

Public Document Pack



31 December 2019

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

The above members are requested to attend the:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Tuesday, 7 January 2020 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

(1) the type of interest concerned either a

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

and

(2) the nature of the interest concerned

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

2 MINUTES OF THE LAST MEETING HELD ON 16 OCTOBER 2019

(Pages 1 - 10)

To agree the minutes of the last meeting held on 16 October 2019 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 11 - 16)

To consider the content of the Council's Forward Plan, January 2020 – April 2020, relating to the remit of the Committee.

5 EXECUTIVE DECISIONS (Pages 17 - 22)

To consider the Executive decisions taken within the remit of the Adult Social Care and Health Scrutiny Committee since the previous meeting.

6 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST CQC INSPECTION (Pages 23 - 62)

To update the Committee on the findings of the June 2019 Care Quality Commission (CQC) inspection and provide assurance of the Trust's response and commitment to addressing the improvement actions.

7 BLACKPOOL CLINICAL COMMISSIONING GROUP HALF YEAR PERFORMANCE (Pages 63 - 80)

To consider the mid-year performance of the Blackpool Clinical Commissioning Group (April 2019 – September 2019).

8 PROVISION OF SUPPORTED HOUSING (Pages 81 - 90)

To inform Scrutiny Committee of the current position in relation to supported housing in Blackpool to determine if the committee would like to explore the issue further.

9 BLACKPOOL SAFEGUARDING ADULT BOARD ANNUAL REPORT (Pages 91 - 142)

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

10 SCRUTINY WORKPLAN (Pages 143 - 158)

To review the work of the Committee, the implementation of recommendations and receive an update on the briefings received on Head and Neck and Vascular Services and Stroke Improvement.

11 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Thursday 6 February 2020, commencing at 6.00pm.

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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Agenda Item 2

MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 16 OCTOBER 2019

Present:

Councillor Hobson (in the Chair)

Councillors

D Coleman	Hutton	O'Hara	Mrs Scott
Hunter	Matthews	D Scott	

In Attendance:

Councillor Lynn Williams, Cabinet Member for Adult Social Care and Health

Dr Arif Rajpura, Director of public Health

Ms Karen Smith, Director of Adult Services

Ms Liz Petch, Consultant in Public Health

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group (CCG)

Mr David Bonson, Chief Executive Officer, Blackpool, Fylde and Wyre CCGs

Mr Andrew Bennett, Executive Director for Commissioning, Fylde Coast Integrated Care Partnership (ICP)

Ms Caroline Donovan, Chief Executive Officer, Lancashire Care NHS Foundation Trust

Mr David Eva, Chairman, LCFT

Mr Richard Morgan, Deputy Medical Director, LCFT

Mr Peter Murphy, Interim Director of Nursing, Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

Ms Vicky Ellarby, Interim Strategy Developer, Fylde Coast ICP

Ms Sharon Adams, Deputy Director of Workforce Education and Occupational Development (BTH) /Head of Occupational Development for Fylde Coast ICP

Ms Ursula Martin, Director of Compliance and Improvement, LCFT

Mr Colin Turner, Fylde Family Support Group

Ms Joan McCormack, Fylde Family Support Group

Ms Toni Roethling, Fylde Family Support Group

Ms Julie Mortimer, Fylde Family Support Group

Mr Rob Frowen, Fylde Family Support Group

1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2 MINUTES OF THE LAST MEETING HELD ON 3 JULY 2019

The Committee agreed that the minutes of the last meeting held on 13 February 2019 be signed by the Chairman as a true and correct record.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
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3 PUBLIC SPEAKING

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

4 FORWARD PLAN

The Committee considered the Forward Plan October 2019 – February 2020 and noted that there would be a special meeting held to input into the development of both the Drug Strategy and the Alcohol Strategy. Councillor Lynn Williams, Cabinet Member for Adult Social Care and Health was invited to outline the decision to be taken on the ‘Learning Disability and Autism Short Breaks Service’. She advised that the decision would provide a much needed facility, subject to planning permission, in an area where demand was expected to increase. The ability to provide the facility was due to a successful application for funding to the NHS and the running costs of the facility had been built into the budget.

5 ADULT SOCIAL CARE FINANCIAL SUSTAINABILITY

Ms Karen Smith, Director of Adult Services highlighted that the £82 million budget of Adult Services was one third of the total budget of the Council. The Service had achieved a balanced outturn budget in previous years, despite many challenges and increases in demand. It was explained that demand was projected to continue to increase and that pressure was being experienced across the whole health and social care system.

The positive impact of investment had been demonstrated through reductions in delayed transfers of care, no long wait times for assessments and good quality provision, as rated by the Care Quality Commission. There was also a high level of satisfaction amongst services users and staff.

Ms Smith noted that a large proportion of the budget was spent on residential care services and care at home services. Should demand continue to outstrip resource in these areas, there would be a significant impact on the rest of the healthcare system. As an example, if an appropriate residential place was not available for a person in a hospital bed, the patient could not be discharged, therefore freeing up the bed for a new patient. It was therefore imperative that discussions were held consisting of all partners to plan for the future.

Members noted that the financial sustainability of the Service had been raised as a concern during the Committee’s workplanning process, to which Ms Smith commented that there was currently financial stability, but that stability could not be guaranteed for future years. In response to questioning, Mr David Bonson, Chief Executive Officer, Blackpool, Fylde and Wyre Clinical Commissioning Groups advised that discussions had commenced between Adult Services and partners in the healthcare system in order to understand the demand and explore the options together to make informed decisions. He assured the Committee that difficult decisions would be taken together, as a system.

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6 MENTAL HEALTH SERVICE PROVISION

Mr Andrew Bennett, Executive Director for Commissioning, Integrated Care Partnership introduced the item and advised that the Partnership had a clear sense of concern of the issues within the mental health care system and the impact of those issues on patients and their families. He introduced the new Chief Executive Officer of Lancashire Care NHS Foundation Trust (LCFT), Caroline Donovan who presented the report to the Committee.

Ms Donovan advised that a new leadership team had been put into place and that there had been many improvements made since May 2019 when the results of the external review had been published and the latest Care Quality Commission (CQC) inspection was undertaken of the Trust. The CQC inspection outcomes, which had been published in August 2019, had rated 10 of 14 of the Trust's core services as 'good', two as 'requires improvement' and two as 'inadequate'. It was noted that the most concerning judgements related to the adult acute mental health care pathway.

In relation to the CQC inspection findings, Ms Donovan cited the lack of specialist mental health beds across the region as a key determinant of the previous poor performance and highlighted that new beds were being created in Preston to be opened in February 2020, and a business case was being prepared for a further mental health facility with additional beds on the Fylde Coast for later in 2020.

A further key determinant was the community provision and it was noted that LCFT was working closely with the local clinical commissioning groups, the Integrated Care Partnership and the local authority to invest in expanding staffing and to introduce a 24/7 crisis team and a community crisis house in Blackpool. Ms Donovan also highlighted the importance of changing the leadership culture, managing performance and engaging with partners and the voluntary and community sector and reported that strong improvements had already been demonstrated. However, the level of improvement that could be achieved was limited until the opening of the additional beds and additional staff being in place and fully trained.

