Group in its actions to improve performance.

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

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

4.0 Other alternative options to be considered:

4.1 None

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group will be in attendance at the meeting to present the 2018-2019 mid- year performance summary and answer any questions on performance against the national NHS measures: including NHS Constitution measures such as referral to treatment; cancer waiting times; mixed sex accommodation breaches and cancelled operations.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

Appendix 6(a): Blackpool Clinical Commissioning Group Mid-Year Performance Report 2018-2019

8.0 Legal considerations:

8.1 None

9.0 Human resources considerations:

9.1 None

10.0 Equalities considerations:

10.1 None

11.0 Financial considerations:

11.1 None

12.0 Risk management considerations:

12.1 None

13.0 Ethical considerations:

13.1 None

14.0 Internal/external consultation undertaken:

14.1 N/A

15.0 Background papers:

15.1 N/A



Blackpool Clinical Commissioning Group
Mid – Year Performance
Report 2018/19
April 2018 – September 2018

Introduction

This report is to provide the Health Scrutiny Committee with assurance in relation to the indicators within the national Clinical Commissioning Group (CCG) Assurance Framework in relation to Blackpool Clinical Commissioning Group. The report includes a mid-year summary of all the relevant indicators, as published by NHS England, with an exception narrative for any indicators not meeting the requisite target.

Summary for April – September 2018

Metric	Mid Year Position	Target	Page No.
NHS Constitution Measures			
Referral to Treatment (RTT) Incompletes (c)	81.33%	≥92%	4
Diagnostic Test Waiting Time(c)	0.73%	≤1%	4
A&E waits (c)	84.03%	≥95%	4
Patients seen within 2 weeks of a GP referral for suspected cancer	83.31%	≥93%	5
Patients seen within 2 weeks of a GP referral for breast cancer symptoms	25.18%	≥93%	5
Patients receiving definitive treatment within 1 month of a cancer diagnosis (c)	96.80%	≥96%	5
Patients receiving subsequent treatment for cancer within 31 days (Surgery) (c)	90.38%	≥94%	5
Patients receiving subsequent treatment for cancer within 31 days (Drugs) (c)	100.00%	≥98%	5
Patients receiving subsequent treatment for cancer within 31 days (Radiotherapy) (c)	99.28%	≥94%	5
Patients receiving 1 st definitive treatment for cancer within 2 months (c)	81.58%	≥85%	5
Patients receiving treatment for cancer within 62 days from an NHS Screening Service (c)	88.89%	≥90%	5
Patients receiving treatment for cancer 62 days upgrading their priority (c)	90.32%	≥85%	5
Category 1 Ambulance Calls		≤7 mins	5
Category 2 Ambulance Calls		≤18 mins	5
NHS Constitution Support Measure			
Referral to Treatment waiting times more than 52 weeks (incomplete)(c)	37	0	4
A&E waits 12 hour trolley waits (p)	111	0	4
Mixed Sex accommodation breaches (c)	10	0	6
Cancelled Operations (p)	0	0	6
Mental Health (c)	96.84%	≥95%	6
Primary Care Dementia (c)	79.82%	≥67%	7
Incidence of Healthcare Associated Infection (c)	MRSA – 1 CDiff - 88	See page 7	7

Achievements

- The % of patients waiting 6 weeks or more for diagnostic tests has remained below the target of <1% between April and September 2018 at 0.73%.
- Blackpool CCG cancer waits have met four (4) out of nine (9) constitutional targets by September 2018.
- Ambulance performance in Blackpool CCG has improved between April and September 2018, five (5) out of six (6) months category 1 performance targets have been achieved and 2 out of 6 months category 2 targets reached.
- The % of patients on a care programme approach discharged and followed up within 7 days has remained above target for the year by September 2018 at 96.84%.
- Blackpool CCG estimated prevalence for people over 65 with dementia against the CCG's actual dementia diagnosis rate remains above the target of ≥ 67% between April and September 2018 at 79.82%
- The Clostridium difficile (CDI) incidents for both Blackpool CCG and Blackpool Teaching Hospitals remain within trajectory between April and September 2018.
- Improving access to psychological therapies (IAPT) has achieved three (3) out of four (4) targets up to and including September 2018.

Areas for focus/ information

- Blackpool CCG has not met the referral to treatment target (RTT) for incomplete patient pathways between April and September 2018. Performance has been affected by the backlog patients waiting following the cancellation of all elective activity by NHS England last Winter.
- There were thirty-seven (37) Blackpool CCG patients waiting more than 52 weeks for treatment between April and September 2018.
- Blackpool Teaching Hospitals' performance against the 4 hour A&E waiting time target has remained below target up to and including September 2018 at 84.03% below the target of 95%.
- The Trust has had a total of one hundred and eleven (111) 12-hour breaches between April and September 2018. Ninety-seven (97) of these breaches were Mental Health patients. A full system review is currently being undertaken as this position is reflected throughout Lancashire.
- Cancer waiting times, in particular two week waits and 2 week breast symptomatic waits, have deteriorated between April and September 2018 largely due to consultant radiographer capacity.
- There have been fourteen (14) breaches of mixed sex accommodation within the first half of 2018/19. All breaches were due to the lack of suitable specialist beds for step down from critical care.
- There have been eight (8) patients operations cancelled which have been unable to be rescheduled within 28 days reported at Blackpool Teaching Hospitals by September 2018. Performance has been effected by the backlog of patients waiting following the cancellation of elective activity last Winter.
- There has been one (1) incident of MRSA bacteremia attributed to Blackpool CCG between April and September 2018.
- The access to psychological therapies target has not been achieved by September 2018 as the trajectory has been increased from 1.40% to 1.58% and needs to include patients with long term conditions. The team are optimistic that by working with GP's and the Trust this target will be met by March 2019.

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

NHS Constitution for period 1 April to 30 September 2018

RTT (c)		Organisation	Target	Mid Year position	Performance (compared to Sept 17)	No. of Excess Breaches
* Patients on incomplete pathways treated within 18 weeks		CCG	≥ 92%	81.33%	↓	7410
Patients waiting for more than 52	Incomplete pathway	CCG	0	37	↓	37

Blackpool CCG has not met the referral to treatment target (RTT) of 92% between April and September 2018 for incomplete patient pathways. The decision was taken by NHS England to cancel all elective operations last Winter which has caused a backlog of patients waiting for treatment; however the Trust has recently indicated that the length of time patients have been waiting for treatment has begun to reduce.

There have been thirty-seven (37) Blackpool CCG patient's waiting more than 52 weeks between April and September 2018. All breaches have been investigated by Blackpool Clinical Commissioning Group and reported to the Finance and Performance Committee. Nineteen of these breaches took place at Blackpool Teaching Hospital due capacity issues within Electrophysiology, plans have been approved to create additional capacity to alleviate this issue. Nine (9) patients waited more than 52 weeks at Spire Hospital, however this was due to inter provider transfers taking place between Spire and BTH which aimed to reduce waiting time for patients. Five Blackpool patients waited longer than 52 weeks at Manchester University Hospitals Foundation Trust due to capacity issues which the Trust hopes to have addressed by October 2018.

Diagnostic Test Waiting Time (c)		Organisation	Target	Mid Year position	Performance (compared to Sept 17)	No. of Excess Breaches
% of patients waiting 6 weeks or more		CCG	≤ 1%	0.73%	↓	0

Diagnostic waiting times have remained below target between April and September 2018.

A&E Waits (c)		Organisation	Target	Mid Year position	Performance (compared to Sept 17)	No. of Excess Breaches
*4 Hour A&E Waiting Time Target		CCG	≥ 95%	84.03%	↑	5534

Blackpool Teaching Hospital's performance against the 4 hour A&E waiting time target has remained below target for the year 2017/18. The Emergency Care Improvement team and management consultants Ernst Young are working with the Trust to improve this position, particularly aiming to improve the flow of patients throughout the hospital which will alleviate the pressures within A&E.

A&E Waits ©	Target	BTH	Urgent Care Centre	Whitegate Drive	Fleetwood Same Day Health Centre	Total Economy Monthly Performance	STF Plan	YTD Total Economy Performance (Sept 18)
April	≥ 95%	56.15%	99.66%	99.67%	100.00%	84.50%	84.0%	84.03%
May		54.84%	99.92%	99.25%	100.00%	83.28%	85.0%	
June		61.97%	99.92%	99.79%	100.00%	86.43%	86.0%	
July		48.20%	99.55%	99.12%	100.00%	80.66%	87.0%	
August		51.84%	99.81%	99.22%	99.82%	82.44%	88.5%	
September		64.29%	99.75%	99.60%	100.00%	87.20%	90.0%	

The table above shows performance across A&E and the Urgent Treatment Centres across the Fylde Coast between April and September 2018.

12 Hour Decision To Admit waits (DTA) in A&E (p)	Organisation	Target	Mid Year position	Performance (compared to Sept 17)	No. of Breaches
12 Hour Trolley waits in A&E	Provider - BTH	0	111	↓	111

The Trust has had a total of one hundred and eleven (111) 12 hour breaches from April to September 2018, ninety seven (97) of these breaches were Mental Health patients with the remaining eighteen (18) being medical patients. Lancashire Care Foundation Trust (LCFT), with support from NHS England and NHS Improvement, are currently undertaking an Urgent Care Pathway Review and Redesign project due to the increase in 12 hour breaches across Lancashire which has raised concerns for patients experience and safety, including staff, due to protracted waits. There has also been an increase in patients attending with co-occurring substance issues which has highlighted lack of cohesion between services together with the lack of overall patient flow and capacity within the community.

Cancer Waits (c)	Organisation	Target	Mid Year position	Performance (compared to Sept 17)	No. of Excess Breaches	
% seen within 2 weeks of referral	CCG	≥ 93%	83.31%	↓	336	
% seen within 2 weeks of referral – breast symptoms	CCG	≥ 93%	25.18%	↓	191	
31 Days	% of patients receiving definitive treatment	CCG	≥ 96%	96.80%	↑	0
	% of patients waiting no more than 31 days for subsequent treatment – surgery	CCG	≥ 94%	90.38%	↓	6
	% of patients waiting no more than 31 days for subsequent treatment - drug therapy	CCG	≥ 98%	100.00%	↔	0
	% of patients waiting no more than 31 days for subsequent treatment –radiotherapy	CCG	≥ 94%	99.28%	↓	0
62 Days	% of patients waiting no more than 62 days from urgent GP referrals to first definitive treatment	CCG	≥ 85%	81.58%	↑	40
	% of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment.	CCG	≥ 90%	88.89%	↑	1
	% of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade.	CCG	≥85%	90.32%	↑	0

Four of the nine constitutional targets for cancer waits have been met as at the 30th September 2018; the exceptions being the percentage of patients seen within two weeks of referral , the percentage of patients seen within 2 week of referral for breast symptoms, the percentage of patients waiting no more than 31 days for surgery, the percentage of patients waiting no more than 62 days from urgent GP referrals to first definitive treatment and the percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment.

The Trust had been providing single point of access breast service; however a Consultant radiographer left the Trust. Unfortunately, due to there being a national shortage of radiographers, recruitment to the post proved challenging. This

has affected the performance of the 2 week wait and 2 week breast symptomatic targets. A locum consultant is now in post which has improved performance; however this service is still considered to be in a fragile position and has been placed upon the CCG risk register.

The number of patients breaching the target for waiting no more than 31 days for surgery is small and is due to patient choice and complex medical issues.

Although the number of patients waiting no more than 62 days from urgent GP referrals to first definitive treatment has not achieved the target, the position has improved from September 2017 which was 76.25%. The reasons for these breaches are varied but include patient choice, complex diagnostic pathways and medical reasons. Patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment do so for very similar reasons to those breaching the 31 day target.

The Cancer Alliance, which is a group of senior clinical and managerial leaders across Lancashire representing the whole patient pathway, is working with all Trusts to support and improve the patient pathways and share resources where appropriate.

Ambulance Performance Reporting

NWAS performance in Blackpool has improved since March 2018 for both Category 1, time critical life threatening events requiring immediate intervention; and also Category 2, potentially serious conditions. In March 2018 only one month had achieved the target for Category 1 calls, whereas by March 2018, 5 out of 6 months have achieved the target of reaching the incident in less than 7 minutes. Although category 2 performance has only achieved the target set in 2 out of 6 months this is an improvement from March 2018 when this was not achieved at all. An Ambulance Reporting performance improvement plan (PIP) was signed off by Commissioners, NHSE and NHSI in May 2018.

Reporting level	Organisation	Target	April	May	June	July	August	September
Category 1 Mean Performance	CCG	<=7 mins	00:06:42	00:07:50	00:06:48	00:06:23	00:06:04	00:06:28
Category 2 Mean Performance	CCG	<=18 mins	00:19:18	00:21:56	00:17:52	00:23:31	00:16:21	00:18:31

Mixed Sex Accommodation Breaches

Mixed Sex Accommodation Breaches (c)	Organisation	Target	Mid Year position	Performance (compared to Sept 17)	No. of Breaches
Breaches of same sex accommodation	BCCG	0	14	↓	14
	Provider - BTH	0	0	↑	0
	Provider - Spire	0	0	↔	0

All of the fourteen (14) breaches which occurred between April and September 2018 were due to the lack of suitable specialist beds being available following the decision to step down the patients care from the critical care unit. Thirteen (13) of the mixed sex accommodation breaches occurred at Lancashire Teaching Hospitals and one (1) at University Hospitals of Morecambe Bay. The CCG has been assured that the privacy and dignity of all the patients was maintained at all times.

Cancelled Operations (p)	Organisation	Target	Mid Year position	Performance (compared to Sept 17)	No. of Breaches
Patients whose operations are cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.	Provider - BTH	0	8	↓	8

There have been eight (8) cancelled operations for patients which have not been rescheduled to take place within 28 days reported

at Blackpool Teaching Hospitals in quarter one 2018/19, however none have been reported in quarter 2. Although performance has deteriorated from four (4) in September 2017 it has improved from ninety-six (96) by March 2018. Performance has been affected by the backlog of operations caused by the cancellation of elective operations by NHS England last Winter.

Mental Health (c)	Organisation	Target	Mid Year position	Performance (compared to Sept 17)	No. of Excess Breaches
% of Mental Health patients on Care Programme Approach (CPA) discharged from hospital and followed up within 7 days	Provider - LCFT	≥ 95%	96.84%	↑	0

The % of Mental Health patients on a Care Programme Approach (CPA) discharged from hospital and followed up within 7 days has remained above target between April and September 2018.

Dementia (c)	Organisation	National	Mid Year position	Performance (compared to Sept 17)	No. of Excess Breaches
CCG's estimated prevalence for people over 65 with dementia against the CCG's actual dementia diagnosis rate	CCG	≥ 67%	79.82%	↑	0

The CCG's estimated prevalence for people over 65 with dementia against the CCG's actual diagnosis rate has remained significantly above target between April and September 2018.

Incidence of Healthcare Associated Infection (c)	Organisation (assigned)	Threshold	Mid Year position	Performance (compared to Sept 17)	No. of Excess Breaches
Incidence of MRSA bacteremia	CCG	0	1	↔	1
	Provider	0	0	↔	0
Incidence of Clostridium difficile* (CDI)	CCG	58 (2016/17)	15	↑	0
	BTH	40 (2016/17)	23	↑	0

* Data source; Public Health England HCAI Monthly Reports, throughout 2017/18.

The table above shows the breakdown by month and split between CCG and Trust apportioned cases of MRSA bacteraemia and Clostridium difficile infections (CDI) between April and September 2018.

Summary of C-Difficile– Blackpool CCG

From 1 April – 30 September 2018 there have been a total of fifteen incidents of CDI, no lapses in care have been identified within Blackpool CCG

Clostridium difficile infections - Blackpool Teaching Hospitals NHS Foundation Trust

There were 23 cases of CDI reported at Blackpool Teaching Hospital as at the end of September with two lapses in care reported, these related to documentation and recording of antibiotic prescribing, with no rationale given for prescription or change from formulary.

MRSA bacteraemia – Blackpool Clinical Commissioning Group

There was an MRSA bacteraemia reported in September of a Blackpool resident within a Nursing home. Following investigation treatment of this patient has been deemed as appropriate.

MRSA bacteraemia - Blackpool Teaching Hospitals NHS Foundation Trust

There have been no incidents of MRSA bacteraemia reported between April and September 2018 at Blackpool Teaching Hospitals.

Mental Health Improving Access to Psychological Therapies	Organisation	Expectation	As at September	Performance (compared to Sept 17)	No of Excess Breaches
IAPT access proportion rate (3.75% quarterly, suggested 1.58% monthly, yearly 16.8%)	CCG	≥1.58% Monthly trajectory	1.49%	New trajectory	Awaiting data
*IAPT recovery rate (50% monthly)	CCG	50%	50%	↓	0
The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment	CCG	75% per month	95%	↑	0
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment.	CCG	95% per month	100%	↔	0

The trajectory for accessing the IAPT service has been increased from April 2018 from 1.40% to 1.58% with NHS England stipulating that the increase in service users needs to be from patients with long term conditions. The IAPT team are working with the Trust and GP surgeries to increase access for this cohort of patients and is expecting to reach 1.58% by March 2019. All other targets have been consistently met between April and September 2018.

Performance Scorecard

Metric	Level	Period	Target	April 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	March 2019	YTD
NHS Constitution measures																
Referral To Treatment waiting times for non-urgent consultant-led treatment																
1291: Referral to Treatment (Incomplete)	CCG	September 18	92%	82.39%	82.10%	81.35%	80.83%	80.32%	80.92%							81.33%
Diagnostic test waiting times																
1828: % of patients waiting 6 weeks or more for a diagnostic test	CCG	September 18	1%	0.78%	0.76%	0.60%	0.82%	0.74%	0.69%							0.73%
Cancer waits – 2 Week Wait																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)	CCG	September 18	93%	88.60%	83.19%	81.50%	81.69%	84.04%	80.94%							83.31%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)	CCG	September 18	93%	56.25%	16.67%	8.93%	10.42%	34.00%	37.50%							25.18%
Cancer waits – 31 days																
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)	CCG	September 18	96%	95.59%	97.12%	98.67%	94.17%	97.80%	97.78%							96.80%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery)(MONTHLY)	CCG	September 18	94%	85.71%	87.50%	94.12%	94.74%	88.89%	90.00%							90.38%

Metric	Level	Period	Target	April 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	March 2019	YTD
NHS Constitution measures continued																
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)	CCG	September 18	94%	100.00%	100.00%	100.00%	95.65%	100.00%	100.00%							99.28%
Cancer waits – 62 days																
539: % of patients receiving 1st definitive treatment for cancer within 2 months(62 days) (MONTHLY)	CCG	September 18	85%	87.10%	80.33%	84.62%	77.27%	84.00%	78.05%							81.58%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)	CCG	September 18	90%	100.00%	-	100.00%	100.00%	100.00%	71.43%							88.89%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)	CCG	September 18	85%	94.74%	89.29%	91.30%	84.85%	96.30%	88.00%							90.32%
Category A ambulance calls																
Category 1 Mean Performance	CCG	September 18	<=7 mins	00:06:42	00:07:50	00:06:48	00:06:23	00:06:04	00:06:28							N/A
Category 2 Mean Performance	CCG	September 18	<=18 mins	00:19:18	00:21:56	00:17:52	00:23:31	00:16:21	00:18:31							N/A

Metric	Level	Period	Target	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	YTD
NHS Constitution support measures																
Mixed Sex Accommodation Breaches																
1067: Mixed sex accommodation breaches - All Providers	CCG	September 18	0	0	2	4	1	3	4							14
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days	CCG	QTR 1&2 2018	0	8			0									8
NHS Constitution support measures																
Referral To Treatment waiting times for non-urgent consultant-led treatment																
1834: Referral to Treatment -No of Incomplete Pathways Waiting >52 weeks	CCG	September 18	0	1	3	13	8	4	8							37
1928: 12 Hour DTA waits in A&E	Hospital Provider (BTH)	September 18	0	11	10	17	37	33	13							111
A&E waits																
1926: A&E Attendances: Type1	BTH	Sept 18	Actual	6,192	7,050	6,439	7,035	6,559	6,251							46,103
1927: A&E Attendances: All Types	BTH	Sept 18	Actual	17,733	19,411	18,179	19,256	18,372	17,715							110,666

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Nancy Palmer, Independent Chair of Blackpool Safeguarding Adult Board
Date of Meeting:	28 November 2018

BLACKPOOL SAFEGUARDING ADULT BOARD ANNUAL REPORT

1.1 To receive and consider the annual report of the Blackpool Safeguarding Adult Board.

2.0 Recommendation(s):

- 2.1
- To review the report, asking questions of content.
 - To identify any further information and/or actions required.

3.0 Reasons for recommendation(s):

3.1 To fully consider the content of the annual report and raise and discuss key information.

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

Other alternative options considered: None

4.0 Council Priority:

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

5.0 Background Information

5.1 The report reflects progress on all Blackpool Safeguarding Adult Board (BSAB) 2017/2018 strategic priorities, along with developments across the broader agenda. It also outlines the business priorities for the period 2018-2020 which will form a particular focus for BSAB alongside all other adult safeguarding work.

5.2 The full report is attached at Appendix 7(a). Ms Nancy Palmer, Independent Chair of the Blackpool Safeguarding Adult Board will be in attendance at the meeting to present the report.

6.0 Does the information submitted include any exempt information? No

7.0 List of Appendices:

Appendix 7(a): BSAB Annual Report 2017-2018

8.0 Legal considerations:

8.1 None

9.0 Human Resources considerations:

9.1 None

10.0 Equalities considerations:

10.1 None

11.0 Financial considerations:

11.1 None

12.0 Risk management considerations:

12.1 None

13.0 Ethical considerations:

13.1 None

14.0 Internal/ External Consultation undertaken:

14.1 None

15.0 Background papers:

15.1 None

BLACKPOOL SAFEGUARDING ADULTS BOARD

ANNUAL REPORT 17/18

(FINAL DRAFT)

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1. Introduction

About the Annual Report

This annual report reflects the coordination of Partner activities over the past year and includes contributions from statutory, independent, voluntary and other bodies who are involved in safeguarding adults in Blackpool. The Care Act (2014) places a duty on the Local Authority to lead safeguarding arrangements and a duty on the Blackpool Safeguarding Adults Board (BSAB) to publish its annual report.

This report is a public document and will be shared with Chief Executives of all agencies on the Blackpool Safeguarding Adults Board who will be expected to disseminate this report across their organisations, sharing it with stakeholders and scrutiny committees.

DRAFT

2. Foreword:

2.1 Independent Chair – Nancy Palmer

Dear Colleague,

I am pleased to introduce the Blackpool Local Safeguarding Adults Board (BSAB) for 2017/18.

BSAB is a statutory partnership of all agencies relevant to the wellbeing and safety of adults in Blackpool. This report summarises both the demographic information relating adults in the borough and their safeguarding needs, and the work of partners in meeting those needs through the coordination of BSAB.

This is my first annual report as Independent Chair, having been appointed mid-year in November 2017, and I am pleased to report on progress and actions of partners both prior to and following my appointment.

The report reflects progress on all BSAB 2017/18 strategic priorities, along with developments across the broader agenda. It also outlines the business priorities for the period 2018-20 which will form a particular focus for BSAB alongside all other adult safeguarding work.

There has been some restructuring of the Board's sub-groups this year, reducing sub-group numbers to enable a sharper focus on the key issues effecting adults in Blackpool. It is hoped that this reduction in time demand will enable partners to achieve full participation in Board activities and improve what has been a disappointing attendance level for some partners.

I hope you will find the report interesting and in particular the case studies which give a good representation of multi-agency safeguarding activity as it impacts on real lives.

Nancy Palmer

Independent Chair

3. Who we are: Blackpool Safeguarding Adults Board (BSAB)

3.1 Structure

The strategic board has appointed a new Chair during the last year, who has made some positive changes which have been welcomed by BSAB Partners. The changes were made to streamline the work of the BSAB and reduce the number of meetings, reducing attendance pressures on Partners. The BSAB aims to become more productive through more focused meetings and associated work streams.

The BSAB has replaced the shadow board meetings with Multi Professional Discussion Forums (MPDF's) to discuss key themes. The forums are aimed at front line practitioners and first line managers. The Quality Assurance and Performance Management subgroup has reviewed its function, and the work related to this group is detailed in the Quality Assurance section (Para 7.3). Priorities identified through Partner feedback and information collated through data, have resulted in task and finish groups being developed to tackle self-neglect and hoarding as well as financial abuse. The aim was to make policy changes, develop toolkits, referral pathways, improve communication and awareness, and develop training to support professionals. The data analyst was appointed by the Board last year and the work has been challenging and yet important to gain a clear picture of relevant information to help direct resources. A new quality assurance framework and data collection process will be implemented in the new financial year. The Training subgroup now includes communications and has widened its remit, and the BSAB is now also linked to the new Pan Lancashire Communications and Engagement group. This will allow for work to be carried out on joint campaigns on a wider footprint reducing resource pressures on individual board Partner budgets, and will ensure consistent messages by avoiding duplication. We no longer have a Case Review subgroup that met quarterly, however, the group agreed that any related business should to be discussed at Business Management Group going forward. If any Safeguarding Adult Review referrals for are made to the Board, the original group members agreed to still meet to consider and discuss individual cases. A financial abuse task and finish group was set up last year, which is due for completion in December 2018. A Self-Neglect and Hoarding task and finish group was been set up in spring, and is due for completion in December 2018.

*The structure can be can be found in **Appendix A**.*

3.2 Budget

Funding for BSAB continues to be provided by a core group of Partners, with some income generated through charging for non-attendance at training courses. In a time of financial pressure on most organisations, financial contributions from Partners are essential for the BSAB to perform its function. Additional resources are provided through Partner contribution of officer time and commitment to support the BSAB by attendance and chairing of subgroup meetings, delivering training and access to Partner facilities.

Income and Expenditure Summary

Income		Expenditure	
Blackpool Council	72,592	Staff costs	137,721
Blackpool CCG	40,985	Independent Chair	16,910
Lancashire Constabulary	25,915	Training	3,206
Blackpool Coastal Housing	5,000	Board support costs	6,445
Training Income	4,049		
	148, 542		164,282

3.3 The BSAB team

The work of BSAB is supported by a small business unit, which is merged with the Blackpool Children’s Safeguarding Board (BSCB) to provide additional resilience. The staffing structure and personnel have remained the same throughout the reporting period. Administration support continues to be provided to the Board by Democratic Governance. The BSAB element of the team consists of:

- A Business Development Manager
- 0.8 Full-time equivalent (FTE) Training Co-ordinators
- 0.95 FTE Democratic Governance Advisors to support meetings
- 0.5 FTE Analyst
- 0.5 FTE Training Administrator

3.4 Safeguarding Adults Board Membership

The Care Act clearly sets out that safeguarding board Membership **must** include:

- The Local Authority - Blackpool Council
- The Lead Health Commissioner – Blackpool Clinical Commissioning Group (BCCG)
- The Local Police- Lancashire Constabulary (Western/ Blackpool Division)

In Blackpool in addition to our statutory partners we also have membership from:

- Lancashire Fire and Rescue Service (LFRS)
- Blackpool Coastal Housing (BCH)
- Blackpool Teaching Hospitals (BTH)
- Lancashire Care Foundation Trust (LCFT)
- National Probation Service (NPS)
- Community Rehabilitation Company (CRC)
- North West Ambulance Service (NWAS)
- NHS England (NHSE)
- Blackpool and the Fylde College (Further Education and Higher Education)
- Representation from care provider organisations

- Public Health (part of the Local Authority)
- Healthwatch

*A Board Membership list can be found in **Appendix B**.*

Statutory guidance suggests that the multifaceted and critical role of the BSAB the **chair** must:

- Lead collaboratively,
- Provide advice, support and encouragement to partners,
- Offer constructive challenge,
- Hold main Partner agencies to account,
- Ensure that interfaces with other strategic functions are effective,
- Acting as a spokesperson for BSAB.

The Care Act and its statutory guidance do not set out too much detail about the specific role of Partners, but is very clear about the role of the BSAB. The guidance is, however, clear in setting out that members of a safeguarding adult board are expected to consider what assistance they can provide in supporting the BSAB in its work.

Specifically the Care Act statutory guidance states:

“Local SABs decide how they operate but they must ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act”.
<http://www.legislation.gov.uk/ukpga/2014/23/schedule/2/enacted>

3.5 Board Member Meeting Attendance

The acceptable minimum attendance rate for the named representative of Partner organisations at BSAB and subgroup meetings is 75%. Throughout the year, the Chair and subgroup chairs may challenge attendance likely to fall below the acceptable rate. The attendance of the named representative at Strategic Board and subgroups is recorded in *Appendix C*. In order to focus on those statutorily required to attend and for the sake of brevity, agencies who solely attend subgroups have been omitted. The majority of agencies met the acceptable attendance threshold for the Strategic Board and when they are unable to attend usually sent substitutes. Subgroup attendance was less satisfactory, however, it is envisaged that the rationalisation in the number of subgroups will improve this position. Exceptionally, appropriate senior strategic substitutes may be sent, should be briefed and responsible for reporting back information to their agencies. The Shadow Board ceased during the year so has not been included. The Case Review subgroup ceased at the end of the year so has been included. The majority of Partners attend meetings on a regular basis. The new Chair has highlighted and challenged the issue of attendance at meetings, and emphasised the importance of the need to be quorate as it proves difficult to approve any documents or finalise any decisions.

Trading Standards became a new member of the Strategic Board and had initially become involved through the work of the Financial Abuse task and finish group. Poor attendance has been noted in relation to the North West Ambulance Service, who have attended no meetings in the last 12 months. The contract for Healthwatch Blackpool ceased during the

year 17/18 and a new Healthwatch contract was awarded to Empowerment. Due to the gap in Healthwatch provision during the year, has been reflected in attendance at BSAB meetings.

*A breakdown of Board member meeting attendance throughout can be found in **Appendix C**.*

3.6 Safeguarding Adults Board Priorities

Through Partnership work and with adults at risk of abuse, we aim to ensure people are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able to easily get the support, protection and services that they need.

Last Year's 2016/17 Business Plan priorities

Priority 1: Thresholds - Pathways and Support:

Standardised thresholds and pathways to ensure a coherent approach by the BSAB Partners, was identified as a need. Consistency across all levels of need was considered and the needs of adults 'at risk' of potential harm. The BSAB established a more systematic approach where risk could be identified through a high, medium or low risk model, which enabled practitioners to differentiate between thresholds and quality concerns. The Decision Support Tool was developed in conjunction with Board Partners which is incorporated within all BSAB training courses and has been circulated to Partners to disseminate within their own organisations and has improved practice. BSAB Partners now use the Tool within their day to day practice and have embedded this approach to help practitioners whilst carrying out assessments. The use of the Decision Support Tool is now monitored by the Training and Communications subgroup captured through the Training Needs Analysis and Quality Assurance and Performance Management subgroup measured through audits. Information is collated through feedback gained from practitioners, audits and pre and post training surveys. This has resulted in a more efficient and effective way for practitioners to identify, refer and respond to safeguarding concerns.

Priority 2 - Self Neglect:

A coherent approach for responding to self-neglect and people with complex needs who do not engage effectively with services, was identified as a priority highlighted by BSAB Partners and data collated. The importance of a common understanding of self-neglect was needed across all BSAB agencies. The BSAB aimed to develop resources, materials and training, updated policy and processes for piloting a coordinated response to people with complex needs who do not engage effectively with services. This has resulted in the development of the task and finish group to address this issue. A mapping exercise was carried out with Partners to gain an understanding of their current powers, policy and practice to address self-neglect and hoarding. It was apparent that various agencies worked with individuals in a fragmented way, and not in a collaborative way. A Pan Lancashire awareness campaign is planned to take place later in the year. Self-neglect and hoarding training is delivered and reviewed in accordance with developments on a regular basis. A multi-agency response is in development by the task and finish group, in conjunction with

Pan Lancashire Safeguarding Adults Boards to adopt a consistent and coherent approach. The group is focused on developing a joint multi-agency approach to identify and respond to self-neglect and hoarding. The aim is to tackle the problem by identifying the issues, raising public and professional awareness, agreeing preventative action and a referral pathway, and establishing training needs. The work related to this theme is due for completion in December 2018, and is detailed in paragraph 7.5.