Members raised concerns that the latest CQC inspection results had not shown improvement in the key mental health pathways and further commented that assurance had been provided by LCFT representatives on a number of occasions previously that improvements would be made. In response, Mr David Eva, Chair, LCFT advised that he had been in post for approximately three years and had also been given the same assurances previously. He advised of his commitment to ensuring the promised improvements happened. Ms Donovan added that, previously, there had been no additional investment to carry out the required improvements, however, a partnership approach had been taken and additional funding had been allocated in the last few months to increase spend on beds and additional staffing, the two issues which were fundamental to achieve improvement. The decisions taken within the last two months addressed the causes of the problems, which had not been previously addressed by any provider or commissioner.

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In response to questions, it was noted that the additional funding had been provided by the whole system and that the Lancashire and South Cumbria Integrated Care System had made a decision that identified mental health service provision as the highest priority. Ms Donovan added that improvements had already been made to the 12 hour wait time in Accident and Emergency and reductions in the waits for Section 136 and that improvements would be incremental and continue to be made.

In relation to the two warning notices issued to the Trust, Ms Donovan advised that they were in relation to the length of wait for patients in the Mental Health Decision Unity and the wait in the Section 136 facility. She reiterated the cause as a lack of beds and that improvement would be sustained once the additional beds were in use. There was a Mental Health Improvement Board in place to monitor improvement, and although some improvement could be immediately seen, other areas for improvement would take a substantial amount of time.

The Committee referred to the CQC judgement that services were 'not safe' and queried what the judgement meant for patient care. Ms Donovan advised that 50% of mental health trusts received a 'requires improvement' judgement for 'not safe'. However, she emphasised that the new leadership team was fully operational and had a record of driving improvements in similar trusts. She added that there were significant challenges relating to recruitment of staff and in particular consultants, noting the impact of a lack of investment over a number of years.

Reference was made to a previous recommendation of the Committee, that LCFT to establish better links and engage more with the voluntary, community and faith sector. In response, Mr Eva advised that engagement was vitally important and the Trust was involving the sector wherever possible. He referenced the work to introduce crisis houses as an area in which there had been a large amount of engagement with community groups.

At the request of the Chairman, Dr Arif Rajpura, Director of Public Health advised that people in crisis was a real issue which needed addressing quickly. He referred to the extension of the Psynergy pilot and the introduction of crisis cafes in the near future and a crisis house for short term crisis support. He added that crisis services were being redesigned jointly across the system and that there had been an increase in collaborative working and improved engagement since the previous meeting of the Committee. He noted that issues remained, but that the direction of travel was positive.

Ms Karen Smith, Director of Adult Services was invited contribute to the discussion and advised that services felt more controlled than previously and that the issues and what action needed to be taken to address the issues had been identified across the system. There remained a number of significant issues which had already been referred to such as bed insufficiency and the challenges ahead could not be underestimated.

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Representatives from the Fylde Family Support Group were invited to give an overview of current concerns from within the community and voluntary sector. It was reported that the historical problem of patients accessing drugs and alcohol in the Harbour remained and that substances hindered recovery significantly. In addition, despite a general feeling of improvement, the 24/7 crisis telephone line was not always answered, there was also a feeling that vulnerable patients in the Harbour were not being suitably protected with an example given of bank accounts being emptied by less vulnerable patients and concerns remained that action was not being taken quickly enough to help those patients that could not wait 18 months for all the improvements promised to be made.

Ms Donovan advised that she would investigate the issue of alleged drug and alcohol use in the Harbour following the meeting as it had not been previously brought to her attention. She highlighted that Blackpool had one of the highest rates of drug and alcohol death in the country and that LCFT was working with Public Health in order to provide stronger joint working on the issues. She added that it was upsetting to hear that a vulnerable patient in LCFT's care had been exploited and highlighted that the region required special mental health beds for patients with learning difficulties to provide them with a safe space. Finally, in response to the concerns raised by the community she acknowledged that the crisis line was not always answered due to a lack of staff, however, work was ongoing as quickly as possible to ensure cover was always provided.

The community representatives added that engagement had improved and that they were working with Dr Rajpura and LCFT to contribute to local strategies. They also praised the work of Pysnerry and the proposals for a crisis house and crisis café. Reference was made to the period of time following discharge from an inpatient facility when people were often most at risk of causing harm to themselves and noted a programme in Bradford where patients were provided with peer support for up to four months following discharge.

In response, Ms Donovan noted the importance of peer support and that support from people with lived experience was often required by patients. She added that work was ongoing to increase peer support opportunities in the area and that the programme in Bradford would be investigated.

In relation to Children and Adolescent Mental Health Services (CAMHS), Mr Bonson advised that historically CAMHS had performed well in Blackpool due to a commitment to expenditure, however, there were shortages of staff in certain specialist areas which had caused delays to treatment. Dr Rajpura highlighted the importance of investing in youth services and having peer support on offer for young people.

The Chairman concluded the item by summarising the discussion and noting the improvements made to date. The Committee agreed that a further report be provided in six months that specifically addressed:

- The implementation of the recommendations of the external review report.
- The progress in establishing the Crisis support including the crisis café and crisis house and the 24/7 crisis line.

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- The issue of drugs and alcohol in the Harbour – the extent of the problem and the action taken to address it.
- The number of new beds opened and how many more were to be opened.
- That the report be a joint report provided by LCFT, Blackpool Teaching Hospital NHS Foundation Trust and any other applicable partners.

7 DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT

Dr Arif Rajpura, Director of Public Health presented his independent report for 2018 and advised that it focussed on the health and wellbeing of children and young people. He cited the changes to the health visitor service, the life expectancy of children born in Blackpool in comparison to other areas and the level of smoking in pregnancy as key factors in the report.

Members discussed the provision of breastfeeding support and noted the importance of providing support to new mothers not just on breastfeeding but on healthy and nutritious infant feeding. It was noted that despite different approaches taken to breastfeeding, the levels in Blackpool remained very low.

Concerns were also raised around the levels of vaping amongst young people in Blackpool. The long term effect of e-cigarettes was not yet known and some young people were starting to vape despite never having smoked previously.

The positive improvements to oral health were noted and it was suggested that success in areas should be celebrated more.

The Committee agreed to forward the report to the Children and Young People's Scrutiny Committee due to the strong link to its remit.

8 INTEGRATED CARE PARTNERSHIP DEVELOPMENT

Ms Vicky Ellarby, Interim Strategy Developer, Integrated Care Partnership highlighted the high level of participation in the development of the new five year Integrated Care Partnership (ICP) Strategy. She advised that there were statutory requirements that must be included in the strategy, but the remainder focussed on the needs of the Fylde Coast. She cited the strategic needs assessment and Citizen's Enquiry approach as imperative to gaining insight into the needs of the population. It was reported that the strategy would focus on what, how and, most importantly, how the ICP would measure the success.

Mr Peter Murphy, Interim Director of Nursing, Blackpool Teaching Hospitals NHS Foundation Trust advised that the Quality Improvement Strategy was the first of its kind for the Trust. It had three key aims: to reduce preventable deaths, to reduce avoidable harm and to improve the last 1,000 days of life. He noted that on average patients spent too long in hospital in Blackpool and the Strategy aimed to reduce that number over the next three years.

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Members noted the importance of the key aims of the Quality Improvement Strategy, but questioned where patient experience was reflected within the Strategy. Mr Murphy advised that patient experience was strongly linked with the three core aims of the Strategy, by reducing the length of unnecessary stay the experience of the patient would be improved.

It was noted that the healthcare system was increasingly complex with the introduction of the ICP and the Integrated Care System and Members questioned where responsibility lay. Mr Bonson advised that all providers and commissioners were equally responsible in different ways and that ultimately there was a responsibility to the patient. In order to avoid confusion, there had been little publicity of the changes to the NHS, it was important to ensure that a patient could make contact with the NHS through any means and be treated and guided appropriately from that contact

The Committee noted that the ICP was holding a workshop on 12 November 2019 on the development of the Strategy and agreed to send a representative to input if possible.