Priority 3 – Transitions:

The transition to adult services, for care leavers and disabled young people are appropriately supported by children's services to work towards independence and to successfully transit to be supported in adult services. Ongoing work within the local authority in conjunction with Partners continues to be pursued. The BSAB will seek assurances on progress and work to date from the Partners during the next financial year. The work in relation to this priority has been carried forward and has been incorporated into the most recent business plan. A more joined up approach is now taken by the BSAB and BSCB working more closely together to tackle the vulnerable groups that may slip through the net. Mental health provision for the age range of 16-18 and up to 25 for those transitioning from Children's to Adults can be challenging for service users to access, has been reviewed. The College has many students belonging to this cohort including those with additional needs. Work remains ongoing with BSAB Partners and updates will be sought on progress and developments to seek assurances.

Priority 4 -Substances misuse, Mental ill health, Domestic abuse:

A 'holistic approach', to look at the whole household in a family context was identified. Adults who live in households where at least one individual or carer misuses substances or suffers from mental ill health or domestic abuse feel helped and protected. Some of this work has been carried out by Partners such as Public Health who have created alcohol and drug strategies, mentioned earlier. LCFT are the lead provider on mental health services in Blackpool. The Local Authority commission services to Horizon to work with individuals who have drug and alcohol problems. The Board is assured that work continues with this cohort of people, BSAB will continue to seek assurances that service provision and work is adequate through information collated through future audits.

The future business plan priorities agreed for 2018-2020:

1. Understanding and reviewing safeguarding responsibilities and arrangements for BSAB Partners in light of national and local changes
2. Gaining a better understanding of local safeguarding priorities and improving responses accordingly
3. Raising awareness and promoting engagement
4. Prevention and early intervention of safeguarding issues

3.7 Business Management Group

The Business Management Group is responsible for overseeing the strategic management of safeguarding adult board work in Blackpool by monitoring the work of the Sub Groups, and the Business Plan. This group is responsible for ensuring processes carried out by the Board are done so effectively. Key recommendations are made by this Group for consideration by

the Board. The role of the group includes overseeing the Safeguarding Adults Review (SAR) function on behalf of the Board. One Domestic Homicide Review has been commissioned by the Community Safety Partnership this year, which is still ongoing. This review may have some relevant learning for safeguarding practitioners and may have recommendations related to the work of the Safeguarding Adult Board. The outcome will be reported to the Group once the review is complete.

The aim is to promote a culture of continuous learning across the BSAB and the wider partnership, to ensure there are lasting improvements to services. A performance management framework will be implemented by BSAB to assure itself that Partners have robust multi-agency arrangements in place and to evaluate effectiveness of practice.

The Domestic Abuse and Interpersonal Violence Group had been considered by the BMG during the last year and it changed its governance to form part of the Community Safety Partnership's remit. The Board will still maintain an oversight of the Domestic Abuse work as it is described as category of abuse under the Care Act, it can be dealt with through Adult social care if referred through the S.42 process. It is an area of work that requires a joint partnership approach.

4. What we do

4.1 The Care Act

The Care Act 2014 describes an 'adult at risk' as a person who:

- has needs for care and support (whether or not the authority is meeting any of those needs);
- is experiencing, or is at risk of, abuse or neglect, and;
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The Care Act highlights six principles inform professionals and other staff work with adults.

4.2 The Care Act principles are:

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

Prevention - It is better to take action before harm occurs.

Proportionality - The least intrusive response appropriate to the risk presented.

Protection - Support and representation to those in greatest need.

Partnership - Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability – Accountability and transparency in delivering safeguarding.

4.3 Making Safeguarding Personal

MSP signals a major change in practice in progressing safeguarding enquiries, a move away from the process-led, tick box culture to a person centred approach which aims to achieve the outcomes that people want. Practitioners must take a flexible approach and work with

the adult all the way through the enquiry and beyond where necessary. Practice must focus on what the adult wants, which accounts for the possibility that individuals can change their mind on what outcomes they want through the course of the intervention. The Board aims to assure itself that safeguarding practice is person-centred and outcome-focused. This will be captured through the quality assurance framework, audits, feedback from training participants and Healthwatch who focus on the service user voice and outcomes.

5. Blackpool Context

5.1 Population Estimates and Age Profile

The resident population of Blackpool is approximately 140,000. Mid 2017 population estimates ([Figure 1](#)) illustrates that older people (65 years plus) account for a greater proportion of Blackpool's resident population than observed at national level.

	Total population	Males		Females		Age 0-14 years		Age 65 and over	
	No.	No.	%	No.	%	No.	%	No.	%
England	55,619,430	27,481,053	49.4%	28,138,377	50.6%	10,048,364	18.1%	10,030,511	18.0%
Blackpool	139,870	69,146	49.4%	70,724	50.6%	24,232	17.3%	28,544	22.4%

Source: ONS mid-year population estimates, 2017

5.2 Geo demographic segmentation

MOSAIC is a demographic profiling tool that is produced by Experian. MOSAIC categorises all households and postcodes into 'segments'. Each segment shares a set of statistically similar behaviours, interests or demographics. MOSAIC is especially useful for providing insight into the local population, service users and neighbourhoods and can be used to support sophisticated service development - right through from initial feasibility research into service design and marketing.

The most recent version of MOSAIC was released in 2017. Households are categorised by 15 broad MOSAIC segments called 'groups'. These groups can be further broken down into 66 detailed MOSAIC segments called 'types'. Each group or type has an associated name and a detailed statistical profile. It is these profiles that paint a rich picture of the segments and provide insight into the local population.

The following are the total count and percentage of households within each high level mosaic group. A large majority of Blackpool households fall into 5 Groups; F, H, K, L and N representing 74% of all households in the town.

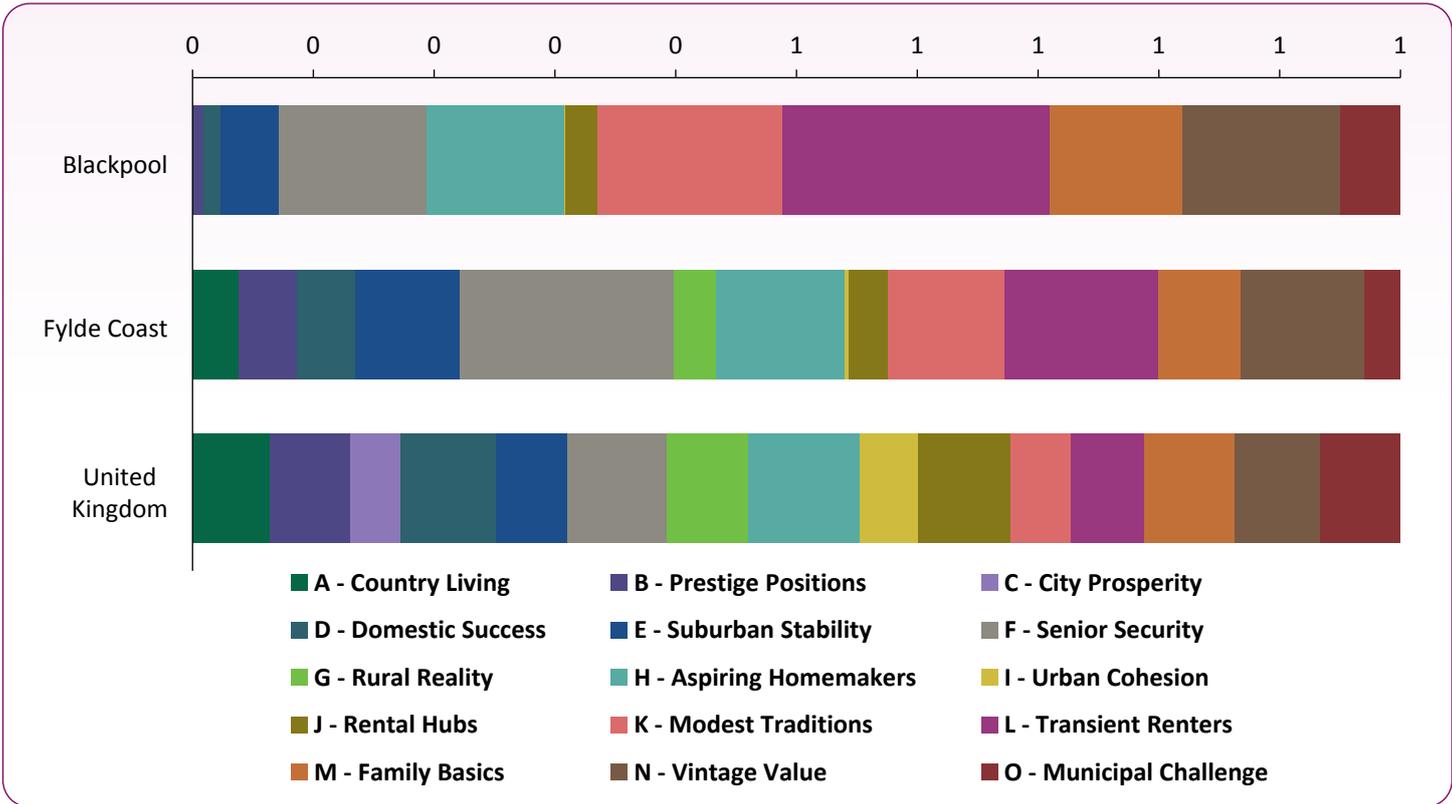
Figure 2: Percentage of households in each Mosaic group - Blackpool

Group Name	Description	Households	%
A Country Living	Well-off owners in rural locations enjoying the benefits of country life	35	0.1%
B Prestige Positions	Established families in large detached homes living upmarket lifestyles	569	0.9%
C City Prosperity	High status city dwellers living in central locations and pursuing careers with high rewards	0	0.0%
D Domestic Success	Thriving families who are busy bringing up children and following careers	904	1.4%
E Suburban Stability	Mature suburban owners living settled lives in mid-range housing	3,093	4.8%
F Senior Security	Elderly people with assets who are enjoying a comfortable retirement	7,842	12.2%
G Rural Reality	Householders living in inexpensive homes in village communities	21	0.0%
H Aspiring Homemakers	Younger households settling down in housing priced within their means	7,321	11.4%
I Urban Cohesion	Residents of settled urban communities with a strong sense of identity	29	0.0%
J Rental Hubs	Educated young people privately renting in urban neighbourhoods	1,705	2.7%
K Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles	9,845	15.3%
L Transient Renters	Single people privately renting low cost homes for the short term	14,246	22.2%
M Family Basics	Families with limited resources who have to budget to make ends meet	7,005	10.9%
N Vintage Value	Elderly people reliant on support to meet financial or practical needs	8,427	13.1%
O Municipal Challenge	Urban renters of social housing facing an array of challenges	3,169	4.9%

Source: Experian - Mosaic Public Sector 2017 **Please note, this information has not been updated since last year*

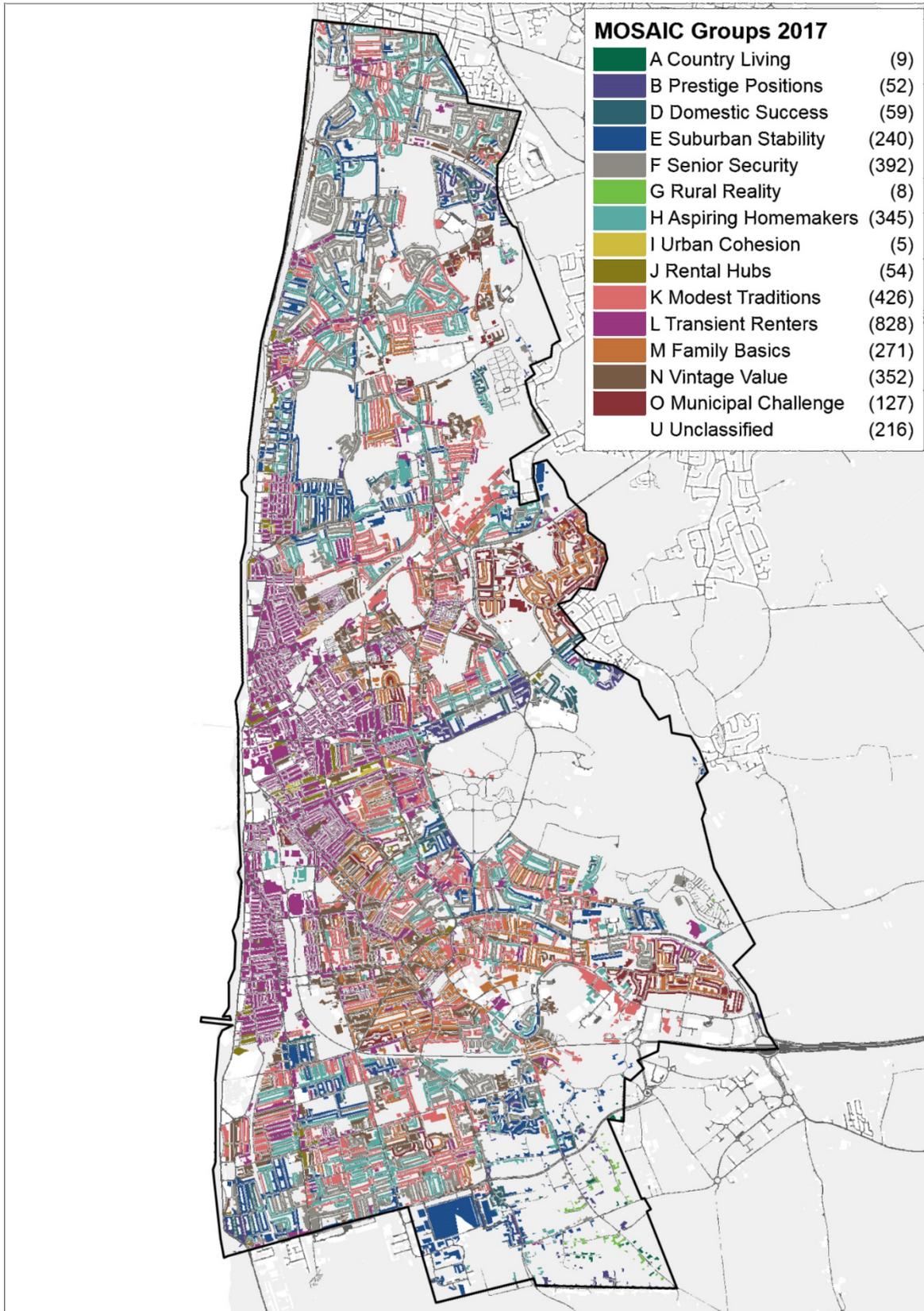
The bar chart below shows how households in each area are categorised. Blackpool has a bias toward the K to O segments with higher percentages of households in these groups.

Figure 3: Percentage of households in Mosaic groups - comparison of Blackpool, the Fylde Coast and the UK



Source: Experian - Mosaic Public Sector 2017. **Please note, this information has not been updated since last year*

Each Blackpool postcode has been designated a Mosaic group that is most representative of the households it contains. **Figure 4: Map of Mosaic Groups in Blackpool**



Source: Experian Mosaic – Public Sector 2017

5.3 Blackpool's Health

Health in Summary

The health of people in Blackpool is generally worse than the England average. Blackpool is one of the 20% most deprived districts/unitary authorities in England and about 28% (7,200) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health Inequalities

[Life expectancy](#) is 13.6 years lower for men and 9.6 years lower for women in the most deprived areas of Blackpool than in the least deprived areas.

Adult Health

The rate of alcohol-related harm hospital stays is 1,151*, worse than the average for England. This represents 1,589 stays per year. The rate of self-harm hospital stays is 579*, worse than the average for England. This represents 774 stays per year. Estimated levels of adult smoking, smoking in routine and manual occupations and physical activity are worse than the England average. Rates of sexually transmitted infections and people killed and seriously injured on roads are worse than average. *rate per 100,000 population. In response to the issues highlighted through the JSNA, Public Health have developed the following strategies to address this:

[Sexual Health Strategy and Action Plan 2017](#)

[Tobacco Free Lancashire Strategy](#)

[Blackpool Alcohol Strategy 2016-2019](#)

Source: Public Health England – Local Authority Health Profile 2018

Mental Health

The percentage of patients on GP practice registers, aged over 18, recorded as having depression is 14.7% in Blackpool which is the highest figure in the UK, 5.6% higher than the national average. 17.5% of respondents to a GP patient survey in Blackpool stated that they suffered from depression and anxiety whilst 8.3% stated that they had a long term mental health problem. In relation to 'admission to hospital for mental and behavioural disorders due to alcohol', females in Blackpool have the second highest figures in the UK at 555 per 100,000 population. Males in the same category total 1275 per 100,000 population which is also the second highest in the UK. A [Public Mental Health Strategy and Action Plan 2016-2019](#), which includes Suicide has been produced by Public Health in response to this issue.

Source: Public Health England – Crisis Care Profile - Updated June 2018

Suicide

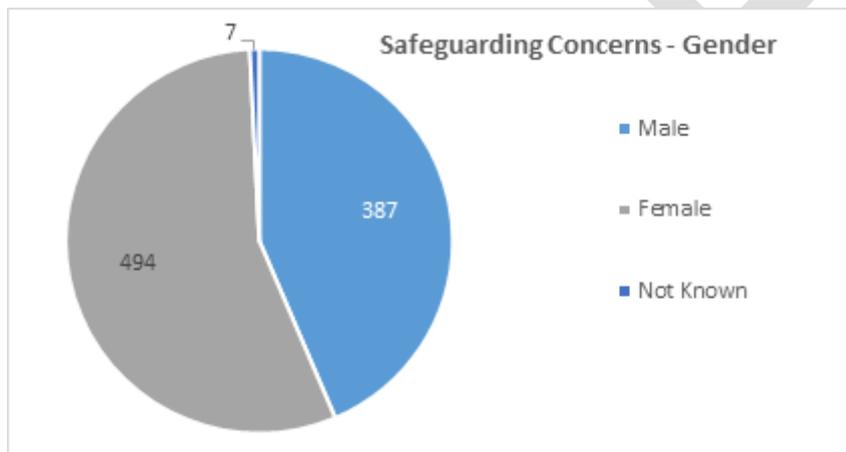
Suicide statistics are the same as they were in the last annual report – No new update has yet been published by Public Health England.

Drug Use

Persons using opiates and/or crack cocaine in Blackpool is recorded at 20 persons per 1000 population. The national average is 8.6. This is the second highest rate in England, behind Middlesbrough (24 persons per 1000). Deaths though drug misuse in Blackpool are the highest in England at 18.5 deaths per 100,000 population which is nearly 300% higher than the national average and the highest in England. These issues are being addressed by the Health and Wellbeing Board and Public Health through the development and implementation of the Alcohol and Drug strategies detailed within their annual report 2017. <http://www.blackpooljsna.org.uk/Documents/Public-Health-Annual-Reports/Public-Health-Annual-Report-2017.pdf>

5.4 Blackpool's Section 42 Enquiries

During 2017/18 - 815 Safeguarding Concerns were referred into Adult Social Care involving 888 Individuals. 56% of these concerns were for females.



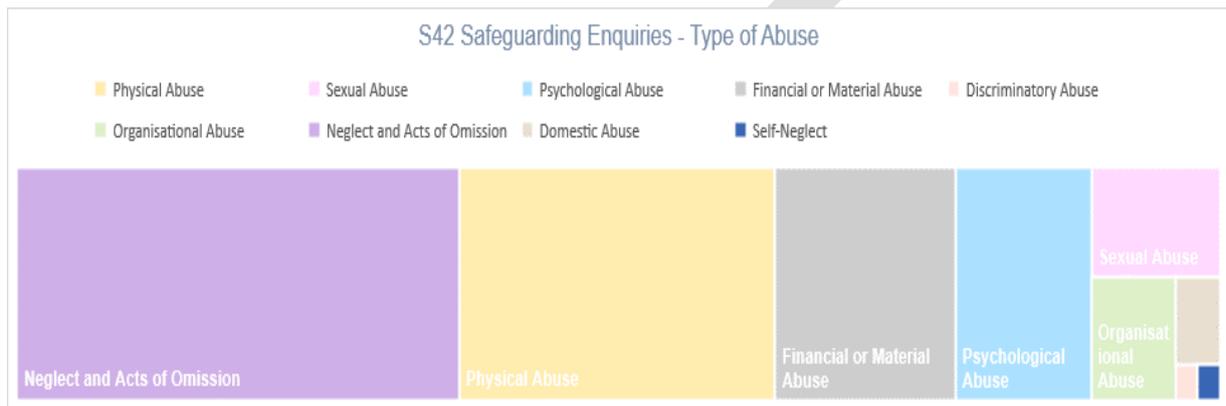
During 2017/18, 815 concerns led to 241 Section 42 Safeguarding Enquiries. The most common abuse type recorded within the S42 enquiries was Neglect and Acts of Omission with 130 concerns raised. 93 concerns were raised in relation to Physical Abuse and 53 concerns related to Financial or Material Abuse.

Over 2016/17 the number of safeguarding concerns escalated to an enquiry was 247*. 116 of these referrals were in relation to Neglect and Acts of Omission, 59 were in relation to Physical Abuse and 30 in relation to Financial and Material Abuse. This demonstrates that the most prevalent types of abuse being raised as safeguarding concerns are the same as last year. The figures are similar 116 to 130 showing a slight increase during 2017/18 for Neglect and Acts of Omission cases, Physical abuse has increased from 59 to 93 within a year demonstrating that this type of abuse is rising.

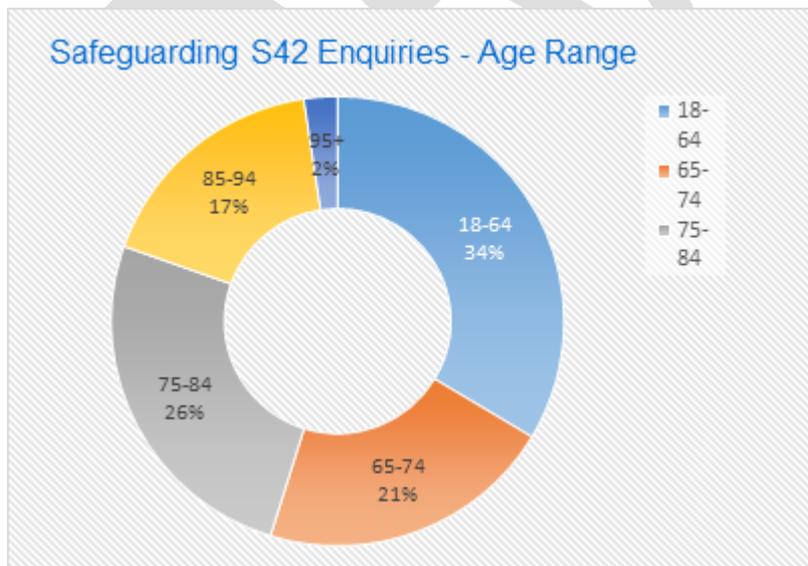
The above figures identified the themes as challenges in conjunction with information gathered through Partners and has influenced the BSAB priorities and work of the BSAB. The

self-neglect and hoarding task and finish group will address neglect and included the theme within its plan, detailed in paragraph 7.4.

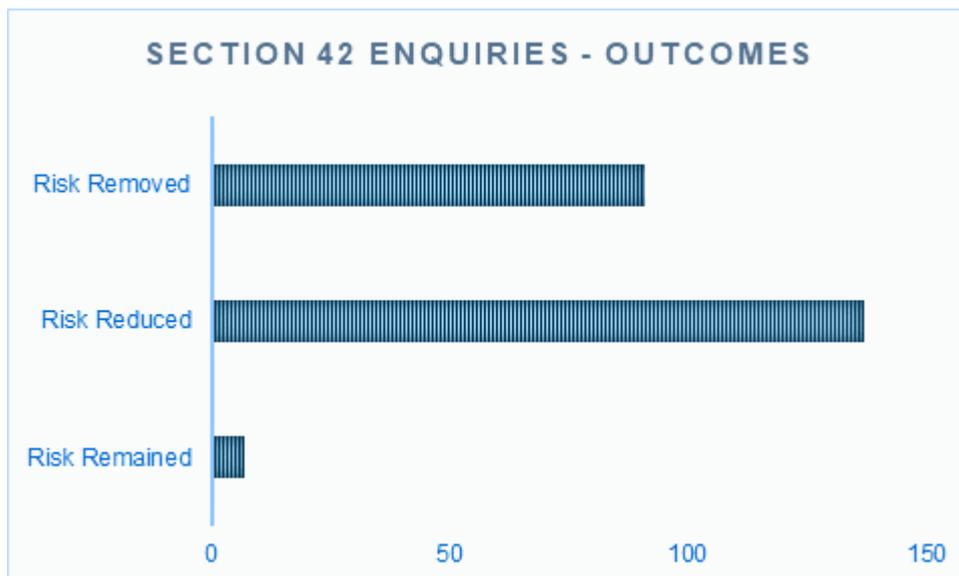
Finance and Material Abuse concerns raised from 30 to 53 within a year showing an increase. This increase could be linked to the BSAB raised awareness of financial abuse through the work of the Financial Abuse task and finish group, was highlighted as an area of growing concern as well the need to address the issue using a partnership approach. Financial abuse is being addressed through the task and finish group and more information can be found in Paragraph 7.5.



The age-range of persons involved in S42 Safeguarding enquiries goes from 18 to over 95 with 45% of persons being over 75 years old.



The outcomes recorded for Section 42 enquiries in 2017/18 show that the majority have the risk recorded as being reduced or removed and only 3% had the risk recorded as remaining.



6. Partner Activity and Achievements over 2017/18

6.1 Blackpool Council

Commissioning and contracting with services are responsible for providing support for Adults who are vulnerable through identification and participation in the investigation of safeguarding concerns. Blackpool Council have worked with agencies who provide care in Blackpool to improve the standard and consistency of care that is delivered by carers across Blackpool, using performance monitoring and improvement procedures. Changes have been made to monitoring and engagement arrangements which are being implemented in 2018/19 which will include direct work with service recipients. The safeguarding process has been redesigned and produced new procedures to streamline and add clarity to a Care Act compliant service.

The Council have raised awareness of adult safeguarding to all staff who are required to undertake mandatory safeguarding training. A safeguarding leads meeting is held on a bi monthly basis. The cascading of safeguarding messages is supported across the Provider network. A constant evolution of support is in place to ensure that there is a personalised and engaging approach and making use of advocacy where appropriate and available. The views of adults at risk is an integral part of the process. Adults at risk are at the centre of the process. Checking the involvement of adults at risk in decision making is a key part of the audit process.

The Council's priorities for 2018/19 include the continuation of embedding processes. The use of a more robust audit process will be embedded. Making Safeguarding Personal (MSP) through the development of consistent outcome reporting to people who are at risk is also a priority.

6.2 Blackpool Clinical Commissioning Group (BCCG)

The role of CCGs is fundamentally about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable. CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. CCGs are responsible for securing the expertise of Designated Professionals and Adult Safeguarding Leads who undertake a whole health economy role. Safeguarding forms part of the NHS standard contract. CCGs are required to have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include a clear line of accountability, clear policies, including safe recruitment practices. Training and effective inter-agency working with partners, effective arrangements for information sharing and responding to abuse and neglect of adults. This is detailed in NHSE Safeguarding vulnerable people in the NHS – Accountability and Assurance Framework 2015.

Achievements for the CCG include, all staff are now required to undertake safeguarding adults training in accordance with their role and responsibilities. The majority have now completed this training. There is an increased oversight and involvement in safeguarding processes via a safeguarding social worker newly embedded in the team. Awareness has been raised through mandatory safeguarding adults awareness training for all staff, the distribution of Safeguarding Adults NHS Booklets covering a variety of different safeguarding topics and details of a phone app. Prevent training is now mandatory for all staff.

The CCG assess patients registered with a Blackpool GP for NHS fully-funded Continuing Healthcare. The CCG work closely with Blackpool Council's Quality Monitoring Team and have the same line-management structure and are integrated. The CCG aims to commission safe, effective and clinically led services for the people of Blackpool with the sole ambition of improving the health outcomes of our residents. The CCG continues to maintain a Patient and Public Involvement Forum. The Forum facilitates effective partnership working in engagement with patients and community groups. The CCG facilitates a Patient Participation Networking Group (PPNG) for patient participation groups to collaborate on projects, share best practice and provide lay input into CCG priorities and plans. Working with colleagues from Social Care and Public Health, a group of 20-25 residents, whom were truly representative of their neighbourhood population were recruited to take part in nine sessions. The CCG holds regular 'Your Voice' drop-in style events in order to encourage public engagement through a physical and visual presence in public locations across the town. As well as capturing the general views of the public from the questions above, the CCG has also 'themed' a number of Your Voice sessions to gather comments on specific plans and proposals in local health services.

The CCG's priorities for 2018/19 include, to ensure all commissioned services meet safeguarding standards requirements, raise awareness, and ensure that safeguarding procedures and associated tools are embedded in practice and that the principles of the Mental Capacity Act are embedded in practice.

6.3 Lancashire Care NHS Foundation Trust (LCFT)

Lancashire Care NHS Foundation Trust provides health and wellbeing services for a population of around 1.4 million people. The services provided in the Blackpool locality include inpatient and community mental health services, Child and Adolescent Mental Health Services (CAMHS) inpatient, psychology, early intervention and some sexual health services. The Trust covers the whole of the county and employs around 6,500 members of staff across more than 400 sites. The Trust can demonstrate compliance with Care Quality Commission (CQC) regulation 13 and Fundamental Standards of Care and key lines of enquiry for safeguarding vulnerable service users. The Trust has effective safeguarding arrangements in place to safeguard vulnerable adults and children. These arrangements include: safe recruitment, effective training and supervision arrangements for staff. The three year Safeguarding Vision for the Trust advocates a whole organisational approach to safeguarding and supports realisation of the Trust "Quality Plans and Vision".

The priorities relating to safeguarding adults include to:-

- Strengthen safeguarding practice and systems to sustain compliance with revised statutory Prevent Guidance and responsibilities.
- Develop a strategic safeguarding quality assurance framework.
- Ensure delivery of Pan Lancashire Domestic Abuse Strategy.
- Develop systems to support the Multi-Agency Safeguarding Hub (MASH).

LCFT is fully engaged in the County and regional PREVENT work (preventing radicalisation) and the County Channel Panel. The Mental Capacity Act (MCA) Named Professional continues to provide complex advice within the networks. During 2017/18 there has been a focus on increasing awareness of Domestic Abuse and strengthening application of routine enquiry within Mental Health Services. The safeguarding team and Mental Health Network have developed and strengthened systems to enable the identification of people who may be at risk or experiencing domestic violence with more robust information sharing into the Multi-Agency Risk Assessment Committee (MARAC) process.

To raise awareness during 2017/18, LCFT carried out a review of Level 2 MCA training has been undertaken with specific reference to the national competency framework for MCA developed in association with the MCA Forum. The MCA Named Professional continues to attend our Mental Health Law groups within each network. LCFT is an active partner in the development and delivery of the Multi-Agency Public Protection Arrangements (MAPPA).

The Safeguarding Team Lessons Learned Group has been developing systems and processes to ensure that information from both external and internal reviews e.g. Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs), and Post Incident Reviews (PIRs) are timely and disseminated across the Trust. Review briefings continue to be disseminated via "The Pulse" and work has started, using a quality improvement approach "QI Life" to develop face to face forums to discuss learning from reviews and also quality visits to test out the learning.

Policy and Procedures were updated to reflect revised national guidance, regarding modern day slavery and human trafficking. LCFT is represented on the Pan Lancashire Human Trafficking and Sex Workers Group led by Lancashire Constabulary. It was agreed that LCFT practitioners make voluntary “Duty to Notify” notifications, if they suspect someone may be a victim. This was seen as good safeguarding practice fully supporting LCFT Values, organisational priorities and Five Year Plan.