The Committee also agreed to receive an update on the ICP Strategy and the implementation of the Quality Improvement Strategy in approximately six months.

9 SCRUTINY WORKPLAN

The Committee agreed its workplan for the remainder of the 2019/2020 Municipal Year and considered the implementation of previous recommendations as follows:

Recommendation	Update
That the CCG report back to the Committee in July 2019 with the main areas of concern in relation to succession planning and an approach to be taken.	The Committee agreed the action as completed.
That future data demonstrate the number of patients experiencing a 12 hour wait due to attending the emergency department with drug and/or alcohol intoxication.	The Committee was satisfied with the data presented and signed off the action as completed.
That LCFT be requested to identify all voluntary and community mental health support groups in Blackpool and arrange to meet with them quarterly to ensure the views of service users were truly reflected and understood.	Based on the discussions earlier in the meeting, the Committee agreed the recommendation as completed.

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<p>That LCFT consider setting all targets for completion of mandatory training, completion of appraisals etc at 90% with a view to incrementally increasing the target to 100%.</p>	<p>It was noted that the recommendation had not been discussed at the meeting and LCFT would be asked to address the recommendation at the special meeting to be held in early 2020.</p>
<p>That all representatives be requested to attend a further meeting of the Committee in approximately six months to further update on progress made and to:</p> <ul style="list-style-type: none"> • Provide feedback on the implementation of the Committee's recommendations. • To provide evidence of the work undertaken to reduce the number of four and 12 hour delays at Accident and Emergency and the impact of that work. • To report on the outcomes of the external review and action taken to implement the actions. 	<p>The recommendation was agreed as completed.</p>
<p>That attendees at the meeting give consideration to the process and the wording of the healthy weight letters sent and report back to the Committee at its next meeting with a new draft of the letter.</p>	<p>The Committee was satisfied with the response from Dr Arif Rajpura and agreed that the recommendation had been completed.</p>
<p>To add in consideration of the outcomes of the Psynergy pilot to the workplan.</p>	<p>The Committee had considered the Psynergy pilot within the Mental Health Service Provision item on the agenda and agreed the recommendation as completed.</p>
<p>To request that the data held on the number of unexpected deaths (those that the SHMI is based upon) within the hospital and outside of the hospital following discharge be circulated to Members.</p>	<p>The Committee agreed the recommendation as completed.</p>
<p>That the provision of facilities including the comfort of chairs provided to patients waiting in the emergency department be considered.</p>	<p>The Committee agreed the recommendation as completed based on the response provided by Ms Berenice Groves.</p>

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
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The Committee also noted the update from the presentation on Renal Dialysis Service Reconfiguration.

10 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Wednesday, 11 December 2019, commencing at 6.00pm.

Chairman

(The meeting ended at 20.15)

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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Agenda Item 4

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting	7 January 2020

FORWARD PLAN

1.0 Purpose of the report:

- 1.1 To consider the content of the Council's Forward Plan, January 2020 – April 2020, relating to the remit of the Committee.

2.0 Recommendations:

- 2.1 To question the relevant Cabinet Member in relation to items contained within the Forward Plan within the portfolio.
- 2.2 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 Lynn Williams (Cabinet Member for Adult Social Care and Health).

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

(JANUARY 2020 TO APRIL 2020)

* Denotes New Item

Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
February 2020	To agree the 2019/2022 Alcohol Strategy	22/2019	Executive	Cllr Williams
February 2020	To agree the 2019/2022 Drug Strategy	23/2019	Executive	Cllr Williams

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Agenda Item 5

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
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Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager
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Date of Meeting	7 January 2020
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EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report:

- 1.1 To consider the Officer Delegated key decision taken within the remit of the Adult Social Care and Health Scrutiny Committee since the previous meeting.

2.0 Recommendation:

- 2.1 Members will have the opportunity to question the relevant Officer with delegated authority in relation to the decision taken.

3.0 Reasons for recommendation(s):

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

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

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

- 3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

- 4.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

5.0 Background Information

- 5.1 Attached at the appendix to this report is a summary of the decision taken, which has been

circulated to Members previously.

- 5.2 This report is presented to ensure Members are provided with a timely update on the decisions taken by the Executive, Cabinet Members and key decisions taken by Officers with delegated authority. It provides a process where the Committee can raise questions and a response be provided.
- 5.3 Members are encouraged to seek updates on decisions and will have the opportunity to raise any issues.

6.0 Witnesses/representatives

- 6.1 The following Officer is responsible for the decision taken in this report and has been invited to attend the meeting:

- Ms Karen Smith, Director of Adult Services

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 5(a): Summary of Executive and Cabinet Member decisions taken.

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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DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	DIRECTOR
<p>LEARNING DISABILITY AND AUTISM SHORT BREAKS SERVICE</p> <p>The Officer with Delegated Authority agreed the recommendations as follows:</p> <p>To agree to the development of a purpose built six-bed accommodation unit, situated at 2-4 Ambleside Road, which will provide a short break service and enhanced respite care for adults with a learning disability and/or autism with complex and challenging needs.</p> <p>To note that the capital cost of the scheme is approximately £1.75m with NHS England providing funding of £1.6m and to agree that the Council contributes the land valued at £150,000.</p> <p style="text-align: right;">12</p>	<p>At present, there is not enough respite provision in Blackpool to support those carers and families who play a pivotal role in the day-to-day care of individuals with a learning disability and/or autism. The Council currently operates a six- bed facility at Coopers Way, which is able to offer 2,160 bed nights per year but demand from families exceeds this by approximately 900 bed nights per year. Further to this, demand for respite provision is expected to increase in the future as a result of demographic factors, for example, an increase in the number of young people with a learning disability and/ or autism transitioning to adult services.</p>	D1/2019	25/11/19	Karen Smith, Director of Adult Services

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Agenda Item 6

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr Peter Murphy, Director of Nursing, Allied Health Professionals and Quality, Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting	7 January 2020

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST: CQC INSPECTION JUNE 2019

1.0 Purpose of the report:

- 1.1 To update the Committee on the findings of the June 2019 Care Quality Commission (CQC) inspection and provide assurance of the Trust's response and commitment to addressing the improvement actions.

2.0 Recommendation(s):

- 2.1 The Committee is asked to note the action that the Trust is taking to address the concerns raised within the report and share feedback on the approach taken.

3.0 Reasons for recommendation(s):

- 3.1 To ensure the Committee is apprised of and receives assurance of the Trust's response and commitment to addressing the improvement actions and the wider quality agenda.

- 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 Not applicable

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 full inspection report was published on 17 October 2019 (*appendix 6(a)*). The Trust received:
- An overall rating of Requires Improvement
 - Caring as Good
 - Well Led being rated Inadequate.

The inspection report outlines 32 ‘Must Do’s’ and 86 ‘Should Do’s’. The ‘Must Do’s’ are categorised as immediate actions (first 9 months) and are included within the Trust’s formal CQC plan (*appendix 2*). These improvement actions are based around the following themes:

Governance	Safe Staffing
<ul style="list-style-type: none"> • Policies • Duty of Candour • Culture • Environmental Risk Assessments • Monitoring Quality & Safety • Safe Storage of Medical Notes • Risk Escalation and Mitigation 	<ul style="list-style-type: none"> • Medical Staffing • Nurse Staffing
Safe Care & Treatment	Person Centred Care
<ul style="list-style-type: none"> • Environment Risk Assessments • Bed Rail Practice • Consent • Medical Record Management • MCA • DOLS • Safe storage of personal medicines • Critical Care Environment & Facilities 	<ul style="list-style-type: none"> • Patient Centred Care Treatment Plans • Pain Management • Mixed Sex Accommodation • CAMHS 18 week pathway • CAMHS outcome management • Wait times for Community CYP, Community Dental, Community Therapy Services and CAMHS

Progress with the implementation of the 32 ‘Must Do’s’ is formally and robustly monitored via the Trust and the CQC. The Trust will initially need to focus their attention on achieving the ‘Must Do’s’ within the agreed timeframes to secure stability of services and deliver improved care and outcomes for patients.

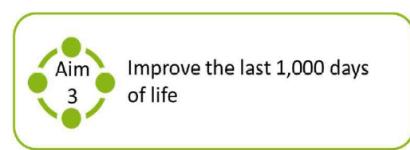
The 86 ‘Should Do’s’ will be individually reviewed between the CQC and the Trust to ensure that the whole programme of improvement is managed in a way that enables the Trust to deliver and sustain priority improvements.

Alongside the CQC inspection and subsequent recommendations for improvement, the Trust has developed and implemented their Quality Strategy (*appendix 6(c)*) which is specifically focused around embedding quality improvement into day to day practice based around three key aims:

Our two high level Trust aims over the next three years are to:



Our high-level System-wide aim over the next three years is to:



The Quality strategy is a key platform for delivering the CQC improvement actions and wider quality initiatives.

- 6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

- 7.1 Appendix 6(a): CQC Inspection Report - <https://www.cqc.org.uk/location/RXL01>
Appendix 6(b): CQC Action Plan (attached)
Appendix 6(c): Blackpool Teaching Hospitals Quality Strategy (attached)

8.0 Legal considerations:

- 8.1 Not applicable

9.0 Human resources considerations:

- 9.1 Not applicable

10.0 Equalities considerations:

- 10.1 Not applicable

11.0 Financial considerations:

- 11.1 Not applicable

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 Not applicable

15.0 Background papers:

15.1 None.

Summary of the CQC Diagnostic Improvement Plan

BLUE	Milestone successfully achieved
GREEN	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significantly.
AMBER/GREEN	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into issues threatening delivery.
AMBER	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not cause the project to overrun.
AMBER/RED	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.
RED	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which at this stage do not appear to be resolvable.

Version	Version 1.0
Date	25/10/19

What and why we need to improve

During June 2019, the CQC inspected all core services as part of an intelligence led comprehensive inspections at BTH. On 17th October 2019, the CQC Head of Hospitals Inspection wrote to confirm immediate actions that needed to be taken to address immediate patient safety concerns, discovered during the inspection. The concerns that require action are across the following main service areas:

- Trust wide
- Urgent & Emergency Care
- Medical Care
- Surgery
- Critical Care
- Outpatients
- Child & Adolescent Mental Health Services
- Community Services for Children and Young People
- Community Dental Services

In September 2019, following the appointment Kevin McGee as CEO, a Quality Improvement Strategy for Blackpool Teaching Hospitals was produced and approved by the Board of Directors following a comprehensive diagnostic review of the causes of risk to patient safety and care sustainability.

The diagnostic focus was to identify areas for improvement that impacted on patient safety. It was not a full investigation into all aspects of operations of the trust. The diagnostic was informed and complimented the immediate concerns raised by the CQC –

The following areas to improve patient safety, harm and outcomes will be prioritized and are to be delivered via the formal activity of the Quality Improvement Directorate and reported via the Board of Directors

- Mortality
- Avoidable Harm
- Last 1000 days of life

In addition, the following key areas for corporate improvement identified are:

- Assurance and governance arrangements
- Operational management and data quality
- Workforce capacity and capability
- Leadership and external relations

The CQC report has now been published (October 2019). The CQC identified 32 ‘Must Dos’ and 86‘Should Dos’ to ensure sustainable improvement to care delivered across Blackpool Teaching Hospitals. The full report corroborates the findings of the Chief Executives Diagnostic.

The full CQC report has established evidence that Blackpool Teaching Hospitals overall is rated Requires Improvement, Caring as Good, with Well Led being rated as Inadequate.

All of the CQC ‘must dos’ and ‘should dos’ have been mapped across to the themes for improvement identified in the Chief Executives Diagnostic.

This improvement plan sets out the immediate (first 9 months) improvement actions – this is to ensure we are getting the basics right, stabilising services and creating the right conditions upon which we can continue to improve and ultimately transform care delivery across BTH.

Our quality improvement strategy aims to go beyond the immediate concerns raised by the CQC report, we will engage our staff in a quality improvement strategy that will result in our services to be rated good or outstanding by regulators, that our staff would rate as a good place to work and a good place for their relatives to be cared for. The 32 ‘Must Do’s’ have been allocated an executive lead, with operational managers identified and a relevant to provide assurance to.

The 86 ‘Should Do’s’ will be further reviewed with the CQC and will be prioritised to ensure we manage the program of improvement and not overwhelm the Trust. They will be allocated to the action plan once we have formally agreed with the CQC.

Who is responsible?

The Trust Chief Executive, Kevin McGee, is ultimately responsible for implementing the actions in this document. The Trust executive team will provide the leadership to ensure we identify the right improvement actions that will tackle some of the long standing issues the Trust has faced and create the right conditions to deliver the changes required.

Our site leadership teams, divisional triumvirates and clinical leaders across the Trust will be key to delivering the actions that will ensure service sustainability and transformation. The high level deliverables articulated in this plan are underpinned by weekly improvement actions that clinical and management teams have developed and own.

The Fylde Coast System Improvement Board will bring together parts of the local health and care economies to ensure there is a shared understanding and collective commitment to the delivery of the improvement plan, including resources that need to be made available to enable the changes to happen.

It is evident that the Trust has many thousands of staff trying to deliver good standards of care to patients. However, we need to create a culture of continuous improvement supported by robust governance and accountability arrangements from Board to ward which ensures leaders are focused on the key risks to the delivery of excellent care.

How will we measure our improvement?

Measurement of our improvements will be fundamental to ensuring sustainability and the reliability of our care. We will develop a high level assurance dashboard against our key themes that measures our progress. We need to ensure that our improvement actions and activities are translating to improvement in outcomes for patients using a small number of key performance indicators.

We will assure our improvement plan through our Trust board and Non-Executive assurance committees. Each ‘Must Do’ has been allocated to a Board Assurance Committee with both an Executive lead and a delivery lead. Each committee meeting agenda will be amended so that assurance against progress of the key milestones can be monitored and any risks mitigated. All must do’s will be allocated to the appropriate risk register entry. This will be facilitated by the corporate governance team and overseen by the Trust Company Secretary.

How will we communicate progress?

Internal Communication to staff within the Trust will utilise the full range of existing communication channels and our new leadership arrangements to listen, update and engage staff in the delivery of the improvement plan.

Briefing of key issues through the line management structure; use of dedicated pages on the Trust intranet and articles on our improvement journey will feature in the weekly newsletter. Any matters which require immediate communication will be sent through an all user email.

There are multiple routes for staff to feed-back comments including the Freedom to Speak Up. We have commenced our Senior Support and Sharing walk rounds. The Big Conversation events allow for face to face discussion with senior leaders. We are committed to increasing our Safety Walk rounds where structured engagement events with clinical teams will celebrate success and learn about key service risks.