Service users and carers are supported through the implementation of ‘Making Safeguarding Personal’ (MSP). LCFT have completed an organisational MSP audit. This has been shared with Safeguarding Champions’ Forum, and are working alongside our Quality Improvement Team to ensure key messages around MSP are embedded within organisational thinking and service user engagement forums. LCFT Safeguarding Team are currently involved in a Pan-Lancashire Task and Finish Group in relation to developing multi-agency guidance regarding the issue of self-neglect by taking into account cases where there are significant and high risks. LCFT Making Every Contact Count (MECC) programme is about enabling staff to make a difference through a client-centred approach to care via a trust wide training initiative.

LCFT seek the views of adults at risk, and some of this is captured through the Family and Friends Test (FFT) at an agreed point in care, this may be at discharge for those receiving inpatient care, or at an agreed point on the care pathway e.g. Care Programme Approach (CPA) review, or some teams collect feedback quarterly in line with national guidelines. The Trust’s standard Friends & Family Test (FFT) questionnaire asks the nationally recognised FFT questions and four additional questions, relating to, involvement in the planning of care, courtesy and respect received during treatment, availability of staff when needed and whether people would have confidence in using the service again in the future. There is a specific group who are living well with Dementia. Their views have informed the redesign of Dementia Care. Case studies are used in reports and reporting frameworks to capture & illustrate patient stories and experiences. Conversations with service users and staff also evidence continuous quality improvement.

LCFT 2018/19 headline safeguarding priorities will focus on the following 6 areas -

- Strengthen safeguarding practice and systems to sustain compliance with revised statutory Prevent Guidance and responsibilities.
- Strengthen Safeguarding Group to perform an assurance function therefore developing the well led role of the Group.
- Ensure delivery of Pan Lancashire Domestic Abuse Strategy embedding this within clinical practice to enhance routine enquiry.
- Develop competency of the workforce across the Trust to achieve core and essential compliance targets.
- Making Safeguarding Personal – to review and assess adult safeguarding practice in relation to making it personal against the (Association of Directors of Adult Social Services) ADASS MSP audit frameworks.

CASE STUDY

A patient was admitted to The Harbour, detained under Section 3 of the Mental Health Act. District Nurses and a care agency highlighted safeguarding concerns with the gentleman relating to financial abuse. This was alerted appropriately to the Local Authority Safeguarding Adult Team. This would determine the most appropriate response within safeguarding procedures. The Safeguarding Team led the investigation into the financial abuse. The investigation was complicated by the fact that the nearest relative of the gentleman concerned was also the alleged perpetrator of the financial abuse. Enquiries were undertaken to establish if the gentleman's daughter was acting in his best interest around his financial affairs. The daughter was also the Lasting Power of Attorney for finances. Following completion of his treatment at the Harbour there was disagreement as to future accommodation for this gentleman.

LCFT Safeguarding Team provided support to the mental health team, they attended a MDT meeting at The Harbour and provided support around the Mental Health Act, advice relating to the Mental Health Act and Deprivation of Liberty Safeguards and provided advice around the correct statute to authorise breach of Article 5 and Article 8 of the Human Rights Act on his discharge to residential care. This consideration afforded appropriate safeguards to be put in place reflecting application of the most appropriate legislation to protect and promote the patient.

The enquiry process that established facts, gathering evidence and did not identify a need for any further safeguarding actions. Following investigation it was deemed that his daughter was acting in the gentleman's best interest, she was supported and engaged in care planning. The safeguarding inquiry was therefore concluded.

6.4 Lancashire Fire & Rescue Service (LFRS)

LFRS make appropriate referrals to partner agencies if a safeguarding concern is identified following our Service Order protocol. This has allowed for appropriate referrals to have been made. All frontline staff have received training in relation to the safeguarding process. This has been put into practice and have experienced occasions when operational fire-crews have been able to make safeguarding referrals after attending a fire they extinguished, and realised there are additional safeguarding concerns with the family. LFRS staff are collaborating with the Blackpool Safeguarding Adults Board and participate in training delivery.

LFRS have raised awareness through appropriate safeguarding training delivered to all LFRS staff. LFRS have shared and disseminated information internally across immediate teams and Pan Lancashire colleagues. Routine bulletin announcements and seminars had been used. Support is provided to service users by accessing households and identifying issues such as hoarding, or there is a continuing fire risk and the individual or individuals in question remain at risk. LFRS priorities for 2018/19 include the need to make appropriate

referrals following the service protocol and that of our Partners, to share good practice and to support vulnerable members of the community.

CASE STUDY

Community Fire Service (CFS) received a MASH referral from the Police. The neighbours had complained regarding the internal condition of a house.

The occupants Father had died and he had returned home from Japan. He had taken the death of his father very hard and had taken to drinking and allowing the house to become run down with hoarding and infestation. The Police had visited but were refused entry. They submitted a MASH referral. On receiving the MASH referral LFRS checked the community risk system and identified a smoke detector had been fitted some five years earlier.

Using this pretext Western Area CFS staff revisited the address using the excuse they had come to recheck smoke alarm. The occupant agreed to let us into the address. LFRS staff were only able to open the front door eight inches due to the accumulation of debris and rotten garbage bags behind the door. The house was swarming with flies.

Whilst in the property we were able to fit new smoke detectors, in conversation we learnt that the occupant had a very good job in Japan but had taken the death of his father badly. The occupant received a full Safe and Well talk and he agreed that we could refer him to other Agencies for Support. After we left the house he actually followed us out and asked if his house was really that bad. We were honest with him and stated that the Agencies that we were referring him to were non-judgemental and would support him. On returning to the Station we referred him to Partners. We later received information that help had been offered and that he had accepted it. The outcome of the multi-agency intervention had been successful.

6.5 Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

BTHNHSFT ensures that all staff are trained and supported to recognise signs of abuse, neglect and exploitation, ensuring competence to respond and report as per local, national and statutory guidelines. BTHNHSFT also ensures that those who may potentially pose a risk to others are effectively managed to minimise the risk to staff and other patients.

Safeguarding support is provided to Acute and Community teams by Practitioners specialising in Safeguarding Adults, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), Independent Domestic Violence Advisor (IDVA), Independent Sexual Violence Adviser (ISVA) and health Multi-Agency Safeguarding Hub (MASH) Practitioner who will share information with GP's on an individual basis. BTHNHSFT fully participate in the MARAC process. Female Genital Mutilation (FGM) cases are monitored, managed and reported as per national and local guidance.

Following the successful implementation of the IDVA role at BTHNHSFT, funding from the Office of the Police and Crime Commissioner for Lancashire (OPCC) has been extended. Further funding has been secured to enable BTHNHSFT to become the first NHS Trust in

England to host an ISVA service. The Safeguarding team represented BTHNHSFT at a Domestic Abuse Summit in London about the Safeguarding team's experience of developing the role of the Health IDVA.

Prevent training is provided to all staff on a mandatory basis, as is MCA and DoLS training. Safeguarding Adults, MARAC, Domestic Abuse, FGM and Children's Safeguarding training is available to all staff and is mandatory for some roles in line with national guidance. The Safeguarding team are visible within the trust and have ensured that 'Making Safeguarding Personal' is at the heart of all Safeguarding contacts to support service users and carers.

BTHNHSFT seek the views of adults at risk through direct contact; consideration of the views of carers, friends and relatives, multi-agency discussion, Advocacy support, consideration of advanced directives, and best interest decisions. Views are captured through patient stories. Compliments and complaints are monitored by the Patient Advice and Liaison Service (PALS).

The priorities for BTH during 2018/19 include the development of the ISVA service at BTH with a Pan Lancashire service to follow, development of a Health IDVA national network and to capture Domestic violence output utilising the STAR outcome framework. BTH aim to build on the success of the existing Safeguarding Champions model by organising quarterly updates and establishing a more precise register to ensure all areas represented. BTH will continue to support the roll out of multi-agency Modern Slavery and Human Trafficking training.

CASE STUDY

The Safeguarding team contacted by the ward as a female patient disclosed domestic abuse whilst staying temporarily in Blackpool with a new partner, wanting to flee abuse, resulting in her now being homeless and out of original home area, feeling vulnerable and abandoned. Referred to Health IDVA service. A risk assessment was completed and patient discloses emotional, financial and physical abuse, states wants to flee and be able to stay somewhere safe and unknown to abuser, was assessed for refuge. Health IDVA liaised with Blackpool Housing Team to see how they could assist, unable to do so as patient not resident in this area. Health IDVA liaised with original home town council, who were also unable to offer any accommodation due to previous incident in their only hostel accommodation. Health IDVA secured refuge bed for patient out of area on discharge. The Patient stated she was unable to travel to the area due to lack of funds. Health IDVA liaised with the council to arrange a travel warrant to enable patient to safely leave town and attend refuge. The Patient was successfully supported in accessing refuge and a safe discharge was planned.

6.6 National Probation Service (NPS)

The National Probation Service have a Senior Manager with lead responsibility for Adult Safeguarding within the North West region. In addition at local level each Head of Cluster is responsible for ensuring that there is NPS representation at Safeguarding Adult Boards and relevant sub groups. Each cluster within the region also has a Middle Manager who has lead

responsibility for ensuring that Adult Safeguarding receives equal priority to safeguarding children at practitioner level.

The NPS has recently developed a partnership framework for working with Vulnerable Adults and those with social care needs which has been circulated to all Safeguarding Adults Boards. Following the introduction of the Care Act, all Senior Managers were provided with a briefing and staff have been offered training relating to Adult Safeguarding. The NPS has an Adult Safeguarding policy in place, with emphasis placed on a multiagency approach that reflects best practice principles in the safeguarding of vulnerable adults. Practice guidance has been issued to all operational staff within the organisation, this guidance outlines the staff's responsibility in how they undertake their duties in relation to vulnerable adults, both offenders and victims as well as those who have social care needs.

Achievements for NPS in 2017/18 include, staff have been provided with a practice guidance on their work with vulnerable adults and those with social care needs including the importance of them adopting a multi-agency approach to the management of such Offenders and Victims. As part of the NPS NW Business plan, we have identified a key objective relating to improving service provisions for those with care needs and in particular elderly offenders, as well as those with mental health problems including personality disorders. Staff in Blackpool have been working towards achieving the National Autism Standards and promoting good practice in working with adults with learning difficulties.

To ensure the safety of vulnerable adults, the NPS as a partner agency under the MAPPA process has signed up to the MAPPA Strategic Management Boards protocol for Safeguarding Adults. Additionally the NW NPS has recently developed a delivery plan which outlines the requirements placed on Probation staff in their management of vulnerable adults and those who have social care needs, including the duty of staff to familiarise themselves with the local authority escalation process for challenging decisions.

The NPS has developed practice guidance for staff which outlines their duties in managing vulnerable adults including those at risk of hate crime, exploitation, or domestic abuse. As a public protection agency we work closely with partner agencies such as the Police, Local Authority, Health providers through the MAPPA, MARAC, IOM, and MASH to reduce the risks faced by vulnerable adults.

We have recently rolled out an E-Learning module to all staff on Safeguarding Vulnerable Adults and are in the process of following this up with face to face training, to ensure staff are fully au fait with their duties to safeguard adults who are at risk. Office champions highlighted the needs of people with autism and how best we can communicate and engage to assist rehabilitation and reintegration.

Priorities for NPS over 2018/19 include, rolling out the learning from the NAS project, delivering a better service to adults who have been looked after (LAC) during their childhood, ensuring the needs of vulnerable women are acknowledged and met through the use of holistic services delivered in women only provision.

6.7 Cumbria and Lancashire Community Rehabilitation Company (CL-CRC)

One of the main aims of CL-CRC is to protect the public. This aim is achieved through the effective facilitation of 1:1's, group interventions and multi-agency working for those service users made subject to a community or custodial sentence who are assessed as a low or medium risk of serious harm to others. CL-CRC work with vulnerable adults who are our service users and for those who have committed domestic violence and will also, where appropriate, work with the victims of their offences. Engagement with carers, family members is sought, of those who may be vulnerable and require additional support from other external agencies. CL-CRC staff are aware that the identification and protection of vulnerable adults is a core element of their work, which is reinforced through practice standards and guidance.

Achievements for CL-CRC during 2017/18 include, the reviewed and updated operational guidance for their staff, which informs the required standards of practice to safeguard adults. During 2017, operational staff located in the Blackpool office refreshed their safeguarding training and staff have also been encouraged by senior management to attend the "toxic trio" training (substance misuse, mental ill health, and domestic abuse). There has been an increase in the frequency of Domestic Abuse perpetrator interventions being facilitated in the Blackpool office. 1:1 intervention has also been developed and is due to be rolled out for those who are domestic abuse perpetrators against the same sex victim. The Safeguarding Adults practice guidance has been reviewed and updated, which has also been relaunched and made accessible via the Intranet system, as part of a wider practice guidance document; Risk and Public Protection Manual. 1:1 offence focussed intervention has been developed for Responsible Officers to facilitate for those service users who commit domestic violence within a same sex relationship. It is imminently planned for this to be rolled out to staff located in the Blackpool Office.

CL-CRC raise awareness through internal safeguarding training which is available to all staff and a minimum requirement is in place for all new starters to complete Adult Safeguarding Awareness training and for this to be repeated periodically. Leaders continue to publicise and encourage their staff to attend relevant multi-agency training courses facilitated by the Safeguarding Boards, which also gives an opportunity for staff to develop new working relationships with other agencies. The external "toxic trio" training course details (substance misuse, mental ill health, domestic abuse) has been disseminated to all staff and those who have attended were given the opportunity to share learning. Pan-Lancashire information (such as the 7 minute briefing documents) compiled by the Lancashire Adult Safeguarding Board has been disseminated internally to staff. The CL-CRC representative has attended various multi-agency meetings and feedback to staff on any relevant themes and information. For example, CL-CRC are represented within the Joint Training Sub Group and Quality Assurance and Performance Monitoring. The CL-CRC adopt a strengths based approach to help service users to develop their internal resilience throughout the duration of their intervention. CL-CRC seek the views of service users through anonymous offender engagement surveys that are undertaken on a quarterly basis to gain the views of our service users. This information is further utilised to assist in maintaining good practice when managing service users.

CL-CRC priorities for 2018/19, include the continuation to work on a multi-agency basis with other agencies to jointly contribute to the protection of vulnerable adults from abuse. Substance misuse, mental ill health, and domestic abuse (Toxic Trio) remain a priority. CL-CRC aim to continue to tailor interventions to increase the likelihood of its effectiveness for our service users. CL-CRC will continue to work with the Youth Offending Team within the transitional period of agency intervention and to ensure staff are working alongside Adult Social Care for those individuals who have previously been looked after children.

CASE STUDY

A service user had suffered severe memory loss due to long term drug misuse. He was reliant on his mother was his main carer and source of support. The Responsible Officer has been working with other key agencies to assist and jointly support the service user to address his long term drug problems and wider needs. He was a vulnerable adult as other adults often sort to "borrow" money from him knowing that he will not remember. His Responsible Officer also collated evidence that would suggest he was regularly exploited by others beyond financial. The Responsible Officer helped him and his mother to secure PIP benefit payments. The Officer also referred his mother as the carer for independent support from a third sector agency to ensure she was appropriately supported. The Responsible Officer assisted her to apply to another support agency to help fully meet her needs.

6.8 Blackpool and the Fylde College

Blackpool and The Fylde College have provided education to approximately 18,000 students this academic year. A significant number of these are adult learners. One of the main objectives for Blackpool and The Fylde College is to continue to ensure that our students achieve their full potential by providing not only their curriculum and qualifications but also employability, resilience, wellbeing and 'mental wealth' skills to take forward, and to keep students safe and feeling safe in College and within our local Community.

The College has robust systems in place for allocating our own internal support provision for students with low level safeguarding issues and needs. For those with higher level and immediate safeguarding needs we have well established referral routes and procedures in place. These referrals are not only relating to individual students, but also by association and involvement, can involve their families and other relationships. All safeguarding concerns are centrally logged confidentially and overall anonymised data analysed and reported on regularly as appropriate, and any action taken as necessary. The College also has an awareness of local rising areas of concern noted from our several memberships of the BSCB and BSAB and their sub groups. An extensive and proactive leadership including statutory Designated Safeguarding Lead (DSL) post and Prevent lead, has been supplemented further this year by the introduction of a Safeguarding and Prevent Manager.

As per previous academic years whilst also reflected in the national and regional picture the highest current referral categories with rising trends are those relating to mental health, particularly for those with disadvantage and specific vulnerabilities.

For any students needing non-emergency mental health support is through in- house provision, sometimes on a temporary basis, whilst awaiting an external medical referral. College provision includes counselling, mental health support specialists, and specialists in several disabilities and learning difficulties, as well as providing enhanced support for care leavers, students who are 'estranged' from their families and also students who are Carers.

Safeguarding achievements for the College include, excellent support for safeguarding issues with strong and increasing external collaboration, and liaison and networking. All College staff continue to receive both induction and annual mandatory and refresher training in Safeguarding to ensure they are aware of key aspects or changes within Safeguarding. The Catalyst project to date has achieved not only strategic and network provision but also operational level support of around 40 students who required support for reported domestic abuse, violence and hate crime.

The training ensures awareness is raised to staff, 3 members have attended and achieved the MHFA (Mental Health First Aid) England course and successfully launched workshops to assist students and training for staff.

The College's Catalyst project continues to grow and regular meetings of a wide ranging network of external support services are in place. The project assists in supporting females and other vulnerable groups such as Lesbian, Gay, Bisexual and Transgender (LGBT) who are the subject of hate crime or domestic abuse, assisting them in building their resilience both short and long term. The College continues to provide internal counselling facilities which are available for all students on a self-referral basis. We have both a male and female counsellor available for students for temporary support whilst waiting for external referrals and triage. Continued Links with external agencies including Mind, Samaritans, Minds Matter as well as many local agencies and external specialist providers for reciprocal referral and/or liaison, where appropriate.

The College continues to support its Adult cohort through liaison with a wide range of both internal and external agencies including, counselling, police, Samaritans, GP's, medical facilities and housing and social services. Regular monitoring continues to be in place through Student support and wellbeing alongside students' personal and senior tutors for support and guidance and the wider Directorate for Students.

The College continues to regularly seek the views of all its students via student surveys and feedback forms. Recent information has shown that adult students feel both safe and supported and are aware of the resources available to them for help and support. Students are also invited to attend regular focus groups across the College environment whilst all students also have the potential to become course representatives for their academic areas which allows regular feedback to be received.

Priorities for the College during 2018/19 include, further development of processes around reporting and recording, continued General Data Protection Regulations (GDPR) and confidentiality compliance to ensure best possible support and referral routes are open to

our adult students. Mental wealth and resilience pilot go live in 2018/19 for staff and students a 'quiz' to self-assess current 'mental wealth' levels and provide links to strategies and materials for the future. Continued expansion of training to be made available for our in-house provision, plus local community, regional and national audiences. This includes on-line, face to face and in liaison with other external support services.

CASE STUDY

An adult female reported to her personal tutor that she was being controlled by her partner - financially, physically and emotionally. The student felt powerless and trapped in the situation, and the Personal tutor reported this to safeguarding team.

The Safeguarding team liaised with Tutor and Head of Curriculum Area to arrange a meeting between the student and coordinator of HE Catalyst safeguarding students against hate crime project - to see what assistance could be provided to her whether external signposting, assisting with police (if required) and her own mental wellbeing.

With the support of the College, the student reported the abuse to the Police, who then jointly assisted in moving the student into a women's refuge with her children.

The student was also linked to the Blackpool interpersonal violence and abuse team for further external support.

As a College we continue to monitor students – and on this occasion additional college services were signposted to assist in support for exams and finances. The student was provided with both shopping and College meal vouchers as appropriate to her 'hardship' needs – available to students experiencing such hardship as appropriate.

Curriculum area, tutorial support and liaison also assisted with this student's progress. They were aware she needs support but not the detail in view of the confidentiality needed.

This enabled the student to remain at College throughout this process and she is reported to remain on track.

6.9 Blackpool Coastal Housing (BCH)

Safeguarding is embedded in sheltered housing and general housing management functions. Raising awareness of frontline staff for specific warning signs and making safeguarding referrals, where appropriate. Achievements for BCH during 2017/18, including the development of a safeguarding website, development of a safeguarding booklet to all repairs frontline staff, a Joint protocol is working well with Adult Social Care and have developed financial abuse training with Barclays as part of their social value commitment.

Awareness has been raised through the safeguarding booklet referred to above, toolbox talks and presentations at relevant team meetings.

Support is provided for tenants who are, or are potential service users and carers. Awareness is raised on scams and bogus callers for sheltered tenants. Care and Repair providing services to vulnerable tenants remove the risk of them being exploited by rogue tradesmen.

The views of adults at risk is captured through support plans for sheltered and hostel tenants, estate management consultations on any new proposals, sheltered tenant conferences, hostel residents meetings.

Priorities for BCH for 2018/19 include attendance at all appropriate groups, as required, to make all appropriate referrals and comply with QAPM recommendations on data reporting

7. The Role and Achievements of the Sub-Groups.

The Board has a number of Sub Groups to assist in the delivery of its function.

7.1 Training and Communications Sub-Group

The purpose of this sub-group is to provide the strategic lead to promote learning and development by BSAB and within its partner agencies. It will also be responsible to BSAB for the planning, delivery and evaluation of multi-agency safeguarding training and the verification of single agency training. The sub-group is also responsible for the BSAB communications activities with professionals, service users, children and families, and is co-ordinated with Pan- Lancashire colleagues. The sub-group is responsible for ensuring that the BSAB meets its statutory requirements in relation to multi-agency training.

The Training Sub-Group ensures consistent standards of the safeguarding adults training provision. The group facilitates networking opportunities and the sharing of lessons learnt and best practice to a range of Partner organisations. The Training Subgroup ensures the development of safeguarding practice and promoted improvements to practice through training across all partner organisations in Blackpool. The group ensures that each organisation is completing the most relevant training, encouraging better outcomes for adults at risk and disseminates good practice examples. This group has met four times this last year. It recently changed its remit to include Communications, as mentioned earlier. Two Training Co-ordinators had been appointed to cover 1.6FTE. Each Training Co-ordinator had responsibility for a combination of children's and adults' courses.

The BSAB do not charge attendees for training participation, although a charge is made in respect of participants who fail to attend without prior notification. Income received is re-invested to fund external trainers and conferences. A large number of participants cancel prior to the day of training, this creates additional administrative pressure for the BSAB and spaces that cannot be reallocated at short notice. The capacity for the team to send out the invoices for non-attendance at training was limited but recognised that the invoices should be issued prior to year-end. Overall, high levels of attendance were recorded at training.

This group had identified the need for training on the Decision Support Tool to clarify raising a safeguarding concern to the local authority to ensure a proportionate response to safeguarding to be developed in 2017. On completion of the Safeguarding Adults Review (SAR) protocol, briefings were delivered on Safeguarding Adults Reviews. The learning from Pan Lancashire and national SAR's is incorporated into the training programme, as BSAB has not had any SAR's recently. The SAR briefings were reviewed in light of changing practice expectations and learning from audits and reviews.

The Prevent Partnership Board had requested assurance of Prevent Training within Partner agencies including who had received training. A short questionnaire was circulated to agencies to collect the data and feedback to the Prevent Partnership Board. It was important that Prevent Training delivered should be current and relevant to the geographic area.

Training courses have been developed on new and emerging themes such as modern slavery across Blackpool including linking in to a working group with Pan Lancashire colleagues from the Police, Trading Standards, and Community Safety Partnerships. Other new areas of BSAB business and training themes included the focus on financial abuse and self-neglect. Although hoarding training did exist, it was in need of a review to include self-neglect. A task and finish group was created after financial abuse had been identified as a growing concern by the BSAB and as an area where training was required. The BSAB had considered other areas for development and training to include a joint piece of work with BSCB on Transitions. Carers and young carers had been identified as an area for consideration to ascertain the age limits used by each agency. Self-neglect remained a BSAB priority and training on hoarding and self-neglect to be considered together with colleagues from Blackpool Coastal Housing and Lancashire Fire and Rescue Service.

The subgroup struggled with ways to measure the impact of training throughout the last year. A paper based evaluation system had been in place for a number of years which required participants to fill in pre- and post-course evaluations on the day of training. A review of evaluations from six courses delivered between April and October 2017 provided average scores (graded from 1 to 5, with 5 being most positive) of 4.68 for the training meeting stated aims and objectives, 4.64 for being relevant to the participant's professional role and 4.39 for confidence to apply the material. Participants were also asked to score their knowledge of specific elements of the course content prior to and after the course, with an average increase of 1.61. The review also demonstrated the time consuming nature of analysing paper returns and the limited amount of qualitative feedback provided. These findings, together with a recognition of the need to develop an evaluation system that can evidence the impact of training on practice and ultimately the adults at risk in Blackpool, has led to the introduction of a web-based evaluation system that will be able to provide aggregated data on returns, together with the introduction of telephone calls to participants a number of weeks after completing a course to assess the impact of training on practice. Outcomes of this process will be included in the next annual report. The new electronic surveying system to capture improvement in skills and knowledge training. The new system overcame a number of hurdles and is being successfully used since late 2017/18 and now into 2018/19. A further breakdown on the impact and effectiveness of the training is being developed and will be in place for the 2018/19 reporting year.

7.1.1 Core Content for Safeguarding Training

Some agencies had completed the Training Core Content forms from which a number of questions had been identified to discuss with individual agencies.

Gaps were noted in the provision of Multi-Agency Public Protection Arrangements (MAPPA). A few issues were identified, including 'discreet' courses such as radicalisation and channel. How courses were promoted across agencies was considered. The use training presentations were reviewed to ensure content was still relevant, for example, the multiagency policy and procedures. A checklist was completed by agencies to gain the opportunity to observe training sessions including consideration of any future training. The BSAB manager and training coordinators developed a checklist template to use to verify training presentations inclusive of legislation to identify whether presentations meet agreed standards and provide assurance.

7.1.2 Training delivery plan 2017 – 2018

The Subgroup was asked to consider training provision for 2017 – 2018. The Decision Support Tool and how it measured the impact of safeguarding was considered. The Tool was incorporated within the Multi Agency Safeguarding Adults – Policies and Procedures training course. Courses on Self-Neglect and Financial Abuse were also considered. Modern slavery and human trafficking are currently covered under the multi-agency training. Going forward this will be developed as a full day course, in conjunction with pan- Lancashire colleagues through the Pan Lancashire Anti-Slavery Partnership (PLASP). This work continues to be developed and reviewed.

Training to 'support regulated settings' was considered and the BSAB remain aware of what would be helpful training for regulated settings to receive. For example, care providers that are subject to CQC inspections. Better promotion of training courses to all sectors was needed, some suggestions included the use of Twitter and emails to circulate information, were implemented.

The core content of training responses received, suggested that level three safeguarding training was well covered by agencies but a gap was identified within the third sector. It was noted that access to the online iPool licenses was available for third sector agencies and this could be utilised.

Feedback highlighted that, the Mental Capacity Act and Deprivation of Liberty Safeguards briefings were popular. However, it was considered that too much information was included for a briefing and a half day session would be preferred.

7.1.3 BSAB Training Courses over 2017/18

- During 2017/18 a total of 47 training courses were delivered by BSAB to 815 course attendees with the most common courses being Toxic Trio and Wrap3.
- The majority of attendees of BSAB training belong to 'Other' and 'Third Sector' organisations such as Care Home and staff from charities and local services such as Drugline and Horizon. This highlights the need to explore why Partner agencies are not embracing the BSAB training offer, e.g. they may be receiving training in house.
- During 2017-18 BSAB delivered training to 815 practitioners on a number of courses covering adults and joint safeguarding content. This represents an increase in attendees on 2016-17.

Details of the Courses delivered throughout 17/18 can be found in **Appendix D**.

Future and ongoing Training work is to include:

- A training needs analysis of BSAB Partner agencies to inform the development of our ongoing training programme
- Embed the new evaluation process and use this to evidence the impact of training and develop the training programme
- Continue to review the demand for our training programme and develop the training offer accordingly

Some training feedback:

'The information presented during the course was informative, as well as the presenter being engaging and interesting. The information was delivered well, and this showed by involving the group in group work to demonstrate understanding. The involvement of the fire service put a different perspective on the course, and I believe this to have been extremely useful and informative' (Hoarding)

'The course was very emotive but this was handled sensitively by the trainers and was very useful' (Domestic Abuse)

'Really good training, very interactive with a good trainer' (MCA)

'Brilliant trainers, encouraged open learning environment where experiences and expertise around the room was shared' (Mental Health)

'Excellent training and very worthwhile' (NPS)

'I really enjoyed the easy going nature of the presentations and listening to examples of practice' (SAR)

'I really enjoyed this course and found it very useful in my role as a foster carer, the trainers were excellent and very knowledgeable!' (Toxic Trio)

7.2 Quality and Performance Management Group (QAPM)

The purpose of the QAPM subgroup is to ensure a consistent open and multi-agency approach to effective performance monitoring of safeguarding information. The group aims to identify multi-agency quality assurance work which may be undertaken to strengthen and improve multi-agency safeguarding practice in Blackpool. The Quality and Performance Management Group, aims to seek assurances and identify any trends or challenges through safeguarding data for presentation to the BSAB. The group consider the scope of data and a summary of some of the data is set out in this report. Some of the areas of work considered by the QAPM includes the group members using their local knowledge and experience of safeguarding information and data presented to the QAPM to identify trends, gaps and challenges. An analysis of cases is undertaken to understand if any other appropriate action

could have been taken. Work has been undertaken with BSAB Partners to understand their processes to raise concerns in areas that have been highlighted by Partners. Emerging themes over the last year have included self-neglect, financial abuse, modern day slavery and human trafficking. Task and finish groups have been developed to tackle self-neglect and hoarding, as well as financial abuse, to ensure relevant policy and procedure changes, toolkits, referral pathways, communications to raise awareness, and training to support professionals.

7.2.1 Decision Support Tool

It was agreed that there was a need for consistency and continual review of the Decision Support Tool in order that it remain relevant and current. The Tool, specifically required implementation through training. LCFT staff had praised the Tool and added that it had helped to improve the quality of reporting and provided clarity on referral pathways. As a result, there had been a decrease in the number of incorrect referrals made to Adult Social Care. There was a desire to maintain a Pan-Lancashire approach to the contents of the Decision Support Tool in order to aid joint working and consistency between Partners and neighbouring authorities. The equivalent of the Decision Support Tool in Lancashire and Blackburn with Darwen would be reviewed periodically to ensure commonality and coherence with Blackpool. The impact of the Tool is now incorporated into all BSAB training courses and is captured through training evaluation forms captured online pre and post training to monitor impact.

7.2.2 Risk Profiling and Service User involvement

Risk profiling and service user involvement was considered, which included how the service experience felt for the user, the intended outcomes for individuals and how service user feedback could be assessed. The need for clarity in each of these areas was agreed as important in order to coordinate and analyse feedback for the purpose of improving service delivery and outcomes. LCFT had operated a family and friend's assessment and a feedback programme for many years in addition to other initiatives. The outcome of this approach is that family and friends are included in any decision making in relation to service user. Blackpool Council's Making Safeguarding Personal scheme was described as another potential resource for collection of service user data. Despite a number of possible sources of data, the concern for members of the subgroup was in relation to how all the data could be gathered, and who would coordinate the collation. It was hoped that the work carried out by Healthwatch would provide some input and would be focused on the experience of service users accessing health and social care services.

7.2.3 Financial Abuse

The issue of financial abuse was highlighted and the scale of the problem was potentially much wider than initially thought and would be one of the key challenges faced by the BSAB Partners in the near future. In addition, the fact that it regularly overlapped with other forms of abuse meant it had the potential to go unreported. The need for a clear strategy aimed at dealing with financial abuse was agreed as a priority as an area of growing concern in safeguarding with staff awareness for front line practitioners, such as those working in residential care settings being especially important. Collation of data on financial abuse was regarded with equal importance in order to build up a more complete picture of the nature

and extent of the problem in Blackpool. It was acknowledged that levels of reporting of this form of abuse may be increased following the introduction of future measures aimed at promoting awareness of the issue and to encourage a joint approach to tackle the issue.

7.2.4 Human Trafficking and Modern Day Slavery

The growing international issue of human trafficking including modern day slavery was discussed by the group and was raised as an issue of concern. It is linked to other forms of abuse so plays a significant role within safeguarding. Financial gain was a prime objective of perpetrators whichever form of abuse they were applying. Victims could be forced into committing crimes, e.g. drug smuggling and benefit fraud, so consideration is needed for victims who may appear as offenders to be treated fairly by agencies.

The group acknowledged that Lancashire Care Foundation Trust had undertaken extensive work developing its safeguarding approach to human trafficking and related issues. Although the Trust was not one of the organisations under a statutory duty to notify government agencies about suspected trafficking, it had decided to be proactive and develop best practice. The Trust's work included developing an easy-to-follow flowchart outlining the steps to take if someone was thought to be a victim. The simple practical approach was one that the BSAB might be able to consider on a multi-agency basis in the future.

The BSAB held a conference in partnership with the Lancashire Safeguarding Board to raise awareness of the issue. There had been similar awareness-raising events of trafficking and slavery resulting in some arrests. However, awareness for specific vulnerable groups was still needed, e.g. professionals visiting care homes or people in their own homes, females with learning difficulties, people who had not been granted citizenship so maintained a low profile and even elite sportspeople from other countries, who are brought into the UK under false pretences could be exploited. Awareness for professionals was needed to include process information including how to report the issue. The Pan Lancashire Anti-Slavery Partnership (PLASP) has been set up to address human trafficking and modern slavery across Blackpool, Lancashire and Blackburn with Darwen using a consistent approach. A Toolkit has been developed to help people working in organisations who need to know about the nature of human trafficking, identifying victims and referral, with a referral pathway flow chart which can be used as standard procedure for referral in any organisation.

7.2.5 National Learning Disabilities Mortality Review (LeDeR)

The national Learning Disabilities Mortality Review (LeDeR) was being led by NHS England. The Board were seeking assurance of the work undertaken. Evidence indicated that people with learning disabilities died at notably earlier ages than people who did not have learning disabilities. There were far fewer people with learning disabilities than without disabilities. The programme aimed to investigate deaths of people aged over 4 years old who had had learning disabilities and identify learning which could prevent and reduce early deaths.

The programme was being delivered at a sub-regional level including Lancashire. Local Area

Contacts were responsible for coordinating local reviews including within Blackpool. Blackpool Clinical Commissioning Group was the Local Area Contact for Blackpool explained that the programme was still evolving with no completed local reviews. Some reviews had been undertaken and were subject to quality checks by the national team in Bristol before findings and lessons were issued.

Public Health England's Learning Disabilities Health and Care Information Source provides an online interactive tool allowing local data to be extracted, with a range of national and regional health demographics for people with learning disabilities.

7.2.6 Abuse of people in Positions of Trust (PiPoT)

The group considered abuse of trust in professional settings.

The Designated Safeguarding Manager (Allegations), Blackpool Council, is responsible for developing systems to prevent abuse by staff and for investigating and managing any allegations in cases of 'breach of trust' and 'abuse of power'. Trust and power issues were being particularly topical in view of high profile reported harassment involving celebrities over the last year. Focus was likely to increase and would involve professional groups, e.g. education and health sectors. 'Breach of trust' and 'abuse of power' issues were significant factors in most safeguarding cases. These involved care homes as well as abuse of people in their own homes by carers and families. Effective safeguarding of these issues was covered by existing policies and procedures within Adult Social Care, as required by the Care Act 2014.

Information should be captured within Disclosure and Barring Service (DBS) processes. This was particularly pertinent as employers might try filling a vacancy before robust checks had been completed. Disclosures of information would be proportionate based on the need to identify and prevent the risk of abuse. For example, an adult who might not have been barred from working with children but their own children might be on a protection plan indicating a potential risk to children. Indirect incidents occurring outside the workplace might indicate a risk, e.g. common assault. It was highlighted that all organisations needed effective systems and processes to prevent abuse. They needed to be prepared to investigate incidents and take prompt fair action including reporting to external agencies as appropriate, e.g. professional bodies. The 'PiPoT' content is to form part of the multi-agency safeguarding adults' policies and procedures that have been developed at Pan-Lancashire level.

7.2.7 Safeguarding Data

The aim is to improve the data recording and collection around whether people's individual outcomes have been met. The BSAB dataset continued to be developed and included a core set of figures. The Strategic Board had considered the need for a core data set including qualitative information to be used to identify themes, patterns and trends to plan for future priorities and measuring outcomes effectively. An overview of data to be used to allow consideration to be given to trends and holding agencies to account for performance and

what improvement actions might be required. The revised dataset contained fewer and more focused indicators.

The main data collection groups related to:

- ☑ Deprivation of Liberties Safeguards theme
- ☑ Care Quality Commission inspection ratings of care providers
- ☑ Public Health themes
- ☑ Protecting Vulnerable People (PVP) referrals including types of abuse
- ☑ Domestic abuse theme
- ☑ Adult Social Care including referral enquiries, types of abuse and setting (care home or care in a person's own home)

7.2.8 Data Collection Questionnaire

In November 2017 a questionnaire was circulated to the QAPM members with a request for Partners to identify what their organisation recorded in relation to self-neglect. The aim of the questionnaire was to identify how self-neglect was classified, what information was recorded, what patterns and trends were noted and asked how the data was used to improve knowledge and outcomes

The survey received a limited response with returns from only Blackpool with Fylde Hospital and Healthwatch. The findings concluded that both organisations identified that they record Self-Neglect concerns based on professional judgement and that any onward reporting or referrals were made through other Partner agencies such as the Police PVP systems or through referrals to Adult Social Care.

The aim of the self-neglect survey was to identify the work currently being undertaken in this area and to draw together regular updates, based on the data and commentary available. The work on this survey, and other proposed surveys based on the BSAB priorities, was paused due to the proposal to implement a new QA framework based on the Blackburn with Darwen model.

7.2.9 Healthwatch

Healthwatch Blackpool collected a range of data to capture the voice of the service user. Healthwatch had reviewed a range of services including learning difficulties, mental health and homelessness support. Healthwatch Blackpool agreed to provide data to the BSAB relevant to the priorities. Healthwatch data was particularly valuable to capture outcomes of service users of health and social care services. The impartiality of Healthwatch would help build the qualitative picture and would help to identify whether outcomes had been met, and help capture the voice of the adult. The work undertaken can be found on the Healthwatch activity report through this link: [QAPM\HEALTHWATCH ACTIVITY REPORT - SEPTEMBER 2017.docx](#)

7.2.10 New BSAB Quality Assurance Process

The collection and analysis of data is an important task as it informs the BSAB priorities and will direct resources and commitment from Partners. The aim is to understand the data and provide an analysis of what the information translates to, in relation safeguarding business. Some Boards have developed a 'dashboard of indicators' to make the data more accessible to their members. A data analysis report is intended to be a standing agenda item to inform Partners understanding of their effectiveness and promote improvement. It was agreed that the dataset should be based on priorities and outcomes, be proportionate, meaningful and not duplicate data work undertaken by other groups. For example, the data may highlight that some safeguarding cases may not seem to be managed in a timely manner and a request could for case audits could be made.

The BSAB is legally empowered to request the supply of information from other agencies and

Individuals in pursuit of its objectives. The BSAB consider the data it has produced to make comparisons, for example between types of victim, geographical areas or safeguarding concerns to identify trends. The data upon which the Board can focus includes:

- ☐ rates of reporting
- ☐ rates of investigation
- ☐ types of victim
- ☐ types of abuser
- ☐ types of abuse and neglect
- ☐ types of setting
- ☐ timeliness of investigations
- ☐ outcomes for victims

The process is intended to be cumulative and provides evidence of longer term systemic learning and improvement in the safeguarding system. The information gathered through this approach would also allow for a significant proportion of the annual report to be obtained and structured, thereby reducing the required resource and commitment at a later date. The approach also places different demands on agencies, some BSAB Partner agencies already provide this data to Blackburn with Darwen LSAB.

It is anticipated that the adoption of this process would result in information being requested and received from a much larger pool of organisations and services. These include, amongst others, Blackpool Council (Adult services, Community Safety and Public Health), Blackpool CCG, Blackpool Teaching Hospitals, Lancashire Care Foundation Trust, Lancashire Constabulary, both Probation providers, Horizon, Blackpool Coastal Housing and Blackpool Carer's Centre. QAPM agreed the adoption of this reporting process from the start of the 2018-2019 business year. This process is to be included in the new QAPM work plan.

7.3 BSAB Case Review Subgroup

The purpose of the Case Review subgroup is to deliver the primary mechanism by which the BSAB exercises its statutory duty under the Care Act to arrange a Safeguarding Adults

Review (SAR). This occurs when someone with care and support needs within its locality dies or is significantly harmed as a result of abuse or neglect, whether known or suspected, and there is a concern that Partner agencies could have worked more effectively together to protect the person. The BSAB has been mindful of ensuring that the Partners are equally present and recognised in the work of the BSAB. The work undertaken by the group includes:

7.3.1 Safeguarding Adult Review Protocol

The Safeguarding Adult Review (SAR) guidance was produced by the Business Development Manager, BSAB with a view that the Protocol is adopted at Pan-Lancashire level. The implementation of shared Protocol was supported by the BSAB and Pan-Lancashire colleagues and the Business Management Group had endorsed the proposed approach. The aim was to create a simple process and protocol for Safeguarding Adults Reviews. The Protocol allowed for different review methodologies, e.g. the Welsh Model, to be used based on appropriateness for each individual case under review. The document would form part of the Pan-Lancashire multi-agency policy and procedures, was approved and agreed by the Pan- Lancashire Safeguarding Adults Boards. The BSAB have not undertaken any SAR's during 17-18. However, SAR briefing have been produced and delivered based on Pan Lancashire and national SAR's. The protocol is referred to in the briefing session.

7.3.2 Working with, and learning from parallel processes

Safeguarding Adult Reviews (SARs), and learning from parallel processes such as Domestic Homicide Reviews (DHRs), Serious Incident Reviews (SIRs), Coroners Inquests and Learning Disabilities Mortality Reviews (LeDeR). A Pan-Lancashire Domestic Homicide Review protocol was developed and was led by the Office for the Police and Crime Commissioner. However, each process was reviewing cases and issues from different perspectives but it was important to work together to ensure consistency between parallel processes. Recent Home Office guidance on Domestic Homicide Reviews was more practical concerning parallel processes and that flexible approaches needed to be pursued. This approach would ensure consistent findings and learning, avoid duplication as well as reduce resource commitment.

7.3.3 Safeguarding Adults Review Briefings

Although the BSAB has not had any SARs in the last few years, a pro-active approach has been taken by delivering SAR Briefings as learning opportunities for better outcomes. The purpose of the reviews is to learn and not for blame, briefings are proportionate and relevant with a focus on effective learning.

In consultation with Pan-Lancashire colleagues, and taking into account regional and national review information were considered, with no recent reviews within Blackpool so proactive learning needed to be secured from wider sources. A Pan-Lancashire learning approach would allow for consistency and support agencies that operated across Pan-Lancashire. Focus would be given to themes linked to the Board priorities.

Briefings have been delivered through the Board which aimed to promote good multi-agency working guidance, challenge and focusing on supporting people and families being realistic about their capabilities. To deliver learning messages about improvement and change, leading to better awareness of the SAR process and how learning can be translated into practice for professionals.

7.3.4 Shared learning with the Coroner

Partners wanted to develop a working relationship with the Coroner for wider learning to share information, discuss common areas of interest, e.g. vulnerable homelessness people, and to allow the Coroner's office to gain a better understanding of safeguarding work and challenges. This link was established with BSAB for information to be shared on cases which may be of mutual interest.

7.3.5 Learning Disabilities Mortality Review (LeDeR) Programme.

This area has been previously discussed in the Quality Assurance Performance Management section, however, due to the nature of this programme it was discussed at the Case Review sub-group. It aimed to review deaths within specific criteria, people aged over 4 years old and under 74 with learning difficulties, to reduce the number of preventable deaths through lessons learnt. Various structures were being put into place with an aim for the Programme to become embedded within 'normal' business activity for all agencies. The number of current and forecast reviews within Blackpool (and Lancashire) had been noted and concerns had been re-iterated over the staffing resources required to effectively run the Programme. The resource was significantly low for what was needed although NHS England was considering funding. A comprehensive report was presented to the joint meeting of both Safeguarding Boards. The BSAB requested to remain updated on progress and developments

7.3.6 Blackpool Drug Strategy 2017-2020 and Action Plan

Public Health presented this strategy to the group to raise awareness of drug related deaths in Blackpool. There were two strands to the Strategy, the first strand was reducing drug related deaths, and the second element was tackling drug misuse to prevent misuse and promote recovery. The local approach mirrored that advocated nationally including legislation and the local Action Plan had taken into account the local needs assessment which had identified local issues needing to be tackled.

The Home Office had held a meeting earlier in the year to discuss issues local to Blackpool which were causing a high number of deaths particularly for people aged 35-44 including both men and women highlights the scale of the problem in Blackpool.

New Psychoactive Substances (NPS) were creating significant issues and a recent court judgement that Nitrous Oxide, commonly known as 'laughing gas', fell within medical exemptions meant that renewed consideration needed to be given on tackling New Psychoactive Substances. New Psychoactive Substances, such as 'Spice', were often hard to detect as a range of different chemicals were involved.

A 'whole system' approach was required looking at supporting people Not in Education, Employment or Training (NEETs), for housing needs and wider long-term recovery. Work

being carried by other organisations such as 'Fulfilling Lives', a Big Lottery funded programme which focused on supporting people with the most chaotic lives. Blackpool Teaching Hospitals would be undertaking a toxicology review due for completion by 2019.

7.3.7 Criteria for undertaking a Safeguarding Adults Review (SAR)

The statutory criteria for undertaking a Safeguarding Adults Review (SAR) is covered under s.44 Care Act. The sub-group decide what course of action to take in accordance with statutory guidance.

*The criteria can be found in **Appendix E**.*

7.3.8 Consideration of potential SAR's during 2017/18

A number of referrals were made to the BSAB and were assessed under the above criteria.

Adult A

Consideration of the Adult A referral had resulted in a recommendation to consider undertaking a Multi-Agency Learning Review. The criminal proceedings were ongoing, therefore a Multi-Agency Learning Review could not be progressed until the outcome of the criminal proceedings was known. This case would be reviewed once the outcome was known to consider whether there is any relevant learning for Blackpool. The criteria for an SAR had not been met.

Adult B

Consideration of the Adult B referral resulted in the criteria not being met under the Care Act. The group found that the case did not require any multi agency learning review as the majority of agencies involved had worked together in the best interests of the service user. The group found that the professional judgement of one individual within a single agency had been queried and the agency had carried out an internal review.

Adult C

Consideration of Adult C case resulted in the criteria not being met under the Care Act. Therefore, did not require any multi-agency learning review. The Adult C referral had recognised that agencies had worked effectively together and that no additional learning would be achieved through a review.

7.4 Financial Abuse 'Task and Finish' Group

In March 2017, a press release highlighted the rise in financial fraud in particular scams being carried out, and groups targeted. The article informs of future training activities for staff working in banks/building societies. The Care and Support Statutory Guidance (2016)

makes clear that SABs must understand the different concerns of the various groups that make up their local communities. The SAB have agreed to place focus upon financial abuse as part of its preventative work, by raising awareness and through multi-agency training aimed at a range of professionals including financial services staff, police, trading standards and service providers.

The purpose of this group is to ensure a consistent, open and multi-agency approach to identify and raise awareness of financial abuse. It aims to identify multi-agency work which may be undertaken to strengthen and improve safeguarding practice in Blackpool and Pan-Lancashire to tackle financial abuse.

The membership consists of Police, Health, Trading Standards, Fire and Rescue, Housing, Local Authority, DWP and the voluntary sector including Age UK and the Citizens Advice Service. A representative from the private sector, from a local bank have been involved in the development of this work.

The scope of its work included an agreement on the practical working definition of Financial Abuse. There was an identified need to develop an effective dataset, building on existing data sources to assist in identifying key areas of abuse by type and scale of the problem and where work was needed. The group aims to identify current best practice, in preventing and tackling abuse to identify which individuals and organisations need to be involved in collectively tackling abuse. Effective awareness-raising methods have been explored for vulnerable people, communities, businesses and professionals including any training requirements. The work of this group is due for completion by December 2018. A final report will be produced for the BSAB in early 2019.

7.5 Self Neglect and Hoarding Task and Finish group

The Care Act guidance outlines 'Making Safeguarding Personal' as the preferred approach to safeguarding adults work. Work with people who are self-neglecting may not always meet the 'traditional' safeguarding criteria. The guidance states:

"Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety" (DH, 2016: 14.15).

The purpose of the group is to develop a system that allows a multi-agency approach to identify and respond to cases in a collaborative way. The principles that colleagues should work towards are to be person-centred, rather than process driven, with decisions underpinned by professional judgement. The focus should be on the individual's wellbeing and involve them in decision making. A 'team around the adult', should be supported, where the most appropriate agency takes the lead role in coordinating support. By most appropriate, we mean the agency whose staff are most likely to be successful in building a trusted relationship with the person. We need to have a shared understanding of each

other's roles, remit and responsibilities in working with people who self-neglect. We must share details on risk as well as skills and expertise, share information, working within information sharing legislation and policy, and with the adult's permission, wherever possible.

The BSAB carried out a mapping exercise with relevant Partner agencies who work with individuals who self-neglect and/or hoard, to consider their current policies, processes and powers. It was evident that a multi-agency approach is taken by Partners on an 'ad hoc' basis. However, a formal agreement does not exist on a joint basis to share information, investigate and ensure a coordinated response to self-neglect and hoarding. A referral pathway will be developed to identify, refer and respond to self-neglect and hoarding.

A draft work plan has been developed to focus on a multi-agency approach to assist in identifying the issues, raising public and professional awareness, agreeing preventative action required, the development of a referral pathway and establishing training needs. The task and finish group is due for completion by December 2018. A final report will be produced in December 2018 for the BSAB to inform of the group of the work of the group including priorities identified, work undertaken and progress, outcomes and impact.

8 BSAB Marketing and Communication

8.1 Marketing Campaign– Domestic Abuse in Older Adults:

The BSAB commissioned a campaign is to raise awareness of Domestic Abuse amongst older adults. This included information on; what domestic abuse is, what it includes, and to encourage people to report it. Domestic Abuse has been highlighted as a growing concern across Pan Lancashire through the Office of the Police and Crime Commissioner, whom had seen an increase in the number of incidents reported from this cohort of people. A study had also been undertaken by University of Central Lancashire (UCLAN) that had highlighted domestic abuse in older adults as a national concern.

The main objectives of the campaign were to generate 400 hits to the abuse campaign page between June – July 2017, and to engage with 20 GP surgeries about the campaign.

The main audience for this campaign was:

- Elderly people who can report the abuse themselves (over 65s)
- Witnesses of abuse in elderly people – e.g. people who visit the elderly – carers, family and friends, GPs, pharmacists, housing associations, libraries
- Those who may have an interest in this campaign but are not the main audience:

Key messages of the Domestic Abuse campaign

During the campaign research stage, a similar campaign by Camden Council was discovered and we designed to buy into their assets and use the existing campaign messaging:

<http://news.camden.gov.uk/know-its-not-too-late>

www.camden.gov.uk/Know (Know it's not too late aspect of campaign)

The following promotional channels will be used for this campaign: 13 June:
<http://www.blackpoolgazette.co.uk/news/violence-victims-told-people-here-to-help-1-8592869>

Campaign evaluation

Website page views

The total number of website views throughout the duration of the campaign was 2,104. This is a 420% decrease on the original target. The percentage of website visits via online channels: 2,078 (98.8%). The percentage of website visits via offline channels: 26 (1.2%). A breakdown of website activity for online promotional channels was provided for June and July during the time period of when the campaign was live. There was a significant increase in traffic to the webpage during June which was due to the majority of campaign activity happening during this period e.g. Facebook adverts, bus shelters etc. The biggest source of traffic was Facebook. Web traffic began to drop off towards the end of July/August as campaign activity started to end during this period.

Facebook advertising

The first advert was the best performing advert, with the most people clicking on and reacting to this advert giving it a low cost per click (conversion rate). This advert also had the highest reach.

Offline Marketing

Printed marketing materials were developed which contained the short URL /Know including:

- Posters
- Bus shelters
- Your Blackpool article
- Shared messages in partner publications

Direct hits to the website were therefore generated by a range of offline channels. Unless a separate URL is used across each channel it is hard to measure which materials generated more website hits. The URL is kept the same across materials for campaign message consistency.

Violence victims told 'people here to help'

BY MICHAEL HOLMES
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Blackpool Safeguarding Adults Board is encouraging people to speak out about domestic violence and abuse of older adults in a new campaign.

Over the next month, the powerful campaign will feature on bus shelters, on posters in GP surgeries, pharmacies, Customer First, as well as social media posts.

It aims to encourage older people who are victims of abuse and those that witness abusive behaviour to report it and seek help from specialised support services.

David Sanders, Chairman of Blackpool Safeguarding Adults Board, added: "Our message is that there are people here to help.

"No one should hesitate to



The poster campaign

get in contact. We are here to protect victims and prevent further harm."

Blackpool Council's Cabinet Secretary for Resilient Communities, Coun Graham

Cain, said: "Domestic abuse has an impact on people of all ages and from all walks of life and it does not necessarily end as people grow older. Some people may have experienced

abuse for years without having notified anyone of it."

For more information on the campaign visit www.blackpoolsafeguarding.org.uk/KNOW

Overall Comments:

The channels that worked well included Facebook. The reach across Facebook adverts was high suggesting that a large proportion of our audience access social media and that it is a good channel to reach them.

Areas for improvement included, the suggestion of a bigger campaign budget that would have ensured that the campaign could reach as many people as possible and could have improved campaign uptake in offline advertising.

Recommendations

- Use figures generated from this 2017 campaign to benchmark for web statistics and Facebook adverts if the same campaign was to run again
- Refresh marketing messages for future campaigns so that the audience are seeing and doing something new e.g. different example scenarios, but keep branding the same to carry forward the recognised campaign
- Allocate less budget to offline channels and push the online channels that proved to be effective

- Make the campaign call to action more clear for users so that they are more likely to access help e.g. use on phone number
- Provide better means to evidence campaign success e.g. access to the number of people reporting domestic abuse during campaign period so that we can measure increase/decrease
- Given the success of the campaign in terms of surpassing the original objective, if a similar campaign was to be undertaken with a bigger budget, an increase in the target number of sign-ups could be implemented

8.2 Pan Lancashire Communications and Engagement Group

The overall aim and purpose was to create a Pan Lancashire Communication and Engagement Strategy 2017 – 2019, that is jointly owned and delivered by the Pan Lancashire Safeguarding Boards. This strategy provides strategic direction and aims to make improvements in terms of effective communication and engagement of priorities and statutory obligations to further embed 'safeguarding' into services, communities, and the general public.

In order to achieve the above, in March 2017 the LSAB and LSCB in Lancashire agreed the need for a Joint Communications and Engagement Sub Group to enable the effective delivery of key messages and awareness raising around issues of safeguarding for the residents of Lancashire.

The Communication and Engagement Sub Group was established in June 2017, and following its second meeting, it was agreed that it would be beneficial to extend the footprint of the group to take on a Pan Lancashire approach. This will enable the six Safeguarding Boards to take a collaborative approach to communication and engagement across the wider footprint. The six Safeguarding Boards are:

- Lancashire Safeguarding Adult Board;
- Lancashire Safeguarding Children Board;
- Blackburn with Darwen Safeguarding Adult Board;
- Blackburn with Darwen Safeguarding Children Board;
- Blackpool Safeguarding Adult Board; and
- Blackpool Safeguarding Children Board.

The overall aim of the group is to co-ordinate the communication and engagement activity of the Boards. It aims to agree key safeguarding messages and communicate them effectively through a variety of channels, and identify and implement effective methods of engagement with partners; service users and members of the public.

Communication and engagement activity will adhere to the following principles:

- **Clear and simple** – all communication will be clear and concise using plain Language focussed to the relevant audience and free from jargon;

- **Relevant and accessible to its audience** – all communication will be relevant and accessible, and shared in a format most suited to its audience;
- **Timely and adaptable** – all communication will be shared in a timely manner, updated as often as required, and be adaptable for use in alternative circumstances or settings;
- **Free from duplication** – we will only share information once, unless it is appropriate to do so more frequently;
- **Learning and feedback** – learning and best practice will be communicated effectively, including the provision for two way communication, allowing services, communities and the general public to feedback to the Boards.

A question at the centre of all planning around communication and engagement activity should be "Why?" are we focussing on that specific area, and what we hope to achieve? The target audience falls into three main groups, Service Users including children and young people; adults at risk, parents and carers; and service user groups, general public and communities, Partners and stakeholders.

The Communication and Engagement Sub Group are to agree key priority areas on an annual basis which will allow focus on particular safeguarding issues in order to raise specific awareness. Each priority and actions to be taken against each will be detailed and monitored by the work plan. The overall aim is to effectively plan and coordinate all communication and engagement activity, it is important to note that there will be occasions where a 'reactive' approach is taken for instances that may arise which are out of our control and require a response. The messages above will be shared via a number of communication channels and methods, for example but are not limited to:

- **Electronic:** website; bulletins/circulars; social media
- **Face to face:** meetings; events; focus groups; road shows; training
- **Resources:** information leaflets; newsletters; campaigns
- **In the public eye:** local media (press, TV, radio, billboards); public transport; community settings (GP/dental surgeries; village halls etc.)

There may be instances where the Safeguarding Boards liaise with the media, this may be a planned exercise when promoting campaigns or initiatives, or unplanned when responding to enquires in relation to SARs.

The Communication and Engagement Sub Group will endeavour to measure and evaluate the impact of all activity in order to determine their effectiveness and inform future planning. Identifying effective methods of measurement will provide assurance that resources are being utilised in the most effective and efficient manner, and allow us to recognise where we can make improvements in the way we communicate important messages and learning. Impact will be reported through the BSAB Annual Reports, highlighting good practice and effectiveness achieved, and any changes made in approaches due to what the impact has told us. More regular reporting will be shared through bi-monthly update reports, as information becomes available.

The methods for measuring impact include, but are not limited to:

- **Surveys** – to be used before the implementation of resources/training/campaigns in order to provide an initial benchmark, and re-surveyed once resources are well embedded to measure any improvements in knowledge, practice etc.
- **Web statistics** will provide an indication of how well used resources are, or not; how frequently they are accessed;
- **Attendance and evaluation statistics** from training sessions will allow us to continually measure where training should be targeted, and will allow practitioners to tell us how learning has been embedded within their day to day practice;
- **Changes in reporting/data** – we will look out for correlation in significant changes in reporting and communication/engagement activity
- **Learning from Case Reviews and Audit Activity** – has it changed? Are we still finding the same issues?
- **Comments and feedback** from professionals; inspections and the general public
- **Feedback** from adults and children involved in the safeguarding process; independent organisations such as Healthwatch; all target groups. This will be gathered via surveys; workshops; focus groups etc.

9. Prevent and Channel

The Counter Terrorism and Security Act 2015 (CTS Act) and associated statutory guidance to the Prevent Duty and Channel Duty Guidance set out the required arrangements for delivery of the key safeguarding duties in relation to Prevent. The CTS Act sets out these requirements in relation to what are termed Specified Authorities. The CTS Act states that the Specified Authorities, in the exercise of their functions must have “due regard to the need to prevent people being drawn into terrorism”.

In addition to the Local Authority sector being designated a Specified Authority other Blackpool Safeguarding Adults Board Partners also have this designation as Specified Authorities. These include;

- Health Sector comprised of NHS Trusts, NHS Foundation Trusts.
- Prisons and Probation (known as criminal justice Specified Authorities)
- The Police (inclusive of the Police and Crime Commissioner)

Blackpool Council is the leading Specified Authority in the Local Authority area. Blackpool Council hosts the sector wide Prevent Partnership Board (PPB) which brings together other Specified Authorities and multi-agency safeguarding partners together to coordinate the delivery of Prevent and to monitor progress. BSAB has representation at the PPB in the form of the Board Business Manager. Additionally, assurance reporting to the Board via BMG from the PPB by both mutual membership and by the Chair or Vice Chair of the PPB on key themes. For Governance purposes the PPB sits within the Blackpool Community Safety

Partnership (CSP) structure and from there is appropriately linked to the strategic area Counter Terrorism Strategy Board (CONTEST).

Prevent has at its core three objectives and these are;

- Respond to the ideological challenge of terrorism and the threat we face from those who promote it.
- Prevent people from being drawn into terrorism and ensure they are given appropriate advice and support.
- Work with sectors and institutions where there are risks of radicalisation that need to be addressed.

Prevent delivery is intended to deal with all kinds of terrorist threats to the UK. The most significant of these threats is currently from terrorist organisations operating in theatres of war in Syria and Iraq and their ideological expansion on line that promotes attacks upon the principles of civic society and social cohesion in the UK. This type of terrorism, propagated on line, promotes domestic extremism and terrorist attacks within the UK mainland. Prevent also aims to respond to the threats from terrorists associated with the extreme right wing who also pose a continued threat, in sometimes similar ways, to our domestic safety and security. Children and adults can be equally vulnerable to these and other pervasive extremist ideologies. Prevent and the Channel Panel are in essence safeguarding measures to help us support children and adults at risk where concerns have been identified as 'at risk' of being drawn in to terrorism related activity and criminality. Channel is the specific pathway to support children and adults at risk who have been identified as vulnerable or susceptible to being drawn in to terrorism related activity and criminality.

10. Future plans – The new BSAB priorities

The future business plan priorities agreed for 2018-2020:

1. Understanding and reviewing safeguarding responsibilities and arrangements
For Board and partners in light of national and local changes
2. Gaining a better understanding of local safeguarding priorities and improving responses accordingly
3. Raising awareness and promoting engagement
4. Prevention and early intervention of safeguarding issues

11. Conclusion

Cooperation and commitment to the work of the BSAB has been maintained despite the pressures within each individual agency. However, we always need to consider if we can do things differently to make better use of scarce resources and Partner time whilst ensuring we make a positive impact for those requiring our services. We now have much closer ties with the Blackpool Safeguarding Children Board (BSCB) and agreed to participate on joint initiatives and attend meetings to work on common priorities for the year ahead to include training and communications, which will help develop a common approach to safeguarding and support the 'Think Family' approach. Joint priorities on transitional arrangements for children who move to adult services, are being pursued as clear areas of risk and challenge.

The BSAB will support the local authority-led initiative 'Making Safeguarding Personal'. Partners will take into account a victim's views in relation to the service they received and whether they were kept informed throughout the process. This will be captured through Partner data using mixed methods including Healthwatch feedback and information collated through audits and the QA framework. This will help provide an understanding of BSAB Partner challenges and priorities, and through monitoring on a bi-annual basis will help review policy, practice and redirect resources, if required.

The BSAB will continue to pursue links with all service providers to ensure ongoing pursuit of tackling issues collectively using a holistic approach by using preventative methods such as raising awareness through the Pan Lancashire communications and engagement group to distribute a consistent message to Partner agencies. This will contribute to relevant pathways being promoted to professionals to identify and respond to self-neglect and hoarding and financial abuse using a common approach. The work of each of the task and finish groups will conclude by December 2018 with a final report due to be presented to the BSAB in early 2019.

Emerging themes due to be discussed at an MPDF in 2019, include Adult Sexual Exploitation, covering human trafficking, modern slavery, sex workers, domestic and sexual violence, and FGM. Although agencies attempt to respond to these types of abuse, the approach is fragmented. Public health have developed a sexual health and violence strategy, and a domestic violence action plan has been developed during 2017. A sex worker group led by Public health and work with Partners attempt to work with this cohort to address other connected concerns such as financial and physical abuse as different types of abuse often overlap. Online abuse is a theme that seems to be emerging, as it often seen as an avenue to access potential victims of many types of abuse. This is particularly relevant for financial abuse, sexual exploitation, and trafficking and may result in a discussion at a future MPDF.

BSAB Partners must continue to share details on risk as well as, relevant information, working within information sharing legislation and policy, and with the adult's permission, wherever possible. The GDPR comes into force in May 2018, and the GPPR guidance will be incorporated into future training courses delivered by the BSAB and any data requests.

Information sharing protocols and arrangements will be reviewed in conjunction with referral pathways produced and incorporated into all relevant processes. Safeguarding continues to be a priority for everyone, particularly the professionals who come across the adults at risk or in danger on a daily basis, the BSAB will continue to support Partners throughout

18-19.