Working in partnership with the multi-agency communications group we will:

- Ensure the clear, consistent and integrated delivery of all internal and external communications including staff, patients, families and carers, commissioners, GPs;
- Ensure the public/patients are informed and reassured that services are safe;
- Ensure that all key partners and stakeholders are kept up to date and informed about developments, decisions and any service changes that are required and their impact;
- Ensure all related media enquiries are co-ordinated and managed effectively, to ensure clear and consistent messages and to ensure media coverage is accurate;

- Work together to manage and protect the reputation of the NHS and social care in Lancashire and the services provided across the local healthcare economy;
- Ensure any subsequent operational or service changes are communicated effectively across Blackpool Teaching Hospitals and the local healthcare system to staff, GPs, the public and externally.

Must Dos - by Core Service & Theme

Appendix 1: Must Dos by Core Service & Theme

Core Service

Trustwide	
<ul style="list-style-type: none"> Update Policies Duty of Candour Culture 	
Urgent & Emergency Care	Medical Care
<ul style="list-style-type: none"> Consent Patient Choice and Treatment Choice Mental Capacity Act Deprivation of Liberty Mental Health needs and risks Medical Staffing Nurse Staffing Environmental Risk Assessments 	<ul style="list-style-type: none"> Consent Medical Record Management Patient Choice and Treatment Choice Bed Rail practice Record Management MCA & DOLS Safe storage for personal medicines Safe Staffing
Surgery	Critical Care
<ul style="list-style-type: none"> Safe Storage of Medical Notes Surgical and Medical Escalation Pain Management Pathways Risk Escalation and Mitigation 	<ul style="list-style-type: none"> National Standards for Critical Care Environment and Facilities Medical Staffing Nurse Staffing Mixed Sex Accommodation
Outpatients	CAMHS
<ul style="list-style-type: none"> Transcatheter Aortic Valve Implantation pathway & RTT Cancer Pathways & RTT 	<ul style="list-style-type: none"> 18 Week Wait Pathway Care and Treatment Outcomes
Community CYP	Community Dental
<ul style="list-style-type: none"> Wait Times Access to therapy services 	<ul style="list-style-type: none"> Wait Times for Children GA lists
People Centred	Positive



Themes

Governance	Safe Staffing
<ul style="list-style-type: none"> Policies Duty of Candour Culture Environmental Risk Assessments Monitoring Quality & Safety Safe Storage of Medical Notes Risk Escalation and Mitigation 	<ul style="list-style-type: none"> Medical Staffing Nurse Staffing
Safe Care & Treatment	Person Centred Care
<ul style="list-style-type: none"> Environment Risk Assessments Bed Rail Practice Consent Medical Record Management MCA DOLS Safe storage of personal medicines Critical Care Environment & Facilities 	<ul style="list-style-type: none"> Patient Centred Care Treatment Plans Pain Management Mixed Sex Accommodation CAMHS 18 week pathway CAMHS outcome management Wait times for Community CYP, Community Dental, Community Therapy Services and CAMHS



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Must Dos by Key Actions and Proposed Leads/Committees

Appendix 2: Must Dos by Key Actions and Proposed Leads/Committees



Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Trustwide	The trust must ensure there are effective processes to review and update policies and guidelines based on national guidance and evidence based practice.	Deputy Director of Quality Governance	Governance Team	Exec Directors	
	The trust must ensure that culture is improved in all staff groups so that there is no impact on patient care.	Director of HR and OD	Triumvirates	Workforce Transformation Committee	
	The trust must ensure that the duty of candour is applied in line with legislation.	Director of Nursing	Deputy Director of Quality Governance	Quality Committee	

Appendix 2: Must Dos by Key Actions and Proposed Leads/Committees

Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Urgent & Emergency Care	The trust must ensure that the care and treatment of service users is appropriate, meets their needs and reflects their preferences. The trust must ensure that it carries out an assessment of the needs for care and treatment and it designs care and treatment that meets those needs.	Medical Director	UCD Triumvirate	Clinical Effectiveness Committee	
	The trust must ensure that care and treatment of service users is only provided with the consent of the relevant person and that Mental Capacity Act 2005 and Deprivation of Liberty legislation and trust policy is adhered to and documented appropriately.	Nurse Director	Triumvirate Nurse Directors.	Clinical Effectiveness Committee	
	The trust must ensure the trust meets the needs of patients who present with a mental health need.	Medical Director	Triumvirate Medical Director of UCD	Clinical Effectiveness Committee	
	The trust must ensure that care and treatment is provided in a safe way for service users and that the risks to the health and safety of service users is assessed and that all is done to mitigate any such risks.	Director of Nursing	Nursing lead for A&E Triumvirate	Quality Committee	
	The trust must ensure that systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided.	Medical Director	Triumvirate Medical Director for UCD and Audit Team.	Quality committee	
	The trust must ensure consultant staffing in the adult emergency department meets the minimum requirements of the Royal College of Emergency Medicine.	Medical Director	Triumvirate Medical Director and Operational Manager	Workforce Transformation Committee	
	The trust must ensure the trust deploys sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they can meet people's care and treatment needs.	Director of Nursing	Triumvirate Nursing Director	Workforce Transformation Committee	



Appendix 2: Must Dos by Key Actions and Proposed Leads/Committees

Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Medical Care	The trust must ensure that the care and treatment of service users is appropriate, meets their needs and reflects their preferences. They must ensure that they carry out an assessment of the needs for care and treatment and design care and treatment that meets those needs.	Director of Nursing	Triumvirate Nursing Director	Quality Committee	
	The trust must ensure that care and treatment of service users is only provided with the consent of the relevant person and that Mental Capacity Act 2005 and Deprivation of Liberty legislation and trust policy is adhered to.	Director of Nursing	Triumvirate Nursing Director	Quality Committee	
	The trust must ensure that care and treatment is provided in a safe way for service users and that the risks to the health and safety of service users is assessed and that all is done to mitigate any such risks.	Director of Nursing	Triumvirate Nursing Director	Quality Committee	
	The trust must ensure that all medicines are stored properly and safely.	Director of Nursing	Triumvirate Nursing Director	Quality Committee	
	The trust must ensure that systems and processes are established and operated effectively to assess and monitor and improve the quality and safety of the services provided.	Director of Nursing	UCD Triumvirate	Quality Committee	
	The trust must ensure that they maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.	Director of Nursing & Medical Director	UCD Triumvirate	Clinical Effectiveness Committee and Quality Committee	
	The trust must ensure they deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they can meet people's care and treatment needs.	Medical Director	Triumvirate Medical Director and Operational Manager	Workforce Transformation Committee	



Appendix 2: Must Dos by Key Actions and Proposed Leads/Committees

Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Surgery	The trust must ensure the trust stores records securely.	Director of Nursing & Medical Director	SC Triumvirate	Clinical Effectiveness Committee and Quality Committee	
	The trust must ensure that patients have an accurate and timely assessment of their condition, are monitored appropriately, and are escalated to medical staff when they need to be.	Medical Director	Triumvirate medical director	Clinical Effectiveness Committee	
	The trust must ensure that patients receive appropriate pain relief without delay.	Medical Director	Triumvirate medical director	Clinical Effectiveness Committee	
	The trust must ensure the trust improves how it monitors, acts, and records the steps it has taken to reduce and mitigate risk	Director of Nursing	Deputy Director of Quality	Quality Committee	
Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Critical Care	The trust must ensure the trust follows national guidance and ensures that the environment and facilities are suitable.	Director of Finance	Strategy & planning	Operations and Performance	
	The trust must ensure the service has enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.	Director of Nursing	Triumvirate Nursing Director	Workforce Transformation Committee	
	The trust must ensure it reviews its systems to ensure that all mixed sex accommodation breaches are reported.	Director of Operations	UCD Triumvirate	Ops and performance	