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Appendix A
BSAB Structure Chart



Appendix B

Strategic Board members at the time of publication:

Name	Title	Agency
Nancy Palmer	Independent Chair	
Cllr Graham Cain	Elected Member	Blackpool Council
Cllr Amy Cross	Elected Member	Blackpool Council
Karen Smith	Director of Adult Services	Blackpool Council
Judith Mills	Consultant in Public Health	Blackpool Council
Vacant	Head of Safeguarding and Principal Social Worker	Blackpool Council
Les Marshall	Head of Adult Social Care	Blackpool Council
Jo Humphries	Divisional Commissioning Manager	Blackpool Council
Lois Peers	Public Protection Officer, Trading Standards	Blackpool Council
Lesley Anderson-Hadley	Chief Nurse	Blackpool CCG
Cathie Turner	Designated Nurse	Blackpool CCG
Karen Orrell	Deputy Designated Nurse	Blackpool CCG
Dr Marie Williams	GP Representative	Blackpool CCG
Marie Thompson	Director of Nursing	Blackpool Teaching Hospitals NHS Foundation Trust
Hazel Gregory	Head of Safeguarding	Blackpool Teaching Hospitals NHS Foundation Trust
Bridgett Welch	Associate Director of Nursing	Lancashire Care NHS Foundation Trust
Glenn Harrison	Patient Experience Manager	NHS England
David Rigby	Sector Manager	North West Ambulance Service
Judith Poole	Head of Student Support and Wellbeing	Blackpool and the Fylde College
Sheena Tattum	Superintendent	Lancashire Constabulary
Lee Wilson	Detective Chief Inspector	Lancashire Constabulary
Joanne McHugh	Detective Chief Inspector (HQ)	Lancashire Constabulary
Stephen Dunstan	Director of Finance and Resources	Blackpool Coastal Housing
Sonia Turner	Head of North West Lancashire	HM Prison and Probation Service
Elaine Seed	Deputy Director	Cumbria and Lancashire CRC
Faye Atherton	Head of Services	Blackpool Carers' Centre (Third Sector representative)
Michelle Smith	Chief Executive	Blackpool Carers' Centre (Third Sector representative)
Jerry Cragg	Group Manager (Western Area)	Lancashire Fire and Rescue Service
Sheralee Turner-Birchall	Engagement Manager	Empowerment (Healthwatch provider)
Mike Crowther	Chief Executive Officer	Empowerment (Healthwatch provider)

Appendix C

Board member attendance at meetings during 2017/18

Agency	Board	BMG	QAPM	Case Review	Training
Blackpool Council – Elected Member	100%	n/a	n/a	n/a	n/a
Blackpool Council – Director of Adult Services	75%	n/a	n/a	n/a	n/a
Blackpool Council – Adult Services (other representatives – Adult Social Care and Commissioning)	75%	n/a	0%	100%	60%
Blackpool Council – Public Health	0%	n/a	50%	n/a	n/a
Blackpool Council – Trading Standards	100%	n/a	n/a	n/a	n/a
Lancashire Constabulary – Western Division (Blackpool) / HQ	75%	75%	25%	100%	40%
Blackpool CCG – Designated Nurse	100%	75%	66%	n/a	60%
Blackpool Teaching Hospitals NHS Foundation Trust	50%	50%	50%	0%	60%
Lancashire Care NHS Foundation Trust	75%	n/a	25%	66%	100%
NHS England	50%	n/a	n/a	n/a	n/a
North West Ambulance Service	0%	n/a	n/a	n/a	0%
Cumbria and Lancashire Community Rehabilitation Company	75%	n/a	25%	66%	20%
HM Prison and Probation Service	75%	50%	50%	100%	100%
Blackpool Coastal Housing	25%	n/a	60%	n/a	60%
Blackpool and The Fylde College	50%	n/a	n/a	n/a	40%
Healthwatch Blackpool	50%	n/a	n/a	n/a	n/a
Blackpool Carers' Centre	25%	n/a	n/a	n/a	n/a
Lancashire Fire and Rescue Service – Western Division (Blackpool)	25%	n/a	25%	0%	20%

Appendix D

Courses delivered – 17/18

Adult Safeguarding Board Courses	Courses ran over 2017/18
Adults Multi Agency Safeguarding	3
Dementia Friends Awareness	3
Domestic Abuse Awareness & Referral Pathways	4
Emotional Health, Well-being & Safeguarding	4
Fire Safety	2
Forced Marriage, Honour Based Violence & Female Genital Mutilation Awareness	1
Hoarding	3
Mental Capacity & Deprivation of Liberty Safeguards Awareness	3
Mental Health Issues in relation to Safeguarding Adults & Children	4
New Psychoactive Substances	3
Safeguarding & Supervision for Adult Practitioners	2
Safeguarding Adults Review Workshop	1
Substance Misuse & Safeguarding	4
Toxic Trio & Safeguarding	5
WRAP 3	5
Total	47

Courses and number of attendees:

Adult Safeguarding Board Courses – Attendees	Attendee Numbers
Adults Multi Agency Safeguarding	62
Dementia Friends Awareness	56
Domestic Abuse Awareness & Referral Pathways	60
Emotional Health, Well-being & Safeguarding	66
Fire Safety	27
Forced Marriage, Honour Based Violence & Female Genital Mutilation Awareness	19
Hoarding	74
Mental Capacity & Deprivation of Liberty Safeguards Awareness	51

Mental Health Issues in relation to Safeguarding Adults & Children	70
New Psychoactive Substances	40
Safeguarding & Supervision for Adult Practitioners	30
Safeguarding Adults Review Workshop	15
Substance Misuse & Safeguarding	50
Toxic Trio & Safeguarding	85
WRAP 3	110
Total	815



The grounds for initiating a Safeguarding Adults Review (SAR) are:

A Safeguarding Adults Board must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if -

(a) there is reasonable cause for concern about how the Safeguarding Adults Board, members of it or other persons with relevant functions worked together to safeguard the adult, and

(b) condition 1 or 2 is met.

(1) Condition 1 is met if -

(a) the adult has died, and

(b) the Safeguarding Adults Board knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

(2) Condition 2 is met if -

(a) the adult is still alive, and

(b) the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect.

(3) The Safeguarding Adults Board may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

The adult who is the subject of the Safeguarding Adults Review need not have been in receipt of care and support services for the Safeguarding Adults Board to arrange a review in relation to them.

Note - the criteria for undertaking Safeguarding Adults Reviews does not apply to any case involving an adult in so far as the case relates to any period during which the adult was -

(a) detained in prison, or

(b) residing in approved premises.

Glossary:

ASBRAC Anti-Social Behaviour
ASC Adult Social Care
BMG Business Management Group
BSAB Blackpool Safeguarding Adults Board
BSCB Blackpool Safeguarding Children Board
BTH Blackpool Teaching Hospitals NHS Foundation Trust
CAMHs Children Adolescent Mental Health service
CCG Clinical Commissioning Group
CHC Continuing Health Care
CQC Care Quality Commission
CRC Community Rehabilitation Company
CSP Community Safety Partnership
DA Domestic Abuse
DBS Disclosure Barring Service
DWP Department of Work and Pensions
DOLs Deprivation of Liberty Safeguards
ED Emergency Department
ERISS Electronic Information Sharing System
FGM Female Genital Mutilation
HFSC Home Fire Safety Checks
IDVA Independent Domestic Violence Advocate
JSNA Joint Strategic Needs Assessment
KPI Key Performance Indicator
LGA Local Government Association
LGBT Lesbian Gay Bisexual Transgender
MALR Multi-Agency Learning Review
MAPPa Multi-Agency Public Protection Arrangements
MARAC Multi-Agency Risk Assessment Conference
MASH Multi-Agency Safeguarding Hub
MCA Mental Capacity Act
MFH Missing From Home
NEET Not in Education, Employment or Training
NHSE NHS England
NICE National Institute for Clinical Excellence
OPD Outpatients Departments
PCC Police and Crime Commissioner
PPB Prevent Partnership Board
PPNG Patient Participation Networking Group
PVP Police Vulnerable Person (referral)
QAPM Quality Assurance and Performance Monitoring Group
SAR Safeguarding Adult Review
WRAP Workshop to Raise Awareness of Prevent

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Ms Karen Smith, Director of Adult Services
Date of Meeting:	28 November 2018

ADULT SERVICES UPDATE REPORT

1.0 Purpose of the report:

1.1 The report provides an update on the current status and developments in Adult Services.

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.

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 Person Centred Care at Home – Procurement Update

Around 1,000 adults access approximately 12,000 hours of commissioned home care each week (excluding Learning Disabilities) across Blackpool. Service demand levels fluctuate slightly each day. The standard hourly fee rate is currently £14.20 per hour. Home care fees are set and reviewed by Blackpool Council annually.

Blackpool Council and the Blackpool Clinical Commissioning Group (BCCG) are currently part way through a procurement exercise for home care services in Blackpool. The key priority is commissioning quality Person Centred Home Care Services that are fit for purpose and flexible to changing needs across the Blackpool area. Blackpool Council and BCCG are seeking to appoint a range of suitably skilled, experienced and technically capable providers that have the capacity and capability to deliver safe, reliable and high quality care and support; delivering the best possible outcomes for residents of Blackpool. The tender closed in October 2018. Two lots were offered for tender:

- **Lot 1 - Person Centre Home Care (Adults)** includes Older Adults, Mental health, Physical Disabilities (approx. 10,000 hours per week).
- **Lot 2 - Person Centre Home Care (Continuing Health Care)** includes Children, Older Adults, Mental health, Physical Disabilities (approx. 1,600 hours per week).

The tender evaluation process commenced 31 October 2018 and appointment of Providers is expected early in December 2018. The transition of Service Users' care hours to new service providers will follow early in 2019, with full implementation of Provider contracts by 1 April 2019.

A small number of properties where the model of care is delivered in a less structured way and shared across service users will not form part of this commission, and will be subject to a separate tender process with a commencement date of April 2018.

The new model of Person Centred Home Care will operate across geographical zones (Blackpool North, Central and South). The move to patch based allocation of care hours will enable efficient ways of working and mean paid carers should spend less time travelling. The efficiency and effectiveness of zones will be reviewed from time to time across the life of the contract and boundaries may be subject to change. Appointed Providers will be responsible for the allocation and delivery of care hours in their allocated areas. From commencement of the contract, there will be three main zones:

Zone 1 (North Blackpool) – Postcodes FY5, FY2 and FY6 (FY6 - Continuing Health Care)

Zone 2 (Central Blackpool) – Postcodes FY1 and FY3

Zone 3 (South Blackpool) – Postcodes FY4

5.2 Provider Performance

Residential - Comparative CQC Ratings At 01.10.2018

Blackpool's contracted Residential and Nursing provision continues to compare favourably with homes in the North West and Nationally.

	Blackpool	Blackpool	North West	North West	National	National
	Number	%	Number	%	Number	%
Outstanding	6	9.38%	34	1.89%	400	2.68%
Good	50	78.13%	1339	74.60%	11666	78.09%
Requires Improvement	8	12.50%	374	20.84%	2620	17.54%
Inadequate	0	0.00%	48	2.67%	253	1.69%
	64	100.00%	1795	100.00%	14939	100.00%

Care At Home Comparative CQC Ratings At 01.10.2018

Blackpool's contracted Care At Home provision continues to compare favourably with those in the North West and Nationally.

	Blackpool	Blackpool	North West	North West	National	National
	Number	%	Number	%	Number	%
Outstanding	0	0.00%	24	2.75%	229	3.16%
Good	20	95.24%	743	85.21%	6027	83.29%
Requires Improvement	1	4.76%	96	11.01%	932	12.88%
Inadequate	0	0.00%	9	1.03%	48	0.66%
	21	100.00%	872	100.00%	7236	100.00%

A contract is in place for advocacy services in Blackpool to support people to access support for statutory advocacy. A significant pressure on the contract is the call on advocacy from the Harbour Mental Health service, and we are working with the provider to ensure that statutory duties are met.

5.3 Deprivation of Liberty Safeguards (DoLS)

Background

The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. In order to be placed on a DOL the person must lack capacity to agree to their care and treatment in either a care home or hospital.

Care Homes and hospitals must ask a local authority if they can deprive somebody of their liberty, if the Local Authority agrees, a series of six assessments takes place, if all the criteria are satisfied only then can an authorisation be agreed.

Local Authorities have, since the Cheshire West ruling and the Supreme Court Judgement in March 2014, been overwhelmed with the number of requests made for a standard authorisation.

Blackpool Council has a small team of two staff who manage and allocate all the requests that are made to deprive somebody of their liberty. The team have so far this year received 625 applications to deprive somebody of their liberty since 1 April 2018. Blackpool Council have so far trained 25 Best Interest Assessors to carry out this work and currently have three undergoing training and three highlighted for training in February 2019.

Due to this Blackpool Council now only use one independent Best Interest Assessor, this is in contrast to the 16 independents that were required in 2017. Currently Blackpool Council Best Interest Assessors are completing on average of 11 assessments per week and are currently several weeks ahead on renewal assessments. This financial year the team is forecast to save just over £20K in comparison to the last financial year.

From a Country (England) wide perspective the number of requests for a deprivation of liberty have increased year on year.

2013 – 2014 = 13,715

2014 – 2015 = 137,540 (Following from the Supreme Court Judgement)

2015 – 2016 = 195,840

2016 – 2017 = 217,235

2017 – 2018 = 227,400

Blackpool Council is currently within the top 10% for completed DoLS assessments within the required timescales. Full details can be found at <https://digital.nhs.uk/data-and-information/publications/statistical/mental-capacity-act-2005-deprivation-of-liberty-safeguards-assessments/annual-report-2017-18-england>

5.4 North West ADASS Quarter 1 2018/19 report

As part of sector-led improvement, the North West Association of Directors of Social Services produces a report each quarter summarising performance at a regional and sub-regional level. The report also includes a simple two-page locality performance profile for each local authority. Each profile gives an overview of an area's performance on the measures routinely collected, in an easy-to-understand format.

The summary for Blackpool relating to Quarter 1 (April to June 2018) is attached as an appendix to this report. As already discussed with Scrutiny Committee members, Blackpool compares very favourably across the region with respect to the quality of residential and nursing homes. The Delayed Transfers of Care figures are mixed, but there are concerns regarding the accuracy of the data, which are not reflective of the working arrangements with health partners, who have not drawn any significant concerns to our attention.

The full quarterly report can be obtained on request by e-mailing hilary.wood@blackpool.gov.uk.

5.5 **Transforming Care Update**

A significant amount of work continues to be undertaken in regard to Transforming Care with local activity driven by Blackpool's Transforming Care Steering group – chaired by the Director of Adult Services with representation from Adult and Children's Social Care, Commissioning and BCCG. The steering group membership has active involvement in and acts as the interface with the workstreams and subgroups of Lancashire and South Cumbria's Transforming Care Partnership.

Blackpool Patients

There are currently six Blackpool patients in a secure hospital, whose placements are funded by NHS England (Specialised Commissioning) and seven in a non-secure hospital, whose placements are funded by Blackpool CCG. Of those in placed in a non-secure placement, four have been assessed as ready for discharge to the community setting in the financial year 2018/2019 and a further individual in 2019/2020. The remaining individuals have been clinically assessed as not yet ready for discharge and are all appropriately placed.

Care and Discharge Planning

The Team has introduced robust systems for admission avoidance and effective discharges and has worked with BCCG commissioners to establish a dynamic support tool to identify and monitor individuals who are at risk of placement breakdown/hospital admission. The database is a live tool and reviewed on a monthly basis. The team has also established links with the Specialist Support Team, who are working across the footprint

(with local learning disability teams and commissioners) to ensure the right support is put in place at the right time so that community placements are maintained.

The tool currently only monitors adults with a learning disability and further work will be undertaken to roll this out to monitor eligible individuals, with an autism only diagnosis and eligible children and young people.

Monthly “Assuring Transformation” meetings have been established in collaboration with, Blackpool Teaching Hospitals NHS Foundation Trust and Blackpool Clinical Commissioning Group to improve reporting and information flow to Lancashire and South Cumbria Transforming Care Partnership and NHS England on our inpatient population.

Funding arrangements

The implementation of Transforming Care continues to present financial pressures across the system. Further discussions between Blackpool Council and the CCG will be held to consider the most appropriate way to manage this risk at a Fylde Coast level.

New Service developments

A number of new schemes have been or are being developed at the present time:

To strengthen crisis provision, the council is investing in the development of two crisis apartments. One of the apartments will be built into the Council’s in-house Extra Support Service operational model; the second will be made available for those in social crisis. Blackpool Council is currently in dialogue with the Transforming Care Partnership (TCP) to understand how the service can complement emerging crisis provision across the wider footprint.

Blackpool Council has secured national funding to invest in specialist local Learning Disability (LD) services:

- Step Down Service: The service will offer support in a supported living environment for individuals ready for discharge from an inpatient placement, who require a period of resettlement in a specialist community placement.
- A small scale housing scheme to be situated on Grange Park will provide six self-contained flats equipped with a high specification assistive technology system to support independent living. It is anticipated that the flats will be occupation ready by early summer 2019.

Plans are in place to apply for additional NHS England capital funding to build additional respite/short breaks provision. This is in response to the growth in demand for respite care for individuals with complex/intensive support needs. If secured, the capital

investment will be used to build a six-bed service offering personalised and flexible support for carers and the people they care for.

Workforce Development

Adult Social Care and Organisational Workforce and Development have worked together to create Challenging Behaviour and Positive Behavioural Support (PBS) courses which are available on iPool. The courses are mandatory for internal staff who work with adults with learning disabilities and autism. The Council has extended access to iPool to all external LD providers, investing in additional licenses so that all corporately available courses are accessible. The requirements of Transforming Care are also incorporated into the key aims and objectives of the Fylde Coast Health and Social Care Career Academy.

Ongoing work with the TCP

Blackpool Council is committed to continue working in partnership with Lancashire and South Cumbria Transforming Care Partnership against a number of priority areas, which include:

- Making improvements against nationally defined trajectories for the discharge of people with LD and/or Autism in hospital settings.
- The development of a non-secure specialist inpatient unit to reduce the need to place people with LD and/or Autism in long term and expensive hospital placements.
- The delivery of an all age Learning Disability and Autism service and pathway.
- The development and implementation of an ICS level workforce plan to ensure we have the right skill set within our workforce to meet the future needs of our LD and Autism population.

5.6 **Winter Plan 2018/2019**

NHS Improvement leads on all areas producing a winter plan, which details the steps and actions that the NHS and their partners will take to prepare for and deliver services during, winter.

The Fylde Coast, covering Blackpool, Fylde and Wyre, has produced its own plan as their contribution to this. It states in the plan, “We know that even more so throughout the Winter, pressures on health and social care services will be increased. Partners will work more closely than ever before to ensure that patients continue to receive a high standard of urgent care services throughout the winter period.”

Blackpool Council, as a partner in the Fylde Coast system, has made the following contribution to the plan:

Winter Plan 2018/19

Blackpool Council will continue to work with existing local networks and through the Fylde Coast A and E Delivery Board to maximise system resilience and ensure the beneficial deployment of resources. We have used a proportion of improved Better Care Fund funding to enhance, extend and develop the service offer across a number of key elements of provision supporting the Health and Care system. This provides additional resources and capacity within Adult Social Care and In House Homecare Services to respond to lessons learned from previous winters, and is targeted towards:

- Responsive and flexible interventions of care to enhance the discharge of patients from hospital;
- Early interventions of care to prevent hospital admissions, diverting people away from A and E;
- Reducing delayed transfers of care (DToC) attributable to social care.

Adult Social Care (ASC)

There is currently no waiting list for ASC Care Act 2014 assessments, and Blackpool Council will not be operating one, and reviews are largely up to date and are addressed on a monthly basis. In line with last winter, it is not anticipated that there will be a queue for packages of care in winter 2018/2019, unlike previous years where we were waiting for over 50 packages at any one time. The Social Care Purchasing Team now facilitate proactive contact with providers, supporting high priority discharges. There are challenges within the domiciliary market capacity to pick up Care at Home packages quickly. Recent discussions with framework domiciliary care providers has informed them of our intent to source care from spot contracted provider, where they are unable to meet demand. We have so far agreed contractual arrangements with three providers who will contract with us to do this, increasing our flexibility in times of increased demand. At Bank Holidays, especially over the Christmas and New Year period, domiciliary care agencies check who does not need care due to being away and/or with relatives, and they will reallocate any available hours to alleviate pressures in provision.

6.0 List of appendices:

Appendix 8(a) – North West ADASS Quarter 1 2018/2019

Does the information submitted include any exempt information? No

7.0 Legal considerations:

7.1 None

8.0 Human Resources considerations:

8.1 None

9.0 Equalities considerations:

9.1 None

10.0 Financial considerations:

10.1 None

11.0 Risk management considerations:

11.1 None

12.0 Ethical considerations:

12.1 None

13.0 Internal/External Consultation undertaken:

13.1 None

14.0 Background papers:

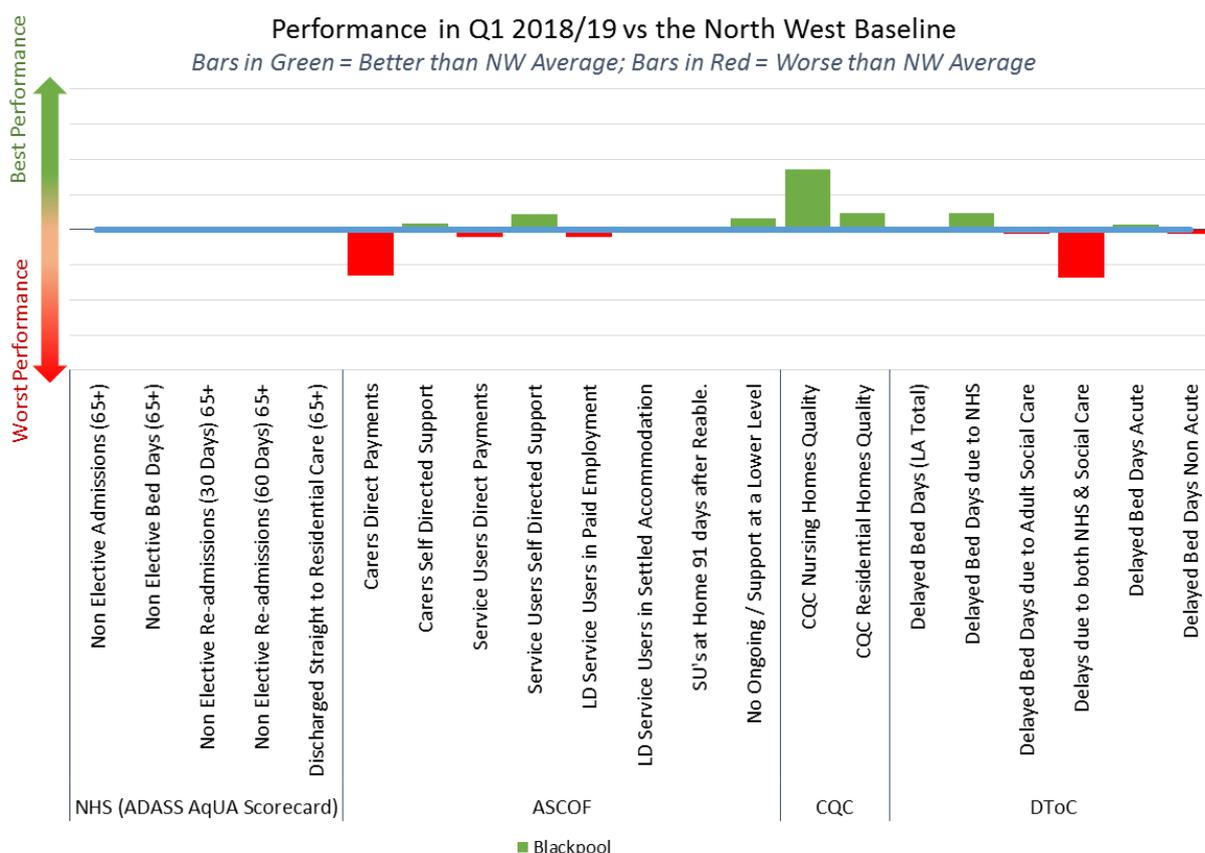
14.1 None

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SLI Quarterly Overview (Q1 2018/19): BLACKPOOL

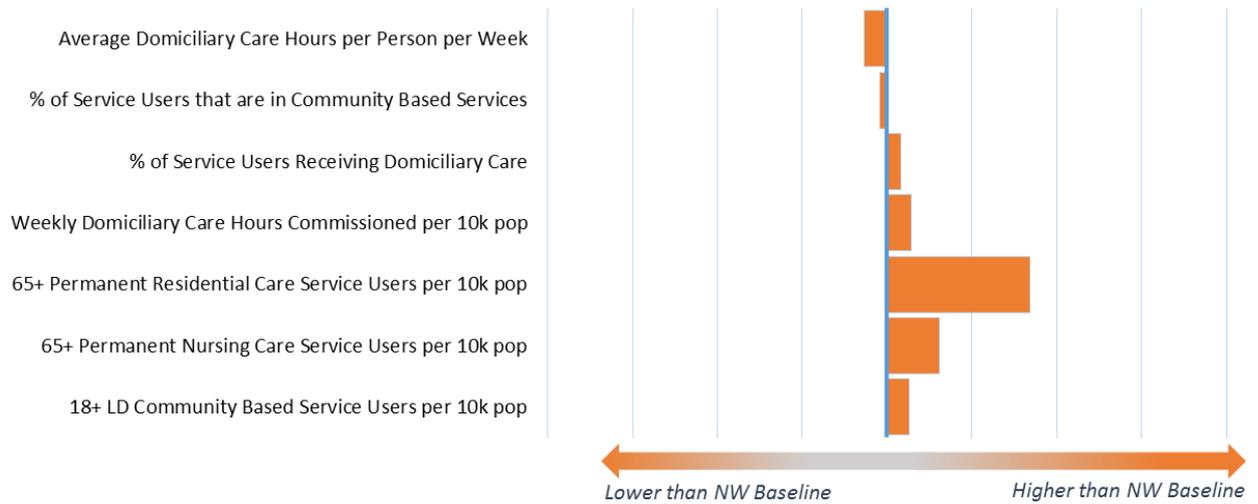
COMPARING BLACKPOOL TO THE NORTH WEST BASELINE

Below is a summary of NHS, ASCOF, CQC and DTOC performance measures, as at Q1 2018/19. The blue line represents the North West baseline figure, and where there is a red bar below this line, it means that your LA is performing at a worse level than the North West average. Similarly, if there is a green bar above the blue line, you are performing better. The further the bar is away from the baseline indicates you are further away (either better or worse) from the overall regional average.



The chart below aims to show whether the level of provision in the Local Authority is similar to that of the rest of the region. Please note that this is not performance data, where being high or low is good or bad, this is to be used as benchmarking to see if your own LA is particularly high, for example, in Nursing Care placements.

Analysing the Level of Provision Against the NW Baseline at Q1 2018/19



SUPPORTING DATA TABLE – BLACKPOOL

Please note that in year ASCOF data is provided by the North West Performance Leads for internal benchmarking only. The data doesn't have the same quality assurance checks as year-end returns.

Indicator	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
	2016/17	2016/17	2016/17	2016/17	2017/18	2017/18	2017/18	2017/18	2018/19	
NHS (ADASS AqUA Scorecard)										
Non Elective Admissions (65+)	271	271	268	272	272	264	285	274		
Non Elective Bed Days (65+)	2,769	2,769	2,784	2,864	2,864	2,730	3,296	4,197		
Non Elective Re-admissions (30 Days) 65+	17.9	17.9	17.3	17.6	17.6	17.1	16.2	16.7		
Non Elective Re-admissions (60 Days) 65+	27.7	27.7	26.9	28.1	28.1	26.1	25.3	26.6		
Discharged Straight to Residential Care (65+)	0.9	0.9	0.9	1.0	1.0	1.1	1.2	1.8		
ASCOF										
Carers Direct Payments	76.3	17.2	15.2	69.7	32.6	25.2	22.9	79.3	38.2	
Carers Self Directed Support	97.4	99.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Service Users Direct Payments	19.9	20.1	21.5	19.7	20.0	21.3	21.4	21.2	21.9	
Service Users Self Directed Support	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Learning Disability Service Users in Paid Employment	1.4	5.5	4.7	4.9	4.7	3.4	4.0	4.4	3.0	
Learning Disability Service Users in Settled Accommodation	24.9	90.6	90.6	90.5	90.6	90.7	96.3	92.9	88.6	
% 65+ Service Users still at home 91 days after Reablement	0.0	0.0	0.0	83.9	0.0	0.0	0.0	90.4	84.5	
CQC										
% of Beds in Residential Homes rated 'Outstanding' or 'Good'	81.4	81.4	81.1	83.6	84.0	84.3	82.2	81.9	81.9	
% of Beds in Nursing Homes rated 'Outstanding' or 'Good'	100.0	100.0	100.0	91.4	100.0	100.0	100.0	95.1	95.1	
DToC										
Delayed Bed Days Acute	758	625	603	793	552	647	858	688	616	
Delayed Bed Days Non Acute	515	455	608	632	517	595	642	412	420	
Delayed Bed Days (LA Total)	1,273	1,080	1,211	1,425	1,069	1,243	1,501	1,100	1,035	
Delayed Bed Days due to NHS	678	482	544	675	454	601	606	592	440	
Delayed Bed Days due to Adult Social Care	464	430	472	496	544	555	639	412	448	
Delays due to both NHS & Social Care	132	169	196	253	71	87	255	96	147	
Market Data										
Average Domiciliary Care Hours per Person per Week	0	0	0	0	11.1	11.2	11.0	11.1	11.2	
% of Service Users Receiving Domiciliary Care	0	0	0	0	33.2	32.8	32.5	32.0	34.5	
% of Service Users that are in Community Based Services	0	0	0	0	70.6	71.6	71.5	71.8	70.5	
65+ Permanent Residential Care Service Users per 10k pop	0	0	0	0	227	229	228	222	225	
65+ Permanent Nursing Care Service Users per 10k pop	0	0	0	0	61.8	65.6	61.4	64.6	68.0	
18+ LD Community Based Service Users per 10k pop	0	0	0	0	35.5	36.4	36.8	37.2	37.0	

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	John Hawkin, Chief Operating Officer, Community and Environmental Services
Date of Meeting:	28 November 2018

GREEN AND BLUE INFRASTRUCTURE STRATEGY

1.0 Purpose of the report:

1.1 To inform and seek support from scrutiny on the production of a Green and Blue Infrastructure (GBI) Strategy.

2.0 Recommendation(s):

2.1 To consider the content of the draft strategy; providing feedback and challenge along with guidance towards the completion of final strategy.

3.0 Reasons for recommendation(s):

3.1 To engage with Members of the Scrutiny Committee on the production of a Green and Blue Infrastructure Strategy for Blackpool.

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

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

3.3 Other alternative options to be considered:

Not applicable.

4.0 Council Priority:

4.1 The relevant Council Priority is both:

- The economy: Maximising growth and opportunity across Blackpool.
- Communities: Creating stronger communities and increasing resilience.

5.0 Background Information

- 5.1 Blackpool's Local Plan Core Strategy 2012-2027 includes a Green Infrastructure Policy (Ref CS6) which requires planning and development activity to protect, enhance, create and connect networks of Green and Blue Infrastructure (GBI). This draft strategy aims to formalise this policy into a clear vision.

Blackpool's green and blue infrastructure is varied, both in terms of type; ranging from parks and gardens to ponds and lakes, sea and nature reserve, as well as ownership; public sector, commercial organisations, voluntary groups and private individuals.

Given this unique mix, it is clear that responsibility for creating, managing, promoting and funding GBI will fall to numerous people and organisations, working in partnership.

A GBI strategy will need to be a leadership document, setting out vision, goals and priorities that we can build upon to inspire positive change across the town whilst being mindful that GBI does not end at the borough boundary so must connect with our neighbouring authorities.