Appendix 2: Must Dos by Key Actions and Proposed Leads/Committees

Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Outpatients	The trust must develop and embed a process for the timely assessment, monitoring and prioritisation of patients referred for or awaiting transcatheter aortic valve implantation.	Director of Operations	Triumvirate	Ops and performance	
	The trust must ensure it improves waiting times for urgent cancer referrals in line with operational standards; particularly for those patients referred with suspected (symptomatic) breast cancer.	Director of Operations	Triumvirate	Ops and performance	
	The trust must ensure it improves the proportion of people waiting less than 62 days from urgent referral to first definitive treatment, in line with operational standards.	Director of Operations	Triumvirate	Ops and performance	
	The trust must ensure the service improves how it monitors, acts, and records the steps it has taken to reduce and mitigate risk; particularly with respect to patients referred with suspected (symptomatic) breast cancer, and patients referred for or awaiting transcatheter aortic valve	Director of Operations	Triumvirate	Ops and performance	
Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Child & Adolescent Mental Health Services	The trust must ensure that patients' care and treatment address the mental health problems identified during assessment.	Director of Operations	Triumvirate	Ops and performance	
	The trust must ensure that patients wait no longer than 18 weeks from the point of referral to start treatment.	Director of Operations	Triumvirate	Ops and performance	
Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Community Services for Children and	The trust must ensure that it reviews arrangements to admit and treat patients in line with national targets. Waiting times from referral to treatment need to improve particularly in therapy services.	Director of Operations	Triumvirate	Ops and performance	
Core Services	Must Do	Exec Lead	Delivery Lead	Proposed Committee	Risk Register Reference
Community Dental Services	The trust must ensure it acts to reduce the waiting list for children requiring a general anaesthetic in the south region.	Director of Operations	Triumvirate	Ops and performance	

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Action Plan Template for Completion

Action Plan for Completion

Core Service	Delivery Lead
Delivery Lead	
Must Do Action	
Theme	

KPIs	Baseline	Target



Actions

No.	Key Actions	Start Date	End Date	SRO

Risks/Issues

Ref	Date Identified	Risk Description	Risk Owner	Risk Score (LxI)	Mitigating Actions	Action Owner



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Proposed Governance

Appendix 4: Proposed Governance



Group	Attendees	Purpose
Delivery Assurance Group	Divisional Triumvirate Chief Nurse	To sign off all CQC action plans To ensure that any KPIs have been achieved To ensure that all actions and monitoring is sustainable and there is a forum for overseeing these going forwards To be assured that the action can be closed Agree key actions and areas to highlight for future CQC preparedness reviews
Committees	Committee Members	To develop and agree to action plans for submission to the Delivery Assurance Group To hold action owners to account to deliver key action plans To monitor KPIs and ensure that there are continual check in place moving forwards to ensure sustainability

Proposed Governance

Monthly Highlight Report

Key		
On Track		
Slippage		
Requires attention		

CQC Highlight Report: **INSERT CORE SERVICE**



Service Lead	
Author	TBA

Confidence in Delivery	Oct	Nov	Dec
Upcoming Milestones	Due Date	Update	

Area	Status	Due Date	Key Actions this Month	Key Actions Next Month	Items to Escalate





CQC Highlight Report: **INSERT CORE SERVICE**



Service Lead	
Author	

Ref.	Date Identified	Risk Description	Risk Owner	Risk Score (L x I)	Mitigating Actions	Action Owner
TBA	DD/MM/YY	Cause, Effect & Impact		16 4 x 4		

Key Messages



3

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Quality Improvement Strategy

2019 – 2022



@BTHImprov1

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What are we trying to achieve?

Our ambition over the next three years is to reduce our mortality rate to one that is below the national average, saving over 900 lives across the Fylde Coast.*

We will be putting Quality Improvement at the heart of everything we do, developing a portfolio of Quality Improvement projects to achieve our overall ambition. Across our hospitals and community services our staff, patients and partners will be empowered and supported to provide high quality, safe care for all, via a new Quality Improvement Programme with the aim to reduce harm and mortality.

We are committed to building a Quality Improvement focus across the organisation and this strategy builds on some great work that has taken place at grass roots level within the organisation already.

This document sets out our three-year Quality Improvement approach to achieve our goals.

- We will deliver a programme of quality improvement projects which will help staff make changes to provide high quality, safe and effective personal care to every patient, every time.
- We will focus our efforts on a targeted portfolio of projects which we believe will have a significant impact on unintentional patient harm and mortality. These projects are described in the document.

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Our plan is to train our staff in our chosen Quality Improvement approach. To support this, we will be developing a communications strategy to help raise awareness across staff, patients and key stakeholders.

Positive

Each improvement project will be led by our frontline staff who will be developing Plan – Do – Study – Act (PDSA) cycles, learning from testing ideas and proactively making changes to improve the quality of care.

Excellence

We will benchmark ourselves against peers and measure the impact of our improvement projects, celebrating successes along the way and learning lessons from failures, always striving for continuous improvement.

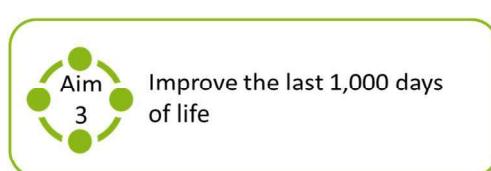
Compassion

We know we will not always get things right and we cannot do this alone. During these times we will listen and learn and put plans in place to make our services a safer place for staff and patients.

Our two high level Trust aims over the next three years are to:



Our high-level System-wide aim over the next three years is to:



*Lives saved indicated through this document refer to additional lives that could be saved



Improving Quality - Why are we trying to do this?

Since 2014, the Trust has been a national outlier for mortality indices SHMI and HSMR and since January 2019 has received six mortality outlier alerts from the CQC. More recently the Trust has undergone a CQC inspection, with the results due in October 2019.

The NHS Long Term Plan issued in 2019 highlights the need for local health systems to have the improvement capabilities, including Quality Improvement skills and data analytics, to implement change effectively using systematic methods of QI. These capabilities will support organisations, ICP's and ICS's to generate new ideas and practices to design and implement improved systems and processes to support the delivery of high-quality care and reduce unwarranted variation.

Quality Improvement is not new to our Trust and there have been a number of projects that have celebrated successes to date.

Emergency Department Sepsis Project

Our Emergency Department identified that patients with Sepsis experienced delays in receiving antibiotics. Using Quality Improvement methods, they understood the issues and implemented month on month PDSA cycles to implement changes. The overall result was that the number of patients who received antibiotics within an hour from presenting at the Emergency Department increased by 37%.

We recognise that we will not always get care right and there are areas we need to improve, we will build on the successes we have seen to date by wrapping around a standardised way of doing things and bring learning together, developing a Quality Improvement Community. Our ambition is to develop an approach that is recognised by our staff, patients and partners across the Fylde Coast.

We need to be responsive and reactive to patient care, however, we need to make sure that these actions are sustainable and have a long-term impact. Our Quality Improvement Strategy builds on the work our teams have done to date and compliments the new governance and assurance infrastructures being established.