- 5.2 Work to date has included technical surveys, to assess the current position and compare with recognised benchmark data, consultation with key stakeholders involved in GBI across the town and the gathering of this information into a draft strategy document for further consultation.
- 5.3 Based on this initial work and identified priorities the strategy has been developed around six strategic goals:
- Engaging People in Health and Wellbeing
 - Enhancing the Visitor Experience
 - Greener Housing and Infrastructure
 - Enabling Productive Business and Workers
 - Promoting a Green Image and Culture
 - Improving Habitats and Benefitting Pollinators
- 5.4 Once completed the strategy will be a guide and source of information for future development across Blackpool.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 9(a): Presentation to Committee Members

Appendix 9(b): (Draft) Blackpool Green and Blue Infrastructure Strategy

6.0 Legal considerations:

6.1 Not applicable.

7.0 Human Resources considerations:

7.1 Not applicable.

8.0 Equalities considerations:

8.1 Not applicable.

9.0 Financial considerations:

9.1 Not applicable.

10.0 Risk management considerations:

10.1 Not applicable.

11.0 Ethical considerations:

11.1 Not applicable.

12.0 Internal/ External Consultation undertaken:

12.1 Wide range of consultation completed with individuals and via stakeholder forums.

13.0 Background papers:

13.1 Not applicable.

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Green and Blue Infrastructure Strategy 2018 to 2027

Adult Social Care and Health Scrutiny Committee

28 November 2018



Aim of the Presentation

1. What is Green and Blue Infrastructure?
2. Why we have developed a draft GBI strategy and action plan
3. The process so far
4. Key high level recommendations
5. Our ask of you as leaders in Health and Wellbeing
6. Get your thoughts, feedback and ideas



Why are We Developing the Strategy – the Issues

Lowest tree canopy cover in England

Intensely urban, with one of the highest densities of housing outside London

Limited usable open space

18 500 Blackpool people use the outdoor environment each week. This is 5,000 people less than the national average

One of the lowest life expectancies in England

Why are We Developing the Strategy – the benefits of green

The evidence says that green and blue infrastructure:-

Reduces surface water and flooding and therefore seawater quality

Reduces the energy we need to spend on managing that water through drains

Reduces urban heat island effect – green air conditioning

Removes air pollutants

Encourages people to play, walk and cycle

Improves the mental health of adults and children

Increased employee productivity including reducing sickness absence

Increases property values

Attracts inward investment and motivated staff

Green and Blue Infrastructure Strategy

How to Build Green and Blue Infrastructure – Key Recommendations

1. Transform housing quality

New and improved parks and creative greening initiatives in the Inner Area, South Shore and the Outer estates to make our housing better for family life.

2. Double tree canopy

Blackpool has the fewest trees of any English town – create a legacy for future generations, starting with planting 10,000 trees in the next ten years.

3. A greener centre

As the town centre and resort core are regenerated, create new pocket parks and an iconic public realm.

4. The best in the West

We will celebrate Stanley Park as the best park in the UK so it becomes a must-see for any visitor; and then encourage visitors to explore other parks in the town, Lytham St Annes and Fleetwood.

Green and Blue Infrastructure Strategy

How to Build Green and Blue Infrastructure – Key recommendations

5. Take health seriously

Help at least 5,000 more local people each week enjoy exercise at our parks, beaches and encourage Forest Schools, Green Gyms and nature-based prescriptions.

6. Make it easy to get outdoors

Establish the “Blackpool Activity Trail”, signpost our green spaces better and remind the world that we are a start point for national coastal and Trans Pennine walking and cycling tours.

7. Keep it down to earth

Blackpool has a great backbone of volunteers and can always call on help from businesses, “Blackpool-exiles” and loyal holiday-makers with an affinity for the town. Local park friends, tree wardens, volunteer rangers and councillors are key to delivering and maintaining GBI.

8. Always Think for the Future

Ensure Green and Blue Infrastructure forms part of all our decision-making and supports the future proofing of the town.

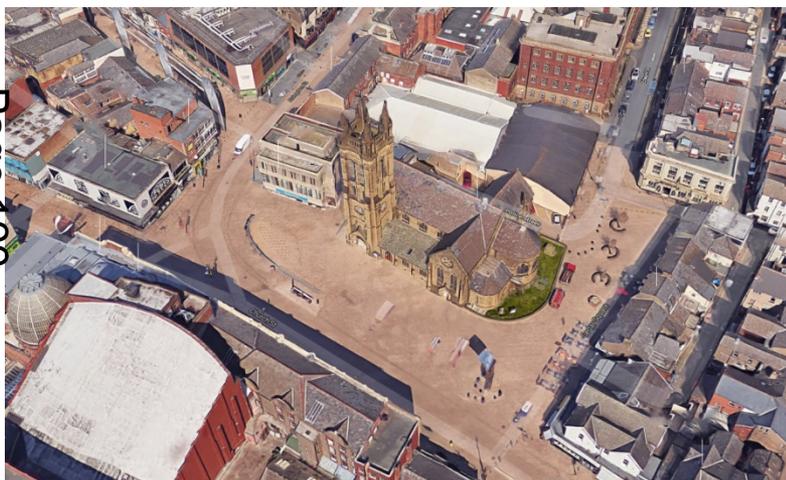
The Action Plan

**GBI strategy is delivered through a few
flagship schemes and 1001 individual,
neighbourhood and organisational
actions**

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Consider the Contrast

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Actions At strategic level

- Incorporate the creation of new GBI into the Town Centre Strategy Update where each part of the public realm is considered as an opportunity for civic GBI.

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Identify opportunities in the Leisure Quarter masterplan for GBI.

- Incorporate GBI into the master plan for the Enterprise Zone to create a welcoming place for businesses.
- Create a park in the inner areas for both residents, tourists and town centre workers to use

Making the most of what we have for residents and tourists

- Create an Arts Trail and promote it to residents, workers, visitors and tourists.
- Promote the Lancashire Coastal Way (137 mile footpath following the coastline between Merseyside and Cumbria) to connect residents to neighbouring GBI and visitors and tourists to Blackpool.
- Develop the Blackpool Activity Trail – cycling, walking, and nature trails.

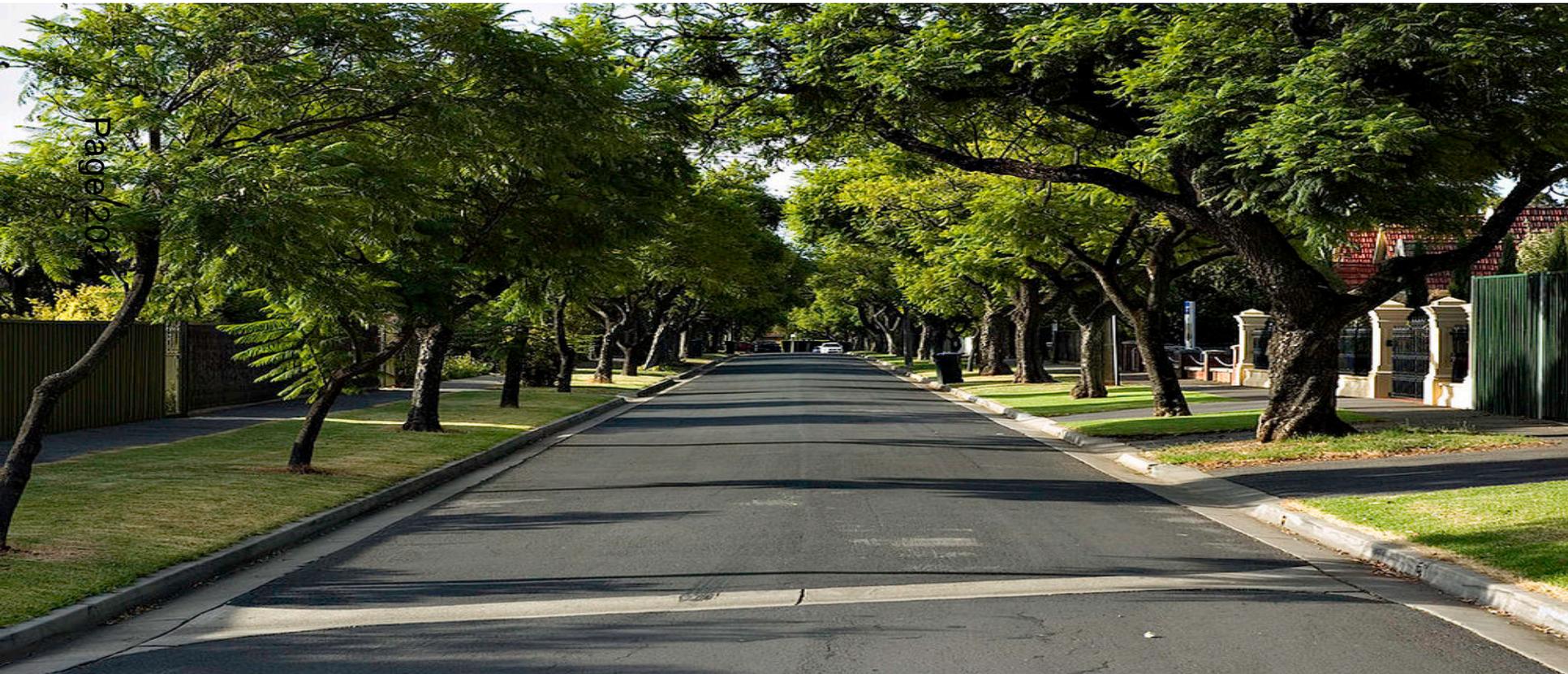
The Activity Trail links the National Cycle Route, Heron's Reach Footpath Trail, Blackpool Heritage Trail, North Blackpool Pond Trail, and Blackpool Promenade.

Proposed Actions for Individual Businesses and Public Sector Organisations

- Protect, manage and improve GBI on your sites for biodiversity, sustainable drainage, and to create an attractive setting for employees and customers.
If your organisation has limited exterior space, think about innovative green elements e.g. roof-top planting, green walls, etc.
- Adopt part of the GBI public realm, to support its maintenance through sponsorship or staff volunteering
- Include GBI in your Social responsibility procurement requirements



Street Trees



Planting Trees

- Create a street tree planting plan
- Plant street trees on key transport gateways from the M55, including Yeadon Way, Progress Way and Westcliffe Drive/ Talbot Road

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Explore the opportunity to create a ‘Green Line’ along the central corridor from south Station to the Town Centre, comprising a continuous green space/series of green spaces that facilitates walking, running and cycling.

Over to You

- **What are your thoughts in relation to having a Green & Blue Infrastructure Strategy?**
- **Have you any questions?**
How could it be enhanced and developed?
Is it the right approach and scope?
- **What are your thoughts in relation to people's involvement in Green and Blue?**

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Blackpool's Green and Blue Infrastructure Strategy

Draft for Consultation

SUPPORTED BY

Blackpool Council



Contents

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1.0 Key Message

Introduction

As we write this in 2018, Blackpool is looking forward to a period of sustained transformation. Several major regeneration projects have started and more are to come. Our housing areas, our town centre and our business areas will be refreshed and rejuvenated with massive public and private sector investment.

We are also piloting innovative social initiatives to improve health, well-being, skills and employability. We are rebuilding Blackpool's brand as "the number one family resort with a thriving economy that supports a happy and healthy community who are proud of this unique town".¹

This is a ten year strategy to invest in Blackpool's Green and Blue Infrastructure. We will enhance our existing parks and open spaces and deliver new high quality green spaces and public realm. We will see many more residents and visitors experiencing Blackpool's great outdoor spaces.

What is Green and Blue Infrastructure?²

A network of multifunctional green space, urban and rural, which delivers a wide range of environmental and quality of life benefits for local communities. Green and blue infrastructure is not simply an alternative description for conventional open space. As a network it includes parks, open spaces, playing fields, woodlands, but also street trees, allotments and private gardens. It can also include streams, the sea and other water bodies and features such as green roofs and walls. In Blackpool it also includes our coastline.

The Strategy will be delivered by Blackpool Council in partnership with its own staff, the community, developers, landowners, schools, healthcare providers and infrastructure managers.

Blackpool faces unique challenges due to poor public health, the intensely urban nature of its built form, poor quality housing stock, and high seasonal unemployment.

Yet Blackpool has a lot to offer. It has enthusiastic, skilled and committed volunteers working in our green spaces. Volunteering in the outdoors builds friendships and civic pride, for example at East Pines Park in Anchorsholme, a group of parents enlisted the help of their local councillor to obtain funding which has rejuvenated the park as a thriving local asset. There are many similar groups across Blackpool. Some completely run by volunteers, others facilitated by the public or voluntary sector.

In 2017, Blackpool's Stanley Park was named as the best park in the UK by Fields in Trust, a national charity which protects open spaces and encourages communities to actively care for them. This is a tribute to the managers and friends of Stanley Park who have invested their time and creativity to make Stanley Park a place valued locally, regionally and nationally.

We are also proud of our coastline. South Beach is internationally acclaimed as a Blue Flag Beach. All our other beaches have Seaside Awards; recognition of years of hard work by many partners improving environmental quality.

Our Green and Blue Infrastructure Strategy builds on these successes. We want the town to be known nationally for the quality and attractiveness of its premier open spaces.

Only a few weeks before Stanley Park received its award, another of our parks, Revoe Park, featured on primetime national TV news, because urban park rangers working in our Better Start programme teach parents how to encourage their infants to play creatively.

The rangers also help with skills and self-esteem amongst people who are looking to rebuild their lives and work prospects after setbacks. There is overwhelming evidence of how green and blue infrastructure is essential to quality of life, and how it can be used as a setting for health-enhancing activity.

It is no secret that Blackpool's Inner Area is short of greenery and attractive open spaces. That is why Revoe Park is so important to its local community who have welcomed the Better Start programme.

A shortage of green infrastructure compounds the public health deficit that affects too many of our population. As we regenerate housing areas and restructure the town centre, we will take opportunities to create pocket parks, plant civic trees and improve greenways so people enjoy spending time outdoors. The promenade and beach are also hugely important assets and we will look to expand the use of them through enhancements and organised activities and events.

Blackpool's wildlife and countryside fringe is also prioritised in this Strategy. Marton Mere is Blackpool's only Site of Special Scientific Interest (SSSI) and Local Nature Reserve (LNR) and acts as a centre for an ecological network connecting coast, countryside and urban areas.

Greening the town centre, principal road and rail corridors and our enterprise zones, using a range of horticultural and artistic techniques, will also give confidence to incoming residents, visitors and investors that Blackpool is a town which is serious about its overall vision.



Councillor Graham Cain
Cabinet Secretary (Resilient Communities)

How to Build Blackpool’s Green & Blue Infrastructure

1 Transform housing quality

New and improved parks and creative greening initiatives in the Inner Area, South Shore and the outer estates will make our housing better for family life.

2 More than double tree canopy

Blackpool has the fewest trees of any English town – we will create a legacy for future generations, starting with maintaining our current trees and planting 10,000 trees in the next ten years to more than double our tree canopy from 4% to 10%.

3 A greener centre

As the town centre and resort core are regenerated, we will create new pocket parks and an iconic public realm.

4 The best in the West

We will celebrate Stanley Park as the best park in the UK so it becomes a must-see for any visitor; and then encourage visitors to explore other parks in the town, Lytham St Annes and Fleetwood.

5 Take health seriously

We will help at least 5,000 more local people each week enjoy exercise at our parks and beaches, and we will encourage Forest Schools, Green Gyms and nature-based prescriptions.

6 Make it easy to get outdoors

We will establish the “Blackpool Activity Trail”, signpost our green spaces better and remind the world that we are a start point for national, coastal and Trans Pennine walking and cycling tours.

7 Keep it down to earth

Blackpool has a great backbone of volunteers and can always call on help from businesses, “Blackpool-exiles” and loyal holiday-makers with an affinity for the town. Local park friends, tree wardens, volunteer rangers and councillors are key to delivering and maintaining GBI.

8 Always Think for the Future

We will ensure Green and Blue Infrastructure forms part of all our decision-making and supports the future proofing of the town.

The remit of the Strategy is not to safeguard every last bit of existing green space in Blackpool, it is to secure the highest possible quality of spaces. Where a proposed development would result in a green space being reduced in size, the Council will ensure that the remaining green space is a higher quality so that the benefits it provides are more far-reaching than the existing green space.

This Green and Blue Infrastructure Strategy and its accompanying Action Plan have been developed following comprehensive consultation and review of evidence. We will use the Strategy to guide our actions, large and small, to build a town nationally known for the quality of its open spaces.

GBI is delivered through a few flagship schemes and 1001 neighbourhood activities

We take heart from other northern places, such as Merseyside and Manchester, where sustained environmental regeneration, alongside economic investment and social change has created parks, cycleways, public realm and places where people and businesses thrive. Fears about investment in landscape being wasted due to vandalism, neglect and plant failure are valid but we will study technical evidence to ensure high standards of planting and aftercare are considered from the outset. Investment in GBI is not a “nice to have”, we owe it to our townspeople and their children to create a healthy and accessible environment on their doorstep.

As a long-term project, this Strategy is the start of a journey of transformation – success can only be achieved with the continued support and involvement of local residents, landowners, developers and a wide range of partners.

2.0 Vision and Overview

Our Vision - Blackpool in 2027

Blackpool will be experiencing sustained transformation and its parks, green spaces, coastline and public realm will be locally and nationally renowned. Many more people will be enjoying the health and wellbeing benefits of time spent in Blackpool's "great outdoors".

The natural environment will thrive and support Blackpool's physical regeneration, encouraging economic development and attracting new investors, residents and visitors to Blackpool, Wyre and Fylde.

Blackpool's housing areas will be greener and their open spaces will be safe and well-used. The town will be an exemplar of how coastal resorts can turn their fortunes around through social and environmental regeneration.

Blackpool's Green and Blue Infrastructure (GBI) Strategy will protect and enhance the borough's urban, coastal and rural environments to ensure the social, economic and environmental benefits derived from them are maximised.

Goals and Priorities

Our six strategic goals and implementation priorities for Blackpool's GBI are described in Chapter 4:

- *Engaging People in Health and Wellbeing*
- *Enhancing the Visitor Experience*
- *Greener Housing and Infrastructure*
- *Enabling Productive Businesses and Workers*
- *Promoting a Green Image and Culture*
- *Improving Habitats and Benefitting Pollinators*

Objectives

Blackpool's GBI Strategy has the following objectives, which align with Core Strategy Policy CS6:

- *Protect and Enhance GBI i.e. protecting the best and enhancing the rest*
- *Create and Restore GBI i.e. greening the grey and creating new GBI in areas where it is most needed*
- *Connect and Link GBI i.e. making the links, improving connectivity and accessibility of GBI*
- *Promote GBI i.e. changing behaviour, promoting the benefits of GBI and encouraging greater uptake of outdoor activity and volunteering*

These objectives and a series of headline actions are explained at Chapter 5, along with strategic diagrams and illustrations.

Stanley Park



Policy

The Blackpool Council Plan 2015-2020¹ has two priorities:

- *The Economy: Maximising Growth and Opportunity across Blackpool.*
- *Communities: Creating Stronger Communities & Increasing Resilience.*

The town must reduce economic and health inequalities. It is widely acknowledged that high quality GBI promotes economic growth and investment and health and wellbeing.

Blackpool's Local Plan Core Strategy 2012-2027 includes Green Infrastructure Policy (CS6) which requires planning and development activity to protect, enhance, create and connect networks of GBI. Many other Core Strategy policies (e.g. Housing Provision, Economic Development, Town Centre, Quality of Design, Heritage, Sustainable Neighbourhoods) also rely on GBI to underpin and deliver their aspirations.

On a broader scale, the Government's 25 Year Environment Plan³ commits to:

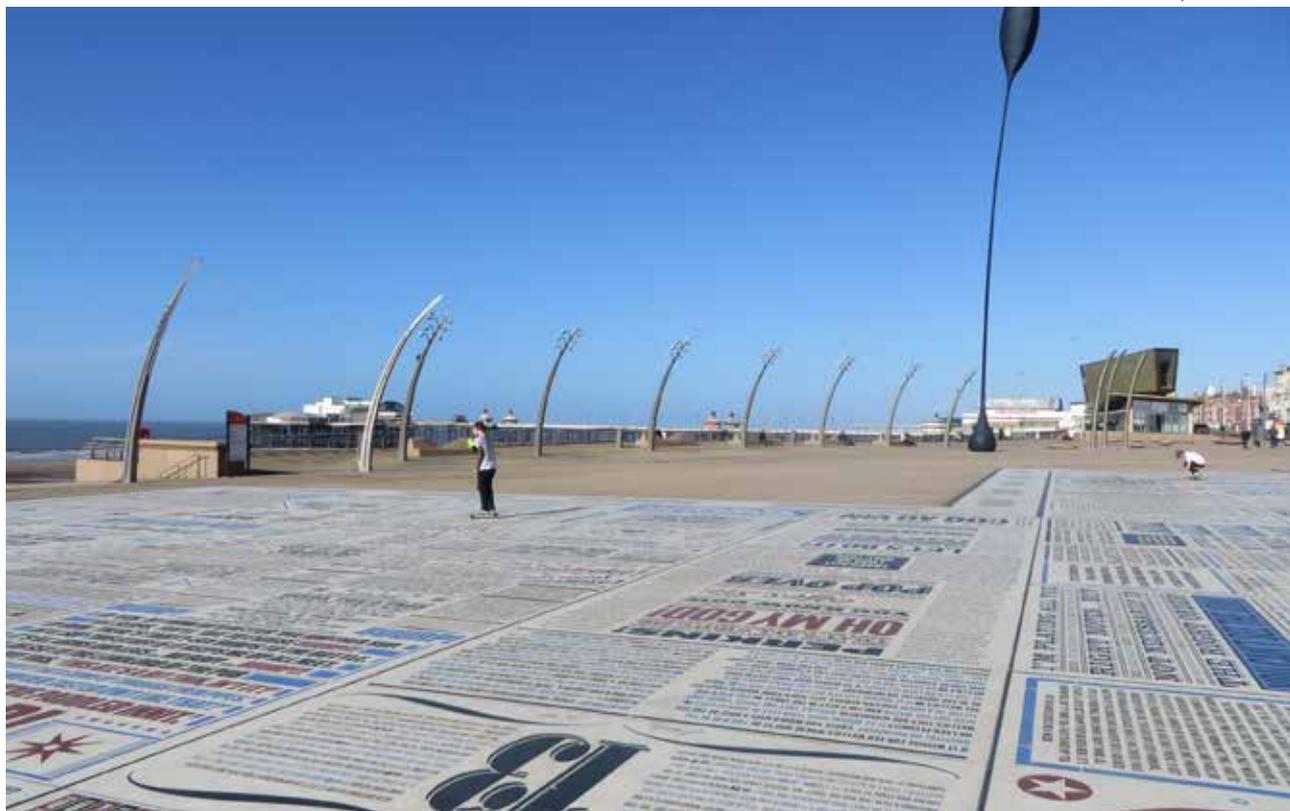
- *Making sure that there are high quality, accessible, natural spaces close to where people live and work, particularly in urban areas, and encouraging more people to spend time in them to benefit their health and wellbeing; and,*
- *Focusing on increasing action to improve the environment from all sectors of society*

The Need for a GBI Strategy

GBI is multifunctional and consists of many types of open space, with multiple benefits. This means that responsibility for creating, managing, promoting and funding GBI falls to numerous people and organisations, working in partnership. This strategy is a leadership document, setting out a vision, goals, priorities, objectives and actions which will inspire sustained action across the town.

This strategy covers the whole of Blackpool. As GBI does not stop at the borough boundary, the strategy aims to connect with the GBI of the neighbouring authorities, Wyre and Fylde.

Blackpool Promenade



2.0 Vision and Overview

Evidence Base

This Strategy for Blackpool's Green and Blue Infrastructure (GBI) and the associated Action Plan have been drawn up following consultation and detailed review of evidence (in the associated Green and Blue Infrastructure Technical Report⁴) about where investment in GBI will deliver the greatest social benefits, environmental improvements and economic enhancements.

The Blackpool Open Space Assessment⁵ was updated in 2018 and provides evidence on the quantity, quality and accessibility of GBI in the borough.

Chapter 3 provides an overview of the town's outdoor environment and key issues identified during consultation and evidence-gathering. It sets the scene for the GBI strategy. Annex One and Two list the policy and best practice referenced in the strategy and to key pieces of evidence available in the GBI Technical Report and the 2018 Open Space Assessment.

Types of Green and Blue Infrastructure

GBI refers to many different types of green and blue space, in public and private ownership, with and without public access, in urban and rural locations:

Parks and gardens – urban parks, pocket parks, country parks and formal gardens.

Amenity space - play areas, communal gardens, playing fields, civic plazas, street trees, living walls and sustainable drainage installations which rely on vegetation.

Natural and semi-natural green space –Woodland, wetlands, water bodies, nature reserves and other wildlife sites housing a variety of habitats and species.

Beach and Promenade – civic spaces, piers and headlands.

Key

- Green Infrastructure
- Blue Infrastructure



Blackpool's Green and Blue Infrastructure



Stanley Park Avenue



Marton Mere Overflow Channel



Stanley Park, Italian Gardens

Benefits of Green & Blue Infrastructure⁶

1. Economic benefits

- *Economic growth and employment*
- *Attraction and retention of businesses to the area - creation of attractive environments*
- *Tourism and recreation - enhancement of economy*
- *Staff health and motivation - greener living and working environments*
- *Increased land and property values*

2. Social benefits

- *Place-making for family housing and social cohesion*
- *Increased health and wellbeing*
- *Providing recreation and leisure assets*
- *Creation of community resources and a setting for volunteering*

3. Environmental benefits

- *Conservation and enhancement of biodiversity, landscape and geodiversity*
- *Protection and enhancement of cultural heritage and a setting for art*
- *Climate change adaptation and mitigation*

Action Plan

The GBI Action Plan 2018-2027 is a separate document which provides more detail on the location, content, funding and partnerships needed to implement the Strategy.

3.0 Setting the Scene

A useful statistical profile of Blackpool's population, economy, health and wellbeing is regularly updated on the Lancashire County website⁷, allowing comparisons with county and national trends.

Urban Fabric

Blackpool is intensely urban and compact in form. Almost 75% of land is developed. At its heart is the Town Centre and the adjoining Resort Core. Elsewhere in the Inner Area, there is very little open space apart from the promenade and beach. The following nine wards fall seriously short of the standard of 4 hectares of open space per 1,000 population, as proposed in the emerging Open Space Assessment⁸: Claremont, Talbot, Brunswick, Tyldesley, Victoria, Hawes Side, Waterloo, Highfield and Squires Gate.

Elsewhere, Blackpool is predominantly residential in character and largely built up to its boundaries, apart from small pockets of Green Belt which extend into Fylde and Wyre districts. In Blackpool the designation of Countryside Areas in conjunction with the Green Belt defines the limit of urban development and provides much needed amenity and open space.

Blackpool and Fleetwood have the lowest tree canopy cover in the UK, with only about 4% of the towns supporting trees, compared to a national average of 16%⁹. This is a consequence of exposure to coastal weather, the dense Victorian urban fabric, the extent of privately-rented property and the demand for car parking. Over the past few years, the Council's Parks team have planted 3,000 trees in suburban road verges and some parks, but it will require the planting of tens of thousands of trees to bring the town's cover up to even half the national average.

Key	
	Agricultural Land
	Allotment or Community Garden
	Amenity Greenspace
	Beach
	Cemetery, Churchyard or Burial Ground
	Civic and Market Squares
	Grass Verge
	Grassland or Scrubland
	Institutional Grounds (Health and Education)
	Institutional Grounds (Other)
	Outdoor Sports Facilities
	Parks and Gardens
	Private Domestic Gardens
	Promenade
	Provision for Children and Young People
	Street Trees
	Waterbody
	Watercourses
	Wetland
	Woodland



Green and Blue Infrastructure Typology

Seascape

Blackpool's coastline is 7 miles long. Blackpool's promenade and seascape is characterised by coastal defences which have received major investments within the past decade. These give the seafront a characterful urban feel. Whilst the defences limit opportunities for greening the seascape, the designed headlands along the promenade provide civic spaces for congregation and art.

Blackpool South beach has Blue Flag status after the Environment Agency classed it as having 'excellent' sea water quality in 2015. Seaside Awards have been granted to three other areas of beach in Blackpool, giving the resort an entire coastline of award-winning beaches. Despite the quality of the seafront, some residents report that they feel somewhat disconnected from the promenade, perhaps because of the stark urban environments in the Inner Area, perhaps because of a perception that the promenade is an area for tourists.

Green and Blue Infrastructure

A quarter of the town's open space is provided in and around Stanley Park, which is one of the largest parks of its kind in the country. It is historically important and has Grade II* status on the National Register of Historic Parks and Gardens. It comprises a designed landscape with play areas, a lake and a café. The Park facilitates sport through its provision of outdoor sports space, tennis courts, flat and crown green bowling and all weather pitches. It hosts many regional and national events, for example it is a UK centre of excellence for BMX racing.

Opposite Stanley Park is a commercially-operated zoo directly to the east and is next to Marton Mere, the town's principal wildlife site.

In 2017, Stanley Park was voted Best UK Park by Fields in Trust. Parks and Green Spaces Minister, Marcus Jones MP, said: "Many congratulations to Stanley Park on being voted the UK's Best Park 2017 in the Fields in Trust Awards. The public support shown for this park highlights just how much the residents of Blackpool care about their treasured green space."

Blackpool has several other principal parks, numerous playing fields and other small recreation grounds, providing important recreational, sports and visual amenity benefits for local communities.

There is very little GBI in the Inner Area or the Town Centre. Its major GBI resource is the coast and beach.

Route 62 of the National Cycle Network runs the length of the promenade and inland to Stanley Park and Heron's Reach.

3.0 Setting the Scene

Health and Wellbeing

Blackpool has a population of 139,195 and is the seventh most densely populated borough in England and Wales outside Greater London. The population is heavily concentrated in Blackpool's Inner Area which experiences considerable transience as people move in for short-term employment or simply to attempt a new start in life; the inexpensive housing encourages this.

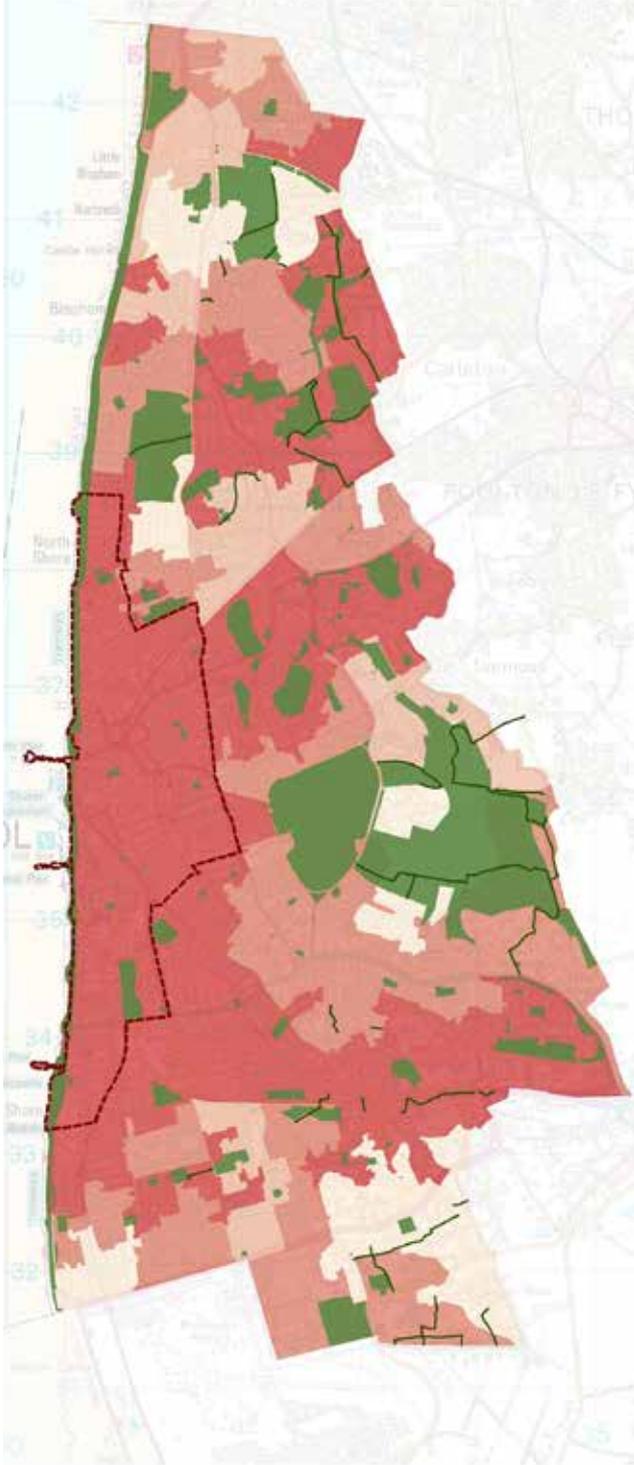
The health of people in Blackpool is generally worse than the national average. The town records one of the lowest life expectancy rates nationally and there are inequalities by deprivation and gender. Problems prevalent in Blackpool include alcohol and drug misuse, poor mental health, smoking and obesity. Blackpool has the fourth highest rate of antidepressant prescriptions in the country, and psychological therapy services are very over-subscribed. A high percentage of working age residents claim Incapacity Benefit (over 12%), almost double the national average.