Our Improvement Journey

Improving Quality is everyone's responsibility and we need to focus on:

Immediate improvement actions:

- Ensuring we are getting the basics right
- Stabilising services
- Creating the right conditions upon which we can continue to improve and ultimately transform care delivery.

Long-term priorities:

- Support improvement
- Improve patient outcomes
- Deliver service efficiencies
- Improve compassionate leadership
- Develop a just culture

As part of our Improvement Journey we have developed a plan on a page that sets out key areas we need to focus. This will be available as a separate document and the key themes are highlighted below:

Priority Areas	Our Plan
Governance & Risk	<ul style="list-style-type: none">• Improve our management of Incidents, Complaints, Claims, Serious Incidents and Coroner's Inquests.• Improve the Trust's response and support for patients under the Mental Capacity Act and Deprivation of Liberty Safeguards.• Improve the care of our patients with Learning Disabilities.
Quality & Safety	<ul style="list-style-type: none">• Develop a QI faculty, implement a standardised QI methodology throughout the Trust for all improvement projects and build QI capability within the Trust.• Prevent avoidable deaths and harms and improve how we respond to deaths through mortality reviews.• Improve end of life care and overall patient experience.
Workforce & Staffing	<ul style="list-style-type: none">• Develop workforce plans to ensure we have safe levels of staffing for all staff groups across the whole organisation.• Implement initiatives to improve the health and wellbeing of our staff.• Improve recruitment and retention of staff throughout the organisation.
Operations & Performance	<ul style="list-style-type: none">• Improve patient flow throughout the organisation.• Provide care closer to home to support patient care in their homes.• Develop and embed a new performance assurance framework, improving access and quality of data.
Fragile Services	<ul style="list-style-type: none">• Redesign our respiratory pathways.• Embrace digital technology as an enabler for service delivery and data sharing.• Design initiatives that will enable and sustain and safely staff our fragile services.
Culture & Leadership	<ul style="list-style-type: none">• Embedding a just culture.• Promote personal growth and career development.• Improve staff satisfaction.• Develop a model of compassionate leadership.
Collaborative Working with Partners	<ul style="list-style-type: none">• Develop integrated service models and clinical pathways with our ICS and ICP partners.• Further develop integrated neighbourhood services.• Build on our tertiary services in cardiac and haematology.

In addition to complex improvement projects, team led innovations and improvement projects on a smaller scale/national collaborative participation will also continue to be identified and progressed. These include national initiatives such as "Getting It Right First Time" (GIRFT) and RightCare, as well as locally derived projects.

These will be required to align to and contribute to the delivery of the Trust priorities. Teams undertaking these smaller scale projects will receive support and facilitation of the QI Directorate and will be able to use our chosen Quality Improvement methodology to implement these changes.

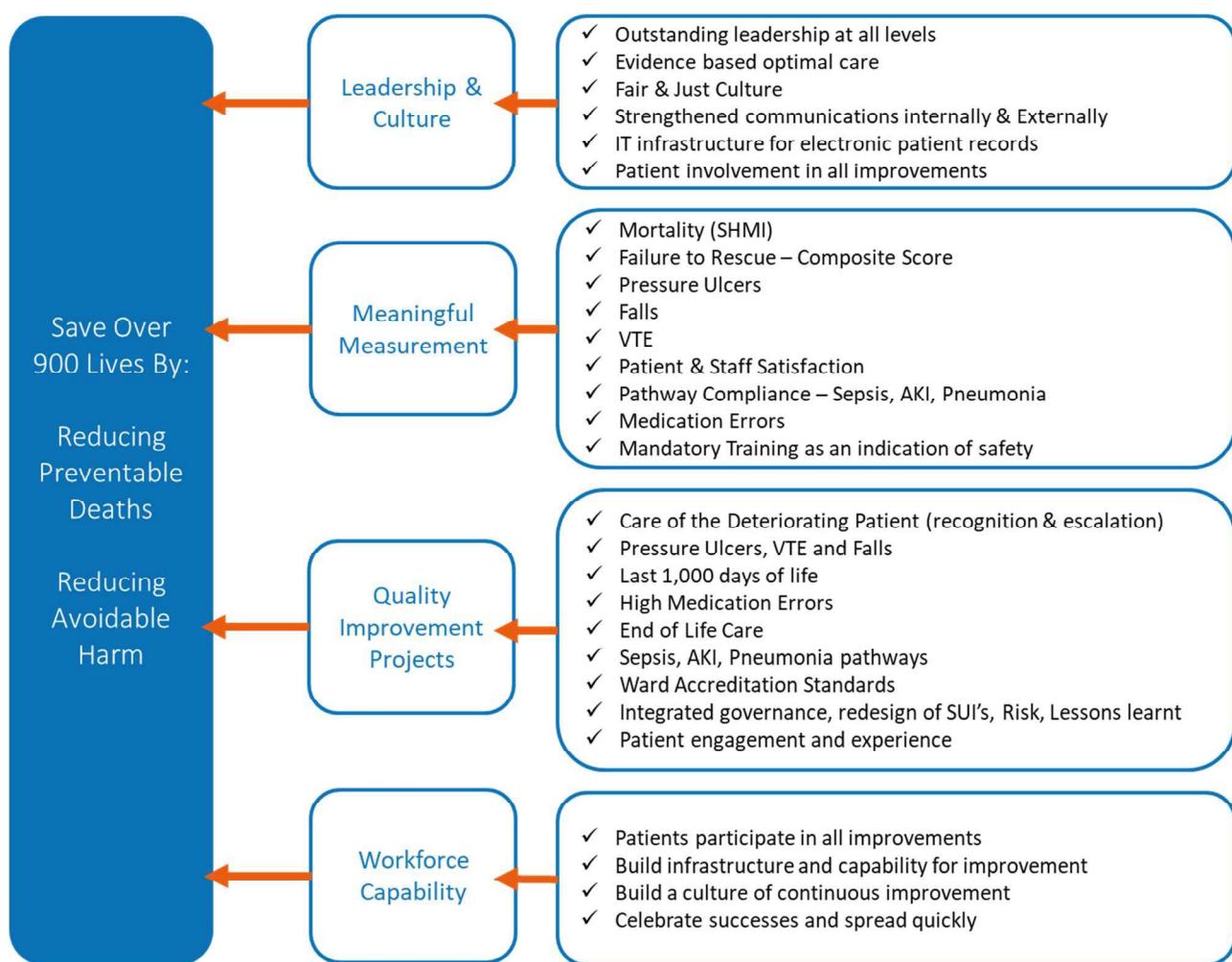


Driving Change on Our improvement Journey

To deliver on our ambition to reduce our mortality rate to one that is below the national average, saving 900 lives, our Board of Directors have agreed that improvements need to be managed through an understanding of what will drive and influence change.

We will be developing Quality Improvement projects that will focus on reducing our mortality rate, through preventing avoidable deaths and reducing avoidable harm. Each project will set out its aims and objectives that are Specific, Measurable, Achievable, Relevant and Time limited.

The driver diagram below identifies the Quality Improvement programme that will take place over the next three years and its organisational impact. This diagram helps to identify connections and interdependencies of what will drive and influence change.





Aim 1 – Reduce Preventable Deaths

Summary Hospital-level Mortality Indicator (SHMI)

Over the last 12 months we have supported a number of discrete projects that have focused on improving our mortality. For example, our Sepsis mortality rate is improving, however, there is still more room for improvement.

Summarised Hospital Level Mortality is the ratio between the number of patients who die following hospitalisation and the number that would be expected to die based on the average England figures. If the Trust has a SHMI ratio value of 1.0 that means that the number of patients who died is the same as were expected. Our Trust remains an outlier for SHMI.