Improving the public's health is now a clear responsibility for local authorities. Blackpool Council is developing a range of approaches to tackling the underlying causes of poor health and promoting healthier lives. Examples include linking GPs to social prescribing alternatives for patients to improve their health and wellbeing and reduce social isolation; debt counselling; volunteering opportunities; and Living Streets "Walk to" projects in primary schools and workplaces.

In 2017, Blackpool Council was the first local authority in England to sign a Local Authority Declaration on Healthy Weight. The Declaration includes a commitment to make the most of planning and infrastructure opportunities to positively impact on physical health.

Revoe Park, is one of the key parks for the Defined Inner Area, has undergone a number of improvements to meet the needs of the community, including a community garden using disused bowling greens; renovation of the park buildings using attractive timber cladding (which has withstood vandalism); and natural play. The Park has benefited from financial and human resources provided through the Better Start programme.

"Revoe Park is a really important green space in the heart of a built up area, which we can use to help develop a local community around. These improvements should help make it a safer place to visit, while the park rangers and community garden will help families to get outside, learn new skills and make new friends" Cllr. Cain, speaking at a Betterstart event in the park in 2016



Health Deprivation in Blackpool

- Key**
- Defined Inner Area
- Open Space

- Health Deprivation Score**
- 1 - Most Deprived
- 2
- 3
- 4 - Least Deprived

Tourism

Blackpool is England's largest and most popular seaside resort attracting 17m tourism visits (13.5 million day visits, 3.5 million staying¹¹). Whilst Blackpool remains at the heart of the UK tourism and visitor economy, it has experienced a significant decline in visitor numbers from the 1980's onwards, a consequence of growing consumer affluence, enhanced consumer choice and perceived obsolescence of the town's visitor offer.

In recent years there have been positive signs that Blackpool is beginning to revitalise the visitor economy and attract a new generation of families and visitors. Significant new public sector investment has improved the quality of the resort offer and the urban environment; however, Blackpool still has some way to go in providing a high quality resort offer which appeals to a 21st century tourist market and supports a sustainable visitor economy.

Quality of Place

Blackpool's world renowned British Seaside has developed around its iconic Victorian architecture including Blackpool Tower, Winter Gardens, theatres, hotels and many other civic buildings. The built heritage of Blackpool is something which people are proud of and identify with.

The downside of the intensive development of visitor and residential accommodation is that it has resulted in creating many of Blackpool's low income and vulnerable households, in Blackpool's inner area, which has a negative effect on forming stable and cohesive communities. The high levels of crime, anti-social behaviour, worklessness and low educational attainment coupled with significant transience presents one of the most testing social and economic challenges in the country.

"You can't do welfare reform separately from having some sort of place-based economic strategy as well" Jonathan Portes, Chief Economist, Dept. of Work and Pensions, 2002-2008, (quoted in "On the Edge", a Financial Times article about Blackpool, November 2017)

Although not always causative, the lack of GBI in the Inner Area correlates strongly with wards suffering lowest levels of mental health and physical wellbeing. The Council has strategies to improve the worst quality housing and promote further family based tourism development, reducing the negative connotations associated with day-tripping.

Blackpool is committed to growth and regeneration in several key areas, as expressed in the Core Strategy Key Diagram¹². The Town Centre, Resort Core and neighbourhoods within the Inner Area are the primary focus for transformation. In terms of housing, this means restricting multiple occupancy and poor landlord behaviour, with targeted demolition and building of new family homes, such as the new Foxhall Urban Village. Outside the Inner Area, housing estates such as Mereside, Grange Farm and Queens Park will be restructured to improve the quality of the housing offer; and new housing in south Blackpool around Whyndyke Farm and Moss House Road.

3.0 Setting the Scene

Economic Growth and Investment

Blackpool Town Centre is the main retail and cultural centre for the Fylde Coast and employs over 6,000 people, generating a retail turnover of around £300 million per annum. However, the Town Centre is under performing as a sub-regional retail centre. Jobs in Blackpool are generally low skill and low wage and small businesses predominate. Furthermore, reliance on the tourism industry means there is high seasonal unemployment in the winter months.

Blackpool Airport Enterprise Zone (EZ) is a 144ha site incorporating Blackpool Airport which is now in the control of the Council. The EZ is a key employment site with potential to support nearly 140 new businesses and up to 3,000 new jobs over the next 25 years. The EZ has a strong emphasis on creating a green and attractive environment.

Blackpool Council alongside with Blackpool Housing Company and Blackpool Coastal Housing are also pro-actively enabling development and working with developers and investors to shape and facilitate regeneration and new development.

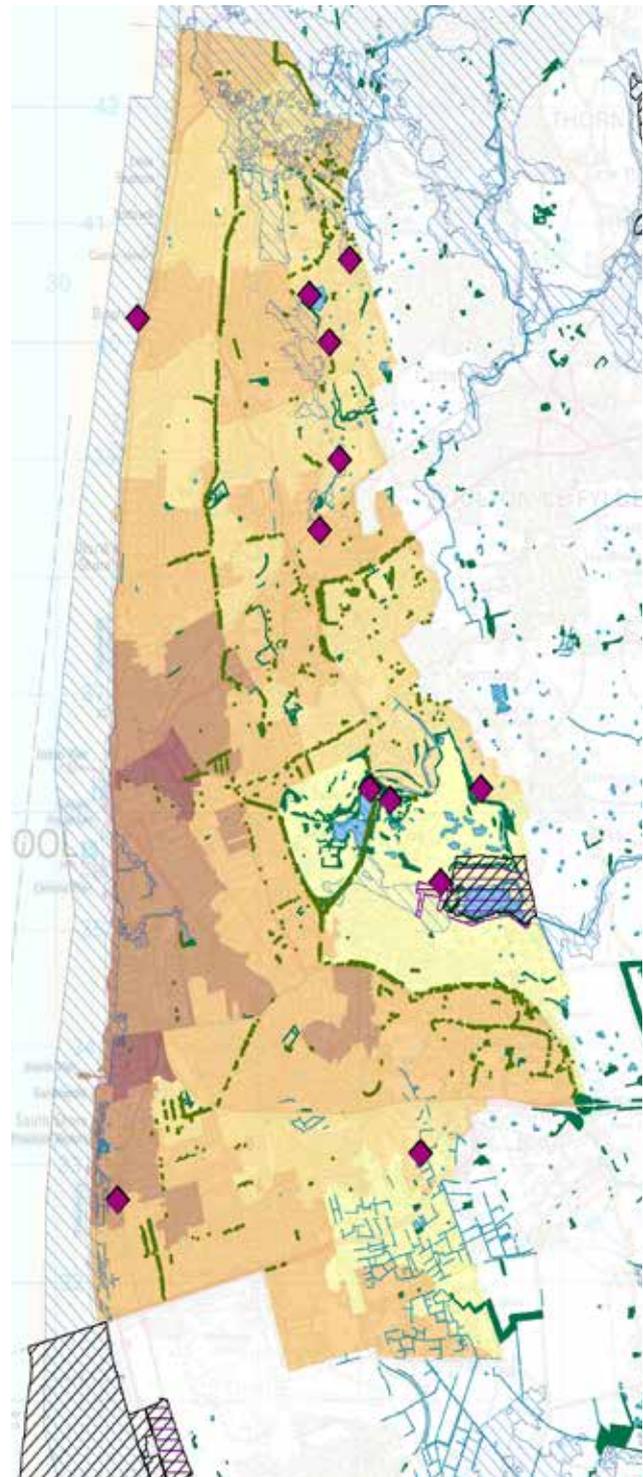
Gateways are a key economic priority and include Yeadon Way, Preston New Road, and Progress Way leading to the Enterprise Zone. The tourist entry points at Blackpool North Station and Central Corridor also provide potential for introducing added value through GBI.

Land and Biodiversity

Undeveloped open land in the east of the town is made up of protected public open space, sites of nature conservation value, Green Belt and Countryside Areas. Blackpool's intensely built-up urban area means this open land has important landscape, nature conservation and environmental value.

Marton Mere Local Nature Reserve, located on the eastern edge of the town, is one of the few remaining natural freshwater sites in Lancashire covering an area of 39 hectares. The reserve was once associated with a former rubbish tip, but is now a Site of Special Scientific Interest (SSSI) due to its bird populations.

With a wardened visitor centre, Marton Mere is the hub of nature conservation activity and volunteering in the town.



Land and Biodiversity

Blackpool has a number of Biological Heritage Sites (BHS); these are part of a network of key wildlife sites across Lancashire. Within Blackpool nearly all the BHS's are ponds which form part of land allocated as open space. The North Blackpool (or Kinncraig) Pond Trail is an example of how nature assets are linked together and used as an educational asset.

Fylde's arable growing systems require healthy populations of pollinators and the urban greenspaces within Blackpool can provide a reservoir of plants and habitats suitable for these vital insect species.

Agricultural land on the eastern boundary of Blackpool is level, fertile and open. Extending into neighbouring Wyre and Fylde, the field boundary systems (ditches, hedges and shelterbelts) have become fragmented and have lost distinctiveness due to urbanisation.

Blackpool's urban areas have a very high proportion of hard or 'sealed' surfaces which can cause flash flooding after heavy rain resulting in nuisance, economic damage or pollution.

4.0 Goals

GBI Goals

The graphic below highlights Blackpool's six main GBI Goals, which have been identified from consultation and a review of evidence. Investment in GBI will of course benefit other areas of public life such as heritage, climatic resilience and education





Engaging people in Health and Well-being

Promoting a Green Image and Culture



Habitats for Wildlife and Pollinators





Goal 1: Engaging People in Health and Wellbeing

Our Goal

Blackpool's Green and Blue Infrastructure is the setting for people to meet, exercise, play and recharge their batteries. Contact with the natural world reduces stress, helps recovery and builds community cohesion, particularly through volunteering together. Our Green and Blue Infrastructure can help Blackpool's residents live long, happy and healthy lives.

Our Priorities

These are our implementation priorities:

Early Years and Family Groups

Through initiatives like Better Start, Blackpool is already diversifying its parks to create natural play opportunities which build mental resilience amongst children¹³. Our parks are used by adults learning parenting skills through horticultural and craft activities in family groups.

Schools and Routes to Schools

Greener school grounds and well treed routes to school are shown to improve mental health of children using them¹⁴.

Adult Life and Older Years

Urban parks provide a natural health service which is worth many millions to the local economy¹⁵.

Investing in Parks saves Health Service money

In Sheffield (population 575,000) parks provide a substantial contribution to health, through reduced circulatory disease and reduced burden of depression. In fact, they provide £700 million of savings to the health service through "avoided cost" of physical and mental health treatments. This equates to £1,217 per person. If replicated in Blackpool this is an avoided cost of £173 million. Improving participation levels and investing in measures that encourage people to visit parks and feel secure would result in further savings.

Inner Area

The open space audit shows there are massive deficiencies of accessible greenspace in the Inner Area. This has a particularly negative effect on young families, the elderly and those less mobile who may not be able to easily access the parks and promenade. Planning policy can resist any further losses of vegetation and encourage creation of pocket parks, street trees and doorstep green infrastructure in regeneration and new development proposals.

Blackpool Outdoors

Blackpool has a low rate of participation in outdoor activity¹⁶. About 18,500 Blackpool people use the outdoor environment each week. This is 5,000 people less than the national average for a town of our size. To get another 5000 people outdoors each week in Blackpool would mean:

- 17 more "Parkruns"; or
- 167 school groups; or
- 250 new walking groups; or
- 400 new sports teams; or
- 1,250 more families using our parks.

Quite a challenge! Obviously not all these activities need to happen at the same time – nevertheless our parks and promenade are good enough and big enough to deliver!

Cycling and Walking

Blackpool has the opportunity to become a highly walkable and cyclable town. These activities immediately improve health and wellbeing. To encourage more "green travel" for recreation and commuting we can promote:

- *The "Blackpool Activity Trail"; a project to establish walking and cycling routes involving the promenade and a chain of parks and open spaces.*
- *The "Quality Corridors" where investment in public realm, street scene management and street trees will enhance walkability.*
- *New "Greenways" (routes connecting people on foot or bike to facilities and open spaces in and around towns and the countryside, which can encourage people to travel sustainably).*

Volunteering and Training

Blackpool has a very active volunteering culture particularly in the fields of social care and rehabilitation. Parks provide excellent volunteering opportunities for businesses and for individuals. GP's can prescribe green gym therapies and participants report the mental health benefits they gain from social contacts.

Case Studies

Grow Blackpool

Grow Blackpool is a Groundwork led initiative funded by Blackpool Council to promote the benefits of eating fresh fruit and vegetables daily and enabling people to grow it themselves. Saving money, learning new skills, becoming more active and making new friends are all outcomes of the scheme. One of the achievements from Grow Blackpool is the formation of the Friends of Jubilee Gardens. The group care for the 100 year old Promenade Sunken Gardens by Gynn Square in Blackpool. They want the gardens to be well maintained and to play their part in supporting other Agencies and Council Departments in achieving this aim, particularly with cuts to Council budgets and the realisation that the way public spaces are funded and managed in the past has now changed. To make this happen, involvement from the local community is vital and needs to be nurtured and encouraged.

Revoe Park

Blackpool's Better Start programme has funded Early Years Park Rangers to promote learning through play. The programme has funded works to improve security, create a natural play area and convert disused bowling greens into training areas for woodwork and horticultural skills. These are used by parent and toddler groups and by adults seeking to rebuild their skills and self-esteem following personal difficulties. The park is a vital green lung in the Inner Area.

East Pines Park, Anchorsholme

This small greenspace had become prone to antisocial behaviour and drug use until parents joined forces officers to improve security, replace hedges with railings and create better managed play facilities. The group made grant applications to local businesses and charities and the park is now an active hub for the local community.

Key Policy Links and Partnerships

1. Blackpool Council Plan 2015 to 2020, Priority Two: Creating Stronger Communities and Increasing Resilience
2. Local Plan Core Strategy objectives 4, 5, 8, 11, 12.
3. Joint Health and Wellbeing Strategy for Blackpool
4. Blackpool Better Start
5. "Steps to Health" – Blackpool's community health walking scheme and Living Streets: Walk to 2017-2020
6. Blackpool Sport and Physical Activity Strategy
7. Local transport plans and associated the Rights of Way Improvement Plan
8. Solaris Centre and links to nature-based health initiatives explored by Lancaster University

Revoe Park Horticultural Scheme by Better Start



East Pines Park Volunteers





Goal 2: Enhancing the Visitor Experience

Our Goal

Blackpool is renowned for the quality of its parks and public realm which have become visitor destinations in their own right. Landscape quality is enhanced along the main road and rail corridors and at gateways into the town centre. The town becomes a hub for coastal walking and cycling tours.

Our Priorities

These are our implementation priorities:

Stanley Park, Zoo and Marton Mere

Now the park is recognised as the Best in the UK we can promote it widely within the town and to broader audiences across the UK. The park development plan will maintain a focus on quality and continuous refreshing of its visitor offer, including events, attractions, festivals, performances, art and horticulture. Connectivity with the town centre, the promenade and other principal parks in Blackpool, Fleetwood and Lytham St Annes will be promoted, which will help visitors navigate throughout Blackpool and encourage a longer visitor stay.

Horticultural Excellence

The town's tradition of horticultural excellence has been under threat due to public sector funding cuts but the popularity of Royal Horticultural Society Gardens and the Eden Project shows the economic value of having a horticultural attraction. This could be centred on Stanley Park, but in any case maintaining horticultural excellence is critical for the landscapes of our corridors and gateways.

Walking and Cycling

The promenade is already a national cycle route, part of the England coastal path and the Lancashire Coastal Way. Blackpool is a possible Trans Pennine trail starting route and implementation of the Blackpool Activity Trail would add a local element, perhaps encouraging additional bike hire and café businesses. Implementation of greenways along corridors radiating from the town centre would also add to the visitor experience.

Beside the Seaside

The Central Business District, the Leisure Quarter and the Resort Core are all areas where green and blue infrastructure would uplift quality and sense of arrival. The dense and compact urban fabric means innovative and sometimes artist-led approaches are needed to ensure street trees, planters and green walls are seen as assets rather than maintenance liabilities.

Arrival Experience

There is scope for significant uplift in the presentation and consistency of green infrastructure along the tourist getaway and some scope for inserting additional greening within the main parking areas without affecting overall capacity (for example pleached trees). This would improve visual quality, civic pride and sense of arrival.

Volunteering, Sponsorship and Partnership

We can do more to connect local environmental volunteers with additional human resources, finance and equipment that can be provided by the many businesses, expatriates and groups that have a special affinity with the town.

Case Studies

Stanley Park and Zoo

As Blackpool's largest and most prestigious Park, Stanley Park provides a wide variety of events and activities throughout the year generating income for the town. In summer 2017 the Park hosted a Dinosaur Festival, the first outdoor festival of its kind in the UK. Life sized replica animatronic dinosaurs were placed around the Park as well as a simulated archaeological dig scene. Other events at Stanley Park and its visitor centre include pumpkin carving, Macmillan coffee mornings, Christmas carols, high ropes course, music events at the bandstand, weekly Parkrun and an annual motorcycle show.

Blackpool Zoo is an award winning zoo housing over 1,500 animals ranging from sea lions to orangutans to giraffes. In 2017, the Zoo celebrated its 45th anniversary which was marked with a number of celebrations including welcoming its 15 millionth visitor.

Bank Hey Street Improvements

Merlin Entertainments who operate the Blackpool Tower complex, partnered with the Council to fund streetscene enhancements near the Tower.

Key Policy Links and Partnerships

1. Blackpool Council Plan 2015 to 2020, Priority One: The Economy
2. Local Plan Core Strategy Objectives 14 and 15
3. Town Centre Strategy, 2013
4. Destination Blackpool, Resort Placemaking Prospectus



Public Art St Johns Square

Music event at Stanley Park Band Stand





Goal 3: Greener Housing and Infrastructure

Our Goal

New housing has ready access to high-quality green spaces. The historic trend of loss of greenery in the Inner Area and South Shore is reversed and new multifunctional green spaces are opened up for locals to enjoy. Blackpool's transport corridors and built-up areas use green infrastructure to improve the town's resilience to pollution, flooding and climate change.

Our Priorities

These are our implementation priorities:

New Housing

Blackpool is determined to improve the quality of its overall housing offer. Blackpool is to deliver 4,200 new homes between 2012 and 2027. New housing offers opportunities to create pocket parks, play areas, civic trees, community food-growing areas and other imaginative landscapes. Robust arrangements for long-term landscape management are just as important as good design of housing areas. Developer checklists can stimulate creative approaches to GBI provision.

A key development as an exemplar for other housing developments will be the Whyndyke Garden Village, one of NHS England's Healthy New Towns. Where GBI is designed into the masterplan from the beginning to promote health and wellbeing.

Housing Area Transformation

Several established residential areas will be renewed over the next decades. Our Core Strategy is clear that the town's housing mix must be rebalanced to make the Inner Area, South Shore and certain other housing estates more attractive for family life. The Inner Area has a significant deficiency in all types of green infrastructure which depresses property values and discourages family life.

The urban fabric can be restructured so it is fit for 21st century family life with new green spaces created in areas of deficiency. Elsewhere new development can release funds to make existing green spaces more versatile and user-friendly. All possible policy instruments and funding streams should be deployed to direct resources towards a comprehensive renewal of these neighbourhoods. Foxhall Village and Queens Park are examples of radical housing transformation resulting in much better GBI.

Corridors and Gateways

The three principal road corridors into the town and the designated Quality Corridors into the town centre are our "shop window" and each has scope for tree-planting and green infrastructure enhancement to create a distinctive and mature setting for the town.

The "Green Line"

The car parks and public spaces, including George Bancroft Park, that form a pedestrian movement corridor from Blackpool South station towards the town centre could be further enhanced with vegetation, green walls, pleached trees and pocket allotments

Weather Proofing

Blackpool's dense urban fabric means we have too many "sealed surfaces" which cause flash flooding after heavy rain. In the public realm, parks and road verges can be remodelled slightly to act as rain gardens, soakaways and swales. Gardeners and landowners can play a part in weather-proofing the town through retaining greenery and planting trees.

Involving Residents

Blackpool's people are proud of the town. Alongside physical transformation of our housing areas, we should involve residents in design and management of green infrastructure on their doorstep and in the principal parks.

Case Studies

Queens Park and Layton Rec.

The redevelopment of Queens Park has enabled the enhancement of Layton Rec, a Blackpool Council owned greenspace. The landscape improvement works are being carried out alongside the second phase of development. Layton Rec now has new pedestrian and cycle paths along with soft and hard landscaping. Within the housing area, quality greenspaces and play facilities are provided.

West Rhyl Housing Regeneration Project and the Gerddi Heulwen Park

Rhyl's Victorian-era housing in neighbourhoods behind the promenade has similarities to Blackpool in terms of a dense urban fabric, patterns of transient occupancy, and a fierce neighbourhood loyalty amongst long-established residents. In consultation with residents, a new green space, Gerddi Heulwen, was created in 2014 after demolition of a hundred properties, as part of a programme of neighbourhood renewal.

Manchester City of Trees

Over a sustained period, spanning several transport and public realm projects, Manchester City Council has invested in civic trees, street art and furniture and roadside raingardens to uplift the environmental quality and user-friendliness of Oxford Road and the Town Hall environs.

Key Policy Links and Partnerships

1. Blackpool Council Plan, Priority One: The Economy and Priority Two: Creating Stronger Communities and Increasing Resilience
2. Core Strategy Objectives 2,5,7,8,9,16,18,19,20,21 and future SPD on design quality
3. Blackpool and the Fylde: Our Strategy for inclusive wealth and prosperity
4. Blackpool's Built Heritage Strategy 2016-2020
5. Lancashire Flood Risk Management Strategy (refreshed 2018 onwards) will promote SuDS



West Rhyl Housing Regeneration Project (Tobermore Ltd)

Layton Recreation Ground Visualisation





Goal 4: Enabling Productive Businesses and Workers

Our Goal

High quality Green Infrastructure adds value to business environments, notably in the Enterprise Zone, the Central Business District and the Leisure Quarter. Our parks are a setting for people to learn skills and gain self-confidence to enter the workplace.

Our Priorities

These are our implementation priorities:

Town Centre and Leisure Quarter

In this dense and compact setting, green infrastructure needs to be carefully designed into the public realm and sometimes artist-led approaches can turn street trees and planters into an asset rather than a maintenance liability (see London case study). Comprehensive redevelopment can create an opportunity for a rooftop park which can be a versatile space for events or rest and relaxation (see Chavasse Park case study).

Quality Enterprises

Attracting and retaining quality enterprises to Blackpool is an important component of growing and diversifying the local economy. High-value businesses have an expectation of high quality premises and business environments from which to operate, in order to attract the best staff and to project a leading corporate image. Green spaces within a business park is a key component of this, enabling businesses to operate in an attractive setting and staff having an outdoor lunchtime/recreation location.

Attractive business environments can add a premium to the value of business premises, which benefit the economy and help spur investment in development projects that support employment.

Enterprise Zone

The Blackpool Airport Enterprise Zone is the principal node for industrial and commercial office growth in Blackpool. This important business park aims to be a leading destination for advanced manufacturing and energy-related businesses. The masterplan for the EZ includes opportunities for green infrastructure along boulevards within the business park and the redevelopment of sporting fields. Using green infrastructure to highlight messages about the circular economy and to create a prestigious environment can attract creative start-ups and mature businesses.

Key Corridors and Gateways

Green infrastructure can create a sense of arrival and prestige, important in attracting and retaining businesses. Much depends on the quality of landscape management. Fortunately Blackpool has considerable horticultural expertise and interventions such as wildflower verges, street trees and hedging can all create a sense of destination. Inconsistency of existing roadside landscapes currently creates a slightly disjointed arrival experience.

Business Involvement

Volunteering days and corporate social responsibility links can help engage more people in Blackpool's great outdoor spaces. From clean-ups to nature reserve management, volunteering can be promoted widely, to the benefit of the Council and local businesses.

Benefits of Employee Volunteering

A well-structured business volunteering programme benefits individuals and employers¹⁸:

- 97% of volunteers said activities help develop a strong team
- 95% felt that volunteering had a positive influence on them
- 76% said it had a positive influence on how they feel about their employer

Skills Development

Working with local colleges, our parks can offer apprenticeships along with horticultural and construction skills training which boost confidence amongst people seeking to re-enter the workplace.

Case Studies

London: Bringing Creativity and Green Infrastructure Together

In Oxford Street, London some shops have sponsored illuminated tree guards which provide an attractive feature while protecting the tree from vandalism. At London Bridge, a group of young architects designed a pop-up bench/planter system which brought seating and greenery to a busy public space.

Chavasse Park, Liverpool One

As part of the Liverpool One retail development, a new park was created over an underground carpark. The park features grassed areas for general use along with hard surfaced areas for events, Christmas markets, pop-up restaurants, etc. Situated on rising ground it forms a visual gateway into the retail area from the waterfront and provides vistas over the Albert Dock.

Business Improvement Districts

Businesses in several towns and cities are establishing Green Infrastructure Strategies for town centres e.g. Northwich, Stockport and Winckley Square, Preston. Greening initiatives, public realm improvements and sustainable drainage schemes are seen as contributing to economic growth and retail footfall.

Key Policy Links and Partnerships

1. Blackpool Council Plan, Priority One: The Economy
2. Core Strategy Objectives 3,8,15,17,21
3. A Better Blackpool (prospectus for transformation of the Town Centre and transport links)
4. Blackpool and the Fylde: Our Strategy for inclusive wealth and prosperity
5. Walk 2017-2020: Walking and Cycling Access for everyday journeys

Grizedale Forestry Apprenticeship Scheme

London Bridge Planter - WMB Studio





Goal 5: Promoting a Green Image and Culture

Our Goal

Blackpool will be known for the quality of its parks and public realm, and they host events and public art of which its townspeople are proud. Green Infrastructure provides a setting for the best of the town's Victorian and Twentieth Century architectural heritage

Our Priorities

These are our implementation priorities:

Parks Development Plans

We are rightly proud of Stanley Park as the Best UK Park in 2017. We can continue to build on its reputation as a centre of excellence through encouraging niche businesses, education facilities, sports and events that add social value, income streams and training opportunities. By linking Stanley Park to other parks in Blackpool, Lytham St Annes and Fleetwood, we will build civic pride. Park Development Plans for all our parks would include attention to boundaries, gateways, railings, civic trees and other measures which enhance their contribution to quality of place.

Arts in the Public Realm

Parks, public realm and the promenade headlands can provide a setting for public art, performance, theatre and community activity.

Townscape

Particularly in the Inner Area, policy should resist removal of vegetation and encourage new development to incorporate significant green infrastructure and street trees to improve quality of place and contribute to climatic resilience of the urban fabric.

Gateways and Transport Corridors

Green infrastructure approaches such as green walls at the main point of arrival and civic trees, hedging and wildflower verges alongside road corridors can enhance the sense of arrival.

Exemplary Coastal Regeneration

Blackpool is one of many coastal towns in Britain and Ireland addressing long-term decline through physical re-structuring of the urban environment and building a strong cultural brand. As the UK's leading coastal resort, Blackpool can export its expertise in creating and managing Green and Blue Infrastructure as part of a transformation programme.

Blackpool Activity Trail

Despite its name, this is in fact a proposal for series of linked footpaths/cycleways that allow people to explore the coast, the town centre, heritage assets, the countryside and Stanley Park. The route is mapped, but there is still much signposting and surfacing and awareness-raising work to do.

Small Town Big Profile

Blackpool is a small town with a big profile. Millions of people come from all over the United Kingdom every year to enjoy our unique environment and attractions, and tourism continues to dominate our town like no other place in the country. The Council's Plan (2015-2020) embraces this fact, recognising the increasing contribution which our cultural and creative economy can make to pulling in new types of visitor and providing the fun and spectacle for which we are renowned

Case Studies

Green Walls

Green walls have been established near two British railway stations, Birmingham New Street and Deansgate, Manchester. These help to obscure some unattractive facades and also create a sense of arrival and a point of interest in a confined urban space.

Stanley Park

The park is known for its national role in various sports and was voted the Best Field Day 2017. It is served by a management team which actively seeks opportunities for revenue generation and involvement of national sports and leisure bodies. More locally it encourages culture and educational events such as the Wordpool Festival aimed at stimulating children's interest in poetry and reading.

Key Policy Links and Partnerships

1. Blackpool Council Plan, Priority Two: Creating Stronger Communities and Increasing Resilience
2. Core Strategy Objectives 5,12 and 14
3. A Better Blackpool
4. Blackpool Town Centre Strategy 2013
5. Blackpool's Built Heritage Strategy 2016-2020
6. Fields In Trust

*Birley Street Public Art
Deansgate, Manchester (AnsGlobal)
Stanley Park Boating Lake*





Goal 6: Improving Habitats and Benefiting Pollinators

Our Goal

Blackpool's Wildlife Sites are well-managed and used by volunteers and wildlife-watchers. Our parks, school grounds and main road verges are biodiverse, supporting bees, butterflies and other pollinators which in turn sustain the Fylde's arable farming economy. Vegetation in the town and rural fringe helps filter pollution and improve quality of water before it reaches the Irish Sea. Our parks have healthy soils. Our townspeople can easily get to the coast and countryside. The rural fringe is of high visual quality, with well-managed field edge ditches, verges and hedges typical of open farmland.

Our Priorities

These are our implementation priorities:

Wildlife Sites and Green Corridors

Marton Mere Local Nature Reserve and Site of Special Scientific Interest is the hub of much nature conservation activity and can act as a centre of excellence to ensure all our Biological Heritage Sites (BHS) are well-managed and linked to community volunteers who help with site stewardship. BHS's, urban wildlife, green corridors and coastal habitats are designated in planning policy and new development ensures that their continuity and educational value is protected.

Bugs Life!

We will develop a pollinator strategy with actions for main road verges, parks, school grounds, places of worship, farmland and private gardens. The Fylde's agricultural economy is very important with over 3000ha of arable and cereal crops¹⁹, all dependent on pollination. The UK agricultural economy receives £430m benefit from bee pollination²⁰.

Urban environments and private gardens can be a refuge for bees and butterflies. At a local scale, deficiencies in allotments and community orchards are addressed, particularly in the Inner Area. Stanley Park Zoo and Forest Schools curricula offer the opportunity for learning about invertebrates and their value to society.

Fylde Farmland Edge

Blackpool's rural edge is visually disjointed and is losing its distinctive landscape character²¹. Restoring "typical" field boundaries such as ditches, reedbeds, hedges, flower-rich verges and shelterbelts would also improve wildlife connectivity and water quality by filtering diffuse source pollution from farmland and roads.

What is Natural Capital?

Natural capital is 'the stock of our physical natural assets (such as soil, forests, water and biodiversity) which provide flows of services that benefit people (such as pollinating crops, natural hazard protection, climate regulation or the mental health benefits of a walk in the park). Natural capital is valuable to our economy. Some marketable products such as timber have a financial value that has been known for centuries. In other cases (e.g. the role of bees in pollinating crops), we are only just beginning to understand their financial value.' (Department for the Environment, Food and Rural Affairs, 2011)

Retrofitting green and blue infrastructure into the urban fabric

Blackpool has a high proportion of "sealed surface". Development and estate regeneration offers the opportunity to protect existing vegetation and introduce new green infrastructure, swales and soakaways, thus improving biodiversity, reducing local flood risk and improving the quality of water flowing into the Irish Sea, helping maintain our Blue Flag beach status.

"Meantime Greening"

Short-term greening of vacant urban land can maintain biodiversity and offer temporary allotments and food-growing. At Revoe Park, disused bowling greens have been taken over for skills training and early years play.

Case Studies

Green Infrastructure Action Plan for Pollinators (GIAPP) in South-east Wales

The GIAPP is a landscape-scale project addressing the decline in biodiversity and providing benefits to the economy and communities through creating the environments that favour the creatures that help to pollinate plants.

The GIAPP produced long term action plans for publicly-owned land, focussing on how public organisations can embed sustainable management principles in their daily activities. The GIAPP places an emphasis on the intrinsic value of pollinators to the public, aiming to provide a more colourful, artistic and functional environment.

Marton Mere and North Blackpool (Kincaig) Pond Trail

Marton Mere is literally the “natural gateway” to Blackpool. It has a dramatic lake and reedbed with a very diverse birdlife and views of the Tower and the Fylde Countryside. With a Visitor Centre and an adjoining Holiday Park, it is a hub for wildlife-watching and outdoors volunteering. It has walking and cycling links to Stanley Park. With the future development of the nearby Whyndyke urban village its role in the environmental consciousness of the area will increase.

Rangers based at Marton Mere co-ordinate volunteering in many of the town’s other parks and also manage the Kincaig Pond Trail, a locally important wildlife corridor which provides accessible semi-natural greenspace for residents in the north east of Blackpool.

Marton Mere wading volunteers

Bees as pollinators

New hedge on arable land near Blackpool



Key Policy Links and Partnerships

1. Core Strategy Objectives 5,6,11 and 20
2. National Pollinator Strategy (Defra 2014)
3. A Landscape Strategy for Lancashire (Lancs. County Council, 2000)
4. Federation of City Farms and Community Gardens
5. Lancashire Wildlife Trust (e.g. Living Seas and Living Landscapes projects)
6. Lancashire Ecological Network, 2015
7. Fylde Peninsula Water Management Group



5.0 Objectives and Actions

Introduction

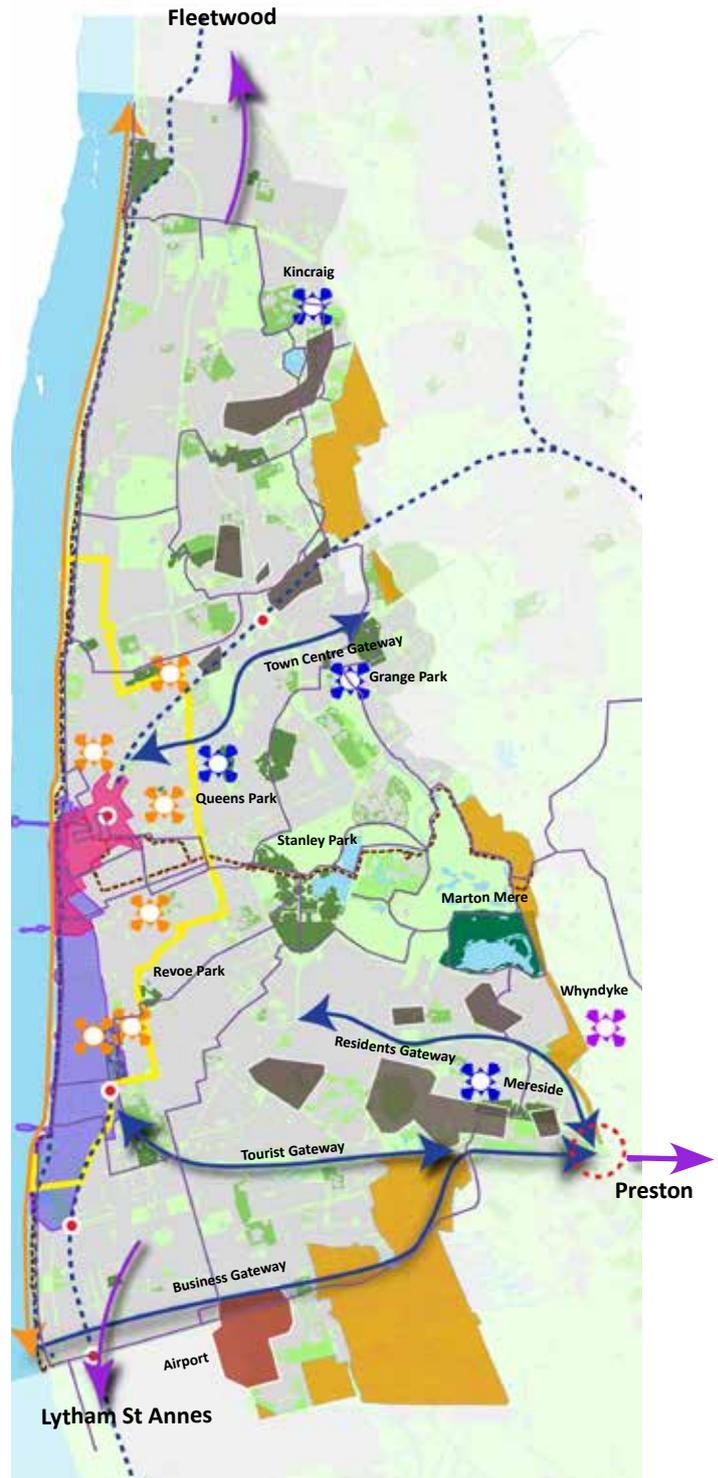
Blackpool is an ambitious place and our Green and Blue Infrastructure Strategy is a “call to arms” for the Council, businesses, the community, funders and landowners to play a role in enhancing, creating, connecting and promoting our GBI.

The GBI Strategy aims to create a greener setting for the future growth of Blackpool and address some of the environmental deficiencies which impact on the town’s health, biodiversity and economic performance.

The Key Diagrams for the town and the Inner Area illustrate the principal areas to be affected by the GBI Strategy. The rest of this chapter lists the headline actions, grouped in terms of four objectives:

- *Protect and Enhance GBI*
- *Create and Restore GBI*
- *Connect and Link GBI*
- *Promote GBI and Change Behaviour*

A separate detailed Action Plan sets out our ten-year programme to achieve these objectives.



Blackpool GBI Key Diagram

Key

- Inner Area Boundary
- Town Centre
- Resort Core
- Countryside Areas and Greenbelt
- Parks and Gardens
- Institutional Grounds
- Marton Mere SSSI and LNR
- Other Green Infrastructure
- Blue Infrastructure
- Industrial and Business Areas
- Enterprise Zone
- Blackpool Activity Trail
- ↔ Gateways
- Railway Network & Stations
- Outer Housing Estates
- Inner Housing Estates
- Healthy New Town
- M55 Junction
- National Cycle Network
- ↔ Promenade



Blackpool Inner Area GBI Key Diagram

- Key**
- Inner Area Boundary —
 - Central Business District ■
 - Leisure Quarter ■
 - Winter Garden
 - Resort Core ■
 - Town Centre Boundary ■
 - Parks and Gardens ■
 - Institutional Grounds ■
 - Other Green Infrastructure ■
 - Blue Infrastructure ■
 - Piers ★
 - Headlands ▲
 - Potential 'Green Line' ↔
 - Inner Housing Estates ★
 - Local Cycle Route ⋯
 - Quality Corridor →
 - National Cycle Network
 - Promenade ↔

Objective 1: Protect and Enhance Green and Blue Infrastructure

'Protecting the Best, Enhancing the Rest'

Actions

1. Celebrate Stanley Park, voted the UK's Best Park in 2017, as Blackpool's most prestigious heritage and visitor destination and promote links to other parks in Blackpool, Fleetwood and Lytham St. Annes.
2. Enhance GBI in housing areas, accepting that during housing transformation, greenspaces may be restructured to improve estate design and security, but overall GBI functionality should be enhanced.
3. Invest in Blackpool's parks to acknowledge their importance in each local area, and ensure they are meeting Blackpool's quality benchmark associated with Green Flag criteria.
4. Maintain investment in Marton Mere Site of Special Scientific Interest (SSSI) as the premier site for promoting nature conservation across Blackpool.
5. Ensure all Biological Heritage Sites (BHS) and green corridors are protected for nature conservation, then the planning reference would be appropriate
6. Invest in the promenade and headlands to connect people with the natural seascape.
7. Protect and enhance GBI in streetscapes, quality corridors and the town centre.
8. Safeguard and manage GBI in school, college, hospital and healthcare sites.
9. Protect and manage GBI in corporate, business and industrial settings, enhancing it for biodiversity, sustainable drainage, and to create an attractive setting for the Enterprise Zone, the Town Centre, the Inner Area and other corridors and gateways identified in the GBI Strategy report.

Key

-  Inner Area Boundary
-  Town Centre
-  Parks and Gardens
-  Institutional Grounds
-  Marton Mere SSSI and LNR
-  Other GBI
-  Biological Heritage Site
-  Promenade
-  Preston New Road
-  Main road networks
-  Piers
-  Railway network and stations
-  Outer Housing Estates
-  Inner Housing Estates



Protecting and Enhancing GBI

Objective 2: Create and Restore Green and Blue Infrastructure



Creating and Restoring GBI

'Greening the Grey, and Creating new GBI in areas where it is most needed'

Actions

1. Incorporate the creation of new GBI into the Town Centre Strategy Update and emerging Sustainability Strategy to ensure a greener town centre where each part of the public realm is considered as an opportunity for civic GBI.
2. Increase the overall tree canopy in Blackpool to 10%, starting with planting of 10,000 trees in the ten year period 2018 to 2027.
3. Ensure multifunctional GBI is incorporated in new residential developments.
4. Incorporate GBI into the master plan for the Enterprise Zone to create a welcoming place for businesses.
5. Identify opportunities in the Leisure Quarter to embed GBI.
6. Use GBI at the gateways and corridors into and around Blackpool (e.g. the 'Green Line') to provide attractive routes for residents, commuters, visitors and tourists and to encourage walking and cycling.
7. Adopt a Planning and Development checklist to ensure GBI is incorporated in all new developments, linked to existing assets, and where on-site provision is not possible, an appropriate contribution is made to off-site GBI assets and networks.
8. In the Green Belt and Countryside Areas, restore elements of the landscape that contribute to character and biodiversity.
9. Continue to expand and support the Allotment Society.

Key	
Inner Area Boundary	Yellow line
Town Centre	Pink area
Potential Green Line	Green double-headed arrow
Enterprise Zone	Brown area
Main Industrial and Business Areas	Dark brown area
Central Business	Purple area
Leisure Quarter	Red area
Promenade	Orange double-headed arrow
Main roads	Red double-headed arrow
Piers	Blue circle
Headlands	Red triangle
Railway and stations	Red dashed line with dots
Coutryside Areas and Greenbelt	Light green area
Quality Corridor	Blue arrow

Objective 3: Connect and Link Green and Blue Infrastructure

'Making the Links, Improving Connectivity and Accessibility of GBI'

Actions

1. Ensure the Council obtains maximum input to GBI from businesses and services.
2. Create and/or upgrade the Blackpool Activity Trail which incorporates Gateways and Green Corridors to connect key GBI for people and wildlife, including the walking and cycling route from the Town Centre to Stanley Park, Zoo and Marton Mere.
3. Promote and support initiatives that encourage active travel such as 'Steps to Health' and 'Cycle for Health' scheme.
4. Work with neighbouring local authorities to promote links to cross-boundary GBI provision.

Key

-  Inner Area Boundary
-  Town Centre
-  Route from Leisure Quarter to Stanley Park and Zoo
-  Whyndyke Healthy New Town
-  Public Right of way Network
-  Gateway to the Countryside
-  National Cycle Route
-  Promenade and Lancashire Coastal Way
-  Piers
-  Headlands
-  Blackpool Activity Trail
-  Biological Heritage Site



Conecting and Linking GBI

Objective 4: Promote Green and Blue Infrastructure

‘Changing behaviour, Promoting the benefits of GBI and Encouraging greater uptake of Outdoor Activity and Volunteering’

Actions

1. Provide topical and user-friendly information on GBI, parks, open spaces and nature conservation sites, and how to get involved in activities and volunteering.
2. Encourage and support Parks Friends Groups, Beach Guardians, Tree Wardens and other community led environmental stewards.
3. Continue to support and promote the outdoor aspects of the Better Start and HeadStart Programmes and work with health professionals throughout the town to promote “green prescribing”.
4. Appoint a GBI Officer to take ownership and to deliver the GBI Strategy and Action Plan, forming partnerships with health, housing, town centre, schools, cultural and arts specialists.
5. Continue to deliver GI projects that promote food growing, gardening and stewardship of local green spaces.
6. Promote the use of GBI by educational institutions and incorporate GBI into the curriculum e.g. through Forest Schools.
7. Incorporate GBI into the Blackpool Sport and Physical Activity Strategy 2013-2018 when updated.
8. Encourage GBI implementation through the Arts and Culture Strategy.
9. Monitor the outcomes of this Action Plan from the residents perspective.



Promoting GBI

6.0 Next Steps

Roles and Responsibilities

The Strategy diagrams in Chapter 5 show the many opportunities for GBI to transform the quality of the urban environment, the seascape and the countryside of Blackpool. The proposed comprehensive and connected networks of GBI will deliver many benefits to residents, employees, investors and visitors to the town. Some actions will be led by the Council, some by the community, some by the third sector, some by developers, some by health and regeneration specialists and all will need partnership working.

Detailed Action Plan

More detailed actions, funding and stakeholder responsibilities based on the Objectives at Chapter 5 are listed in the GBI Action Plan 2018 - 2027.

Green and Blue Checklist

We have set out a checklist of requirements for planners and developers to help ensure that GBI is considered in all decisions affecting Blackpool's environment.

GBI should be seen as critical infrastructure in the same way as utilities or local transport networks. If it can be incorporated at the start of a project it is possible to achieve substantial cost savings through combining uses and creating multifunctionality. It can also improve the design, layout and appearance of a scheme.

Developers should be engaged in early discussions with the local authority regarding on site GBI provision so the costs of the expected high standards of quality and quantity of GBI can be accounted for by the developer in their land purchase negotiations.

The checklist provides a summary of the Green Infrastructure (GBI) requirements for development in Blackpool. It consists of strategic and site specific considerations. These requirements will contribute to the greening of the urban area and in particular new development. This will stimulate investment and economic growth; contribute to an attractive and healthy living and working environment; enhance biodiversity; and increase opportunities for tourism leisure and recreation. Maintenance of any new and enhanced GBI is integral to its success and implementation plans need to detail how maintenance will be secured in the long term

Overseeing the Implementation of the Strategy and Plan

Cllr Graham Cain, Cabinet secretary will oversee the implementation of the strategy through the Health and Wellbeing Board.

Resourcing the Plan

In such difficult financial times for Local Authorities and other Public Sector bodies, we will need to be innovative and work in partnership with business and other funding bodies to piece together resources, action by action, to deliver the Strategy.



Victoria Park community involvement, Stafford



Solaris Centre Garden Opening

Blackpool's Green and Blue Checklist

Step 1: Consider the GBI opportunities and benefits that the proposed development could bring to Blackpool

- It is important to consider the users of the development and the of GBI benefits that could be provided.
- Different types of development provide different opportunities for GBI (including SuDS).
- Residential development provides the opportunity for open space creation for recreation, connectivity to wildlife and flood resilience.
- Other types of development may present opportunities to link to strategic cycle routes and footpaths to encourage visitors and workers to use sustainable modes of transport

Step 2: Identify the GBI assets within and near the proposed development

- Identify GBI assets within 1km of the proposed development, including aquatic and terrestrial habitats, ecological designated sites, heritage sites, Public Rights of Ways (PRoW), cycle routes.
- Maps of all GBI assets can be found in the GBI Technical Report.

Step 3: Review the Local Plan and its evidence base e.g. Blackpool GBI Strategy, Blackpool's Open Space Assessment, Supplementary Planning Documents

- Review the Blackpool Council's local plan and evidence base to understand development requirements as well as opportunities to contribute to projects within local plans and strategies.
- Planning policies and strategies can be found here: <https://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Planning/Planning-policy/Planning-policy.aspx>
- The evidence base is saved here: <https://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Planning/Planning-policy/Blackpool-local-plan/Evidence-base.aspx>

Step 4: Identify opportunities for meeting Blackpool's GBI goals

- Consider the information gathered from Steps 1 - 3 to understand how the proposed development can deliver the GBI goals for Blackpool:
- Engaging People in Health and Wellbeing
- Enhance the Visitor Experience
- Greener Housing and Infrastructure
- Enabling Productive Businesses and Workers
- Promoting a Green Image and Culture
- Habitats for Wildlife and Pollinators

Step 5: Carry out pre-application discussions with Blackpool Council

- Blackpool Council recommends applicants engage with the Council prior to submitting a planning application so that they can provide feedback and advice regarding the type of development, design and layout. Pre-application discussions provide the setting to discuss opportunities to improve the quality of GBI where low quality GBI assets are reduced in size due to proposed development. Post implementation maintenance arrangements for GBI schemes should be discussed.
- Details about pre-application discussions can be found here: <https://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Planning/Planning-applications/Pre-application.aspx>.

Step 6: Carry out pre-application community involvement if the proposed development is significant

- Consulting with the local community early in the design stage of significant developments provides the opportunity for feedback about the development and GBI proposals.
- Further details about public consultation can be found here: <https://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Planning/Planning-applications/The-planning-application-process.aspx>

Step 7: Submit planning application

- GBI proposals should be clearly outlined within the planning application.
- Information about what to submit with your application form is here: <https://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Planning/Planning-applications/Local-validation-checklist.aspx>

Annex One - Evidence Base

This section signposts the reader to relevant maps in the Green and Blue Infrastructure Technical Report (TEP Document Reference 6272.030) and the Updated Open Space Assessment 2018 (TEP Document Reference 6272.067).

The evidence is organised in terms of the goals and priorities described at Chapter 4 of the Strategy. In all cases, the maps should be read alongside all the other maps in the technical report as they form part of a suite of evidence. Decisions should not be based solely on one map, given the nature of GIS data underpinning each map, and the fact that GBI is a multi-functional concept.

Similarly, all the maps should be interpreted alongside the commentary in the Technical Report, especially chapters 4 and 5 which summarise consultations and spatial analysis.

Goal: Engaging People in Health and Wellbeing

Evidence Base

Key maps in the technical report are:

- *Need for Aesthetic Function and Aesthetic Assets Map (G6272.004)*
- *Need for Recreation Function and Recreation Assets Map (G6272.005)*
- *Need for Green Travel Route Function and Green Travel Route Assets Map (G6272.006)*
- *Need for Shading Function and Shading Assets Map (G6272.007)*
- *Need for Evaporative Cooling Function and Evaporative Cooling Assets Map (G6272.010)*
- *Need for Trapping Air Pollutants Function and Trapping Air Pollution Assets Map (G6272.009)*
- *Need for Noise Absorption Function and Noise Absorption Assets Map (G6272.012)*
- *Need for Food Production Function and Food Production Assets Map (G6272.017)*
- *Need for Learning Function and Learning Assets Map (G6272.008)*
- *Health and Wellbeing Needs Map (G6272.023)*
- *Recreation and Leisure Needs Map (G6272.025)*

The 2018 open space audit also highlights areas where parks, play and sports facilities fall below standards for quantity, quality and accessibility, which can impact on health and wellbeing. Key maps in the Open Space Assessment are:

- *Open Space Provision by Ward Map (G6272.065)*
- *Quality of Open Space Spaces (G6272.057)*
- *Play Area Quality Scores (G6272.060)*
- *Accessibility to Parks and Gardens (G6272.055)*
- *Accessibility to Provision for Children and Young People (G6272.056)*
- *Accessibility to Outdoor Sports Facilities (G6272.054)*

Goal: Enhancing the Visitor Experience

Evidence Base

Key maps in the technical report are:

- *Need for Aesthetic Function and Aesthetic Assets Map (G6272.004)*
- *Need for Recreation Function and Recreation Assets Map (G6272.005)*
- *Need for Green Travel Route Function and Green Travel Route Assets Map (G6272.006)*
- *Need for Heritage Function and Heritage Assets Map (G6272.015)*
- *Need for Culture Function and Culture Assets Map (G6272.016)*
- *Tourism Needs Map (G6272.029)*

The 2018 open space audit also highlights areas where parks, play and sports facilities fall below standards for quantity, quality and accessibility, which can impact on health and wellbeing. Key maps in the Open Space Assessment are:

- *Open Space Provision by Ward Map (G6272.065)*
- *Quality of Open Space Spaces (G6272.057)*
- *Play Area Quality Scores (G6272.060)*
- *Accessibility Maps (G6272.048-55)*

Goal: Greener Housing and Infrastructure

Evidence Base

Key maps in the technical report are:

- *Need for Aesthetic Function and Aesthetic Assets Map (G6272.004)*
- *Need for Shading Function and Shading Assets Map (G6272.007)*
- *Need for Evaporative Cooling Function and Evaporative Cooling Assets Map (G6272.010)*
- *Need for Trapping Air Pollutants Function and Trapping Air Pollution Assets Map (G6272.009)*
- *Need for Noise Absorption Function and Noise Absorption Assets Map (G6272.012)*
- *Need for Heritage Function and Heritage Assets Map (G6272.015)*
- *Need for Culture Function and Culture Assets Map (G6272.016)*
- *Need for Wind Shelter Function and Wind Shelter Assets Map (G6272.018)*
- *Quality of Place Needs Map (G6272.024)*

Annex One - Evidence Base

The 2018 open space audit also highlights areas where open spaces fall below standards for quantity, quality and accessibility, which can impact on Quality of Place. Key maps in the Open Space Assessment are:

- *Open Space Provision by Ward Map (G6272.065)*
- *Quality of Open Space Spaces (G6272.057)*
- *Play Area Quality Scores (G6272.060)*
- *Accessibility Maps (G6272.048-56)*
- *Accessibility to Natural Green Space Over 2ha (G6272.058)*
- *Accessibility to Natural Green Spaces Over 20ha (G6272.059)*

Goal: Enabling Productive Businesses and Workers

Evidence Base

Key maps in the technical report are:

- *Need for Aesthetic Function and Aesthetic Assets Map (G6272.004)*
- *Need for Recreation Function and Recreation Assets Map (G6272.005)*
- *Need for Learning Function and Function Assets Map (G6272.008)*
- *Economic Growth and Investment Needs Map (G6272.026)*
- *Labour Productivity Needs Map (G6272.028)*

The 2018 open space audit also highlights areas where open spaces fall below standards for quantity, quality and accessibility, which can impact on Productive Businesses and Workers. Key maps in the Open Space Assessment are:

- *Open Space Provision by Ward Map (G6272.065)*
- *Quality of Open Space Spaces (G6272.057)*
- *Play Area Quality Scores (G6272.060)*
- *Accessibility Maps (G6272.048-56)*

Goal: Promoting a Greener Image and Culture

Evidence Base

Key maps in the technical report are:

- *Need for Recreation Function and Recreation Assets (G6272.004)*
- *Need for Aesthetic Function and Aesthetic Assets Map (G6272.005)*
- *Need for Heritage Function and Heritage Assets Map (G6272.015)*
- *Need for Culture Function and Culture Assets Map (G6272.016)*
- *Need for Green Travel Route Function and Green Travel Route Assets Map (G6272.006)*
- *Quality of Place Needs Map (G6272.024)*
- *Recreation and Leisure Needs Map (G6272.025)*
- *Tourism Needs Map (G6272.029)*

The 2018 open space audit also highlights areas where open spaces fall below standards for quantity, quality and accessibility, which can impact on Image and Culture. Key maps in the Open Space Assessment are:

- *Open Space Provision by Ward Map (G6272.065)*
- *Quality of Open Space Spaces (G6272.057)*
- *Play Area Quality Scores (G6272.060)*
- *Accessibility Maps (G6272.048-56)*

Goal: Improving Habitats and Benefitting Pollinators

Evidence Base

Key maps in the technical report are:

- *Need for Trapping Air Pollution Function and Trapping Air Pollution Assets Map (G6272.009)*
- *Need for Habitat for Wildlife Function and Habitat for Wildlife Assets Map (G6272.013)*
- *Need for Connectivity for Wildlife Function and Connectivity for Wildlife Assets Map (G6272.014)*
- *Need for Food Production Function and Food Production Assets Map (G6272.017)*
- *Need for Water Infiltration Function and Water Infiltration Assets Map (G6272.021)*
- *Products from the Land Needs Map (G6272.030)*
- *Land and Biodiversity Needs Map (G6272.031)*

The 2018 open space audit also highlights areas where parks, play and sports facilities fall below standards for quantity, quality and accessibility, which can impact on health and wellbeing. Key maps in the Open Space Assessment are:

- *Open Space Provision by Ward Map (G6272.065)*
- *Quality of Open Space Spaces (G6272.057)*
- *Accessibility Maps (G6272.048-56)*

Annex Two: References

1. Blackpool Council Plan 2015 to 2020
2. Department for Communities and Local Government, Planning Practice Guidance on the Natural Environment (Paragraph: 027 Reference ID: 8-027-2160211)
3. HM Government (2018), A Green Future, our 25 year plan to improve the environment. Defra.
4. TEP (2017) Blackpool's Green and Blue Infrastructure Strategy: Technical Report (report reference 6272.030) produced for Blackpool Council)
5. TEP (2018) Updated Open Space Assessment (report reference 6272.067) produced for Blackpool Council)
6. Adapted from Department for Communities and Local Government, Planning Practice Guidance on the Natural Environment (Paragraph: 030 Reference ID: 8-030-20160211)
7. Lancashire County Council Local Authority profiles, at <http://www.lancashire.gov.uk/lancashire-insight/area-profiles/local-authority-profiles/blackpool.aspx>
8. TEP (2018) Updated Open Space Assessment – as reference 4 above
9. Forest Research and Treeconomics (2017) <http://www.urbantreecover.org/comparison-table/>
10. www.blackpoolbetterstart.org.uk
11. Destination Blackpool: Resort Place-Making 2015-2017
12. Blackpool Local Plan: Core Strategy (2012 to 2027): Policy CS1 Strategic Location of Development
13. Dadvand, P. et. al. Green Spaces and Cognitive Development in Primary Schoolchildren <http://www.pnas.org/content/112/26/7937.full.pdf>
14. Sustrans has collected a review of evidence in <https://www.sustrans.org.uk/policy-evidence/related-academic-research/health-and-active-travel>
15. Vivid Economics (2017) Natural Capital Accounting in Urban Parks. <http://www.vivideconomics.com/publications/natural-capital-accounting-in-urban-parks>
16. Blackpool Council (2016) Public Health Annual Report 2016
17. Blackpool Council Local Plan Core Strategy Policy CS2 (Housing Provision)
18. Data from Employee Volunteering (a Community Interest Company) <http://www.employeevolunteering.co.uk/benefits-to-business.html>
19. Lancashire County Council (2016) Summary of the County Agricultural Sector
20. Defra (2014) National Pollinator Strategy
21. Lancashire County Council (2000) A landscape strategy for Lancashire



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Report to: **ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**

Relevant Officer: Mrs Sharon Davis, Scrutiny Manager

Date of Meeting: 28 November 2018

SCRUTINY WORKPLAN

1.0 Purpose of the report:

1.1 The Committee to consider the Workplan, together with any suggestions that Members may wish to make for scrutiny review.

2.0 Recommendations:

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

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

3.0 Reasons for recommendations:

3.1 To ensure the 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 Scrutiny Workplan

- 5.1.1 The Scrutiny Committee Workplan is attached at Appendix 10(a). The Workplan is a flexible document that sets out the work that the Committee will undertake over the course of the year.
- 5.1.2 Committee 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 Scrutiny Selection Checklist

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

5.3 Implementation of Recommendations/Actions

- 5.3.1 The table attached to Appendix 10(c) has been developed to assist the Committee to effectively ensure that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.
- 5.3.2 Members are requested to consider the updates provided in the table and follow up questions as appropriate.

5.4 Whole System Transfers of Care

Members met with a range of representatives to discuss whole system transfers of care. A number of recommendations were identified during the course of the review. A report is being written and will be circulated to those in attendance for comments as soon as possible. It is hoped the final version of the report will be submitted to the Committee for approval at its special meeting on 24 January 2019.

5.5 Special meeting 24 January 2019 5pm

As agreed at the last meeting of the Committee, a special meeting has been established in January 2019 to consider the improvements made and still required by Lancashire Care Foundation Trust.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 10(a): Adult Social Care and Health Scrutiny Committee
Workplan 2018-2019

Appendix 10(b): Scrutiny Selection Checklist

Appendix 10(c): Implementation of Recommendations

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2018/2019	
10 October 2018	<ol style="list-style-type: none"> 1. Proposals for Council Plan Performance Reporting Arrangements 2. Health and Social Care Integration Progress to focus on Integrated Care Partnerships and Sustainability Transformation Plans 3. Lancashire Care Foundation Trust - Improvement Plan tbc 4. Director of Public Health's Annual Report
28 November 2018	<ol style="list-style-type: none"> 1 Blackpool Safeguarding Adults Board Annual Report 2017/2018 including 2018/2019 priorities 2 Blackpool Clinical Commissioning Group Mid-Year Performance Report 3 GP Appointments to include number available, duration and waiting times 4 Adult Services Overview Report including Transforming Care for Adults with Learning Disabilities progress and key performance reporting 5 Green and Blue Strategy
13 February 2019	<ol style="list-style-type: none"> 1 Healthwatch Progress Report 2017/2018, including 2018/2019 priorities 2 Public Health Overview Report including key performance reporting and an update on the provision of breastfeeding and infant support services 3 North West Ambulance Service annual update on performance 4 Obesity – to receive an update on action taken to reduce obesity from Public Health and the CCG and impact to date
<i>April 2019 (Period for comments)</i>	<p>Responses to draft quality accounts</p> <ul style="list-style-type: none"> • <i>Lancashire Care Foundation Trust</i> • <i>Blackpool Teaching Hospitals NHS Foundation Trust</i> • <i>North West Ambulance Service</i>
July 2019 (Subject to confirmation at Annual Council, May 2019)	<ol style="list-style-type: none"> 1 Blackpool Clinical Commissioning Group Performance Report - End of Year 2018/2019 2 Annual Council Plan Performance report on relevant Priority Two projects, complete with 'Blackpool Outcomes' 3 Blackpool Teaching Hospitals NHS Foundation Trust, income and expenditure plan, financial performance, transitional themes, efficiency savings and impact of savings upon patients 4 Health and Social Care Integration, focussing on progress, impact and the Sustainability Transformation Plan
October 2019	<ol style="list-style-type: none"> 1 Adult Services Overview Report, including key performance reporting 2 Public Health Overview Report, including key performance reporting and the Director of Public Health's Annual Report 3 Lancashire Care Foundation Trust, annual update on improvement planning 4 Tbc
December 2019	<ol style="list-style-type: none"> 1 Blackpool Safeguarding Adults Board Annual Report 2018/2019 including 2019/2020 priorities 2 Healthwatch Progress Report 2018/2019, including 2019/2020 priorities 3 Blackpool Clinical Commissioning Group Mid-Year Performance Report 4 Blackpool Teaching Hospitals NHS Foundation Trust, tbc

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SCRUTINY SELECTION CHECKLIST

Title of proposed Scrutiny:

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

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

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

Please give any further details on the proposed review:

Completed by:

Date:

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MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	10.10.18	To receive a written response to the concerns raised by the Committee in relation to the performance of Lancashire Care Foundation Trust.	End November 2018	Heather Tierney-Moore	Update information circulated to all Members.	Green
2	10.10.18	To set up a special meeting of the Committee to consider the key concerns raised at the meeting and the full plans relating to the improvements to be made following the CQC inspection.	January 2019	Sharon Davis	Meeting arranged for 24 January 2019 5pm.	Green

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