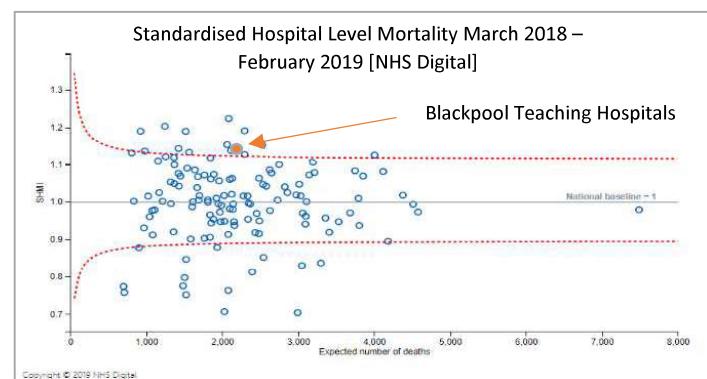
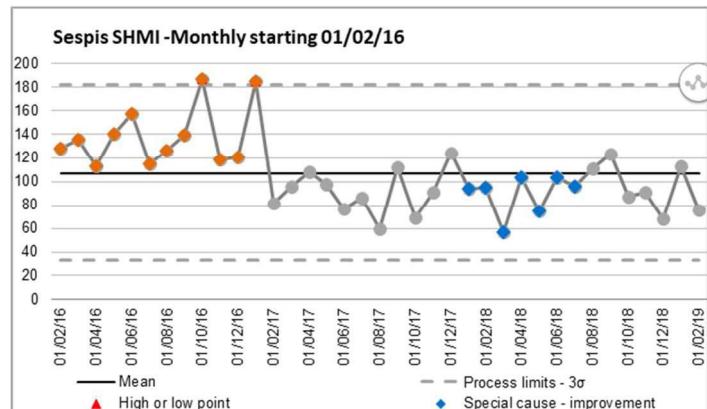
Number of Lives we can save

Between March 2018 and February 2019, we would expect approximately 2,055 deaths within the hospital. During this time frame we have experienced more deaths than have been expected. This means that in a 12-month timeframe we had the opportunity to save an additional 315 lives.

Deteriorating Patient Collaborative

To support this initiative, we want to help set up a deteriorating patient collaborative to help develop new initiatives to test new ways of working that will help us to recognise the clinical deterioration of patients and be able to respond to it, safely and efficiently. For example, a group of wards may collaborate to test out new initiatives or changes to help recognise patients on their wards who are in need of care and at risk of further deterioration.

Our ambition is to bring our observed deaths in line with our expected deaths over a three-year period. Setting our ambition to save over 900 lives.



Site Name	Provider Spells	Observed Deaths	Expected Deaths	SHMI Value
Blackpool	54,530	2,370	2,055	1.1526
Victoria Hospital				



Aim 2 – Reduce Avoidable Harm

Pressure Ulcers

In June 2019, we held a call to action, engaging staff from throughout the Trust to understand the key drivers impacting patient harm as a result of pressure ulcers. It was recognised that data quality was a key issue in recording and validating data.

As a result we have been working across our acute and community settings to correctly identify and reduce the number of pressure ulcers that are Trust acquired, whilst improvements can be demonstrated, there is still work to do to ensure these changes become sustained improvements.

Pressure Ulcers, also known as Pressure Sores or Bed Ulcers are injuries caused to patients due to prolonged pressure. They can happen to anyone and any time but are commonly associated with people who are confined to a bed or sit for prolonged periods of time.

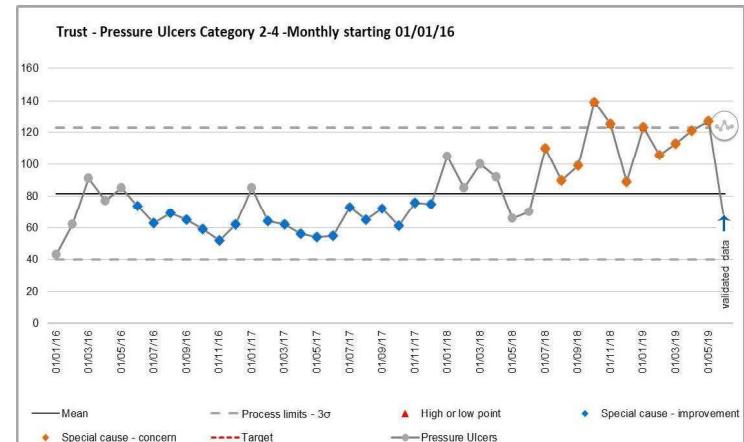
Number of Avoidable Harms – Pressure Ulcers

At Quarter 3 in 2018-19, we had recorded 864 Grade 2 or above pressure ulcers, compared to our peers who on average recorded 125. At Quarter 3 there was an opportunity to reduce 739 avoidable harm instances in relation to pressure ulcers. If we aggregated this up to Q4 this would mean an annual opportunity to avoid 985 instances of patient harm. Over a three-year period, this would result in avoiding 2,955 instances of harm, however, we know through validation and current work this number is not a true reflection of current harm, we recognise it is lower, but to our patients and public stakeholders we need to ensure our reporting is an accurate reflection of the care we provide and that we are doing something about avoiding harm.

Our ambition is to establish a true understanding of our baseline position for each harm group and develop initiatives to ensure our avoidable harm instances are in line with our peers. Examples of harm group metrics we will be looking at include: Hospital Acquired Pressure Ulcers

- **Non-Hospital Acquired Pressure Ulcers**
- **VTE**
- **Falls**
- **Sepsis**
- **Medication Errors**

Our improvement projects will work to baseline ourselves on these metrics, understand how we benchmark against peers and track the impact of these projects against these metrics and against our peers.



Indicator	Blackpool	Peer Average
Number of Pressure Ulcers Grade 2 and above Q1-Q3 Data	864	125



Aim 3 – Improve the last 1,000 days of life

We recognise that people get “stranded” in our hospital beds, particularly the elderly or chronically ill. A proportion of patients who are “stranded” in our hospital are in the last 1,000 days of their life, and we want to make sure that their time is not wasted being stranded so that they can make the most of their last 1,000 days in a setting they want, with the people they want.

There is significant evidence that immobility in hospital leads to deconditioning, loss of functional ability and cognitive impairment, all of which have the potential to increase a patient’s length of stay, using up their valuable time.

“One week in hospital for a person of 80 years and over can equal 1.5kg of muscle loss and 10% deterioration in aerobic capacity. In addition hospital inactivity can result in accelerated bone loss, muscle weakness for 3-5 years and increase the risk of requiring institutional care by 5 fold. This leads to increased risk of falls, pressure damage, malnutrition and incontinence.”

Chief Nurse, Blackpool Teaching Hospitals NHS Foundation Trust

Making these last 1,000 days meaningful is something we can not do alone. We need to draw on our system partners from GP practices to Community Services so we can all support patients to receive care in their place of choice. We will need to set up a forum with our partners which will act as a place to develop ideas as a system and collate examples of good practice.

We will develop metrics that help us recognise patients who are “stranded” and work with teams to develop ideas to improve.

We will be supporting two key initiatives that will help us kick start this campaign - Helping patients to get up and moving, the value of patient time (Last 1000 days) and Red to Green.

Our ambition is to develop specific improvement projects with our partner organisations that improve the lives of our patients and their families in the last 1,000 days of life.



Why do we need a Quality Improvement Methodology?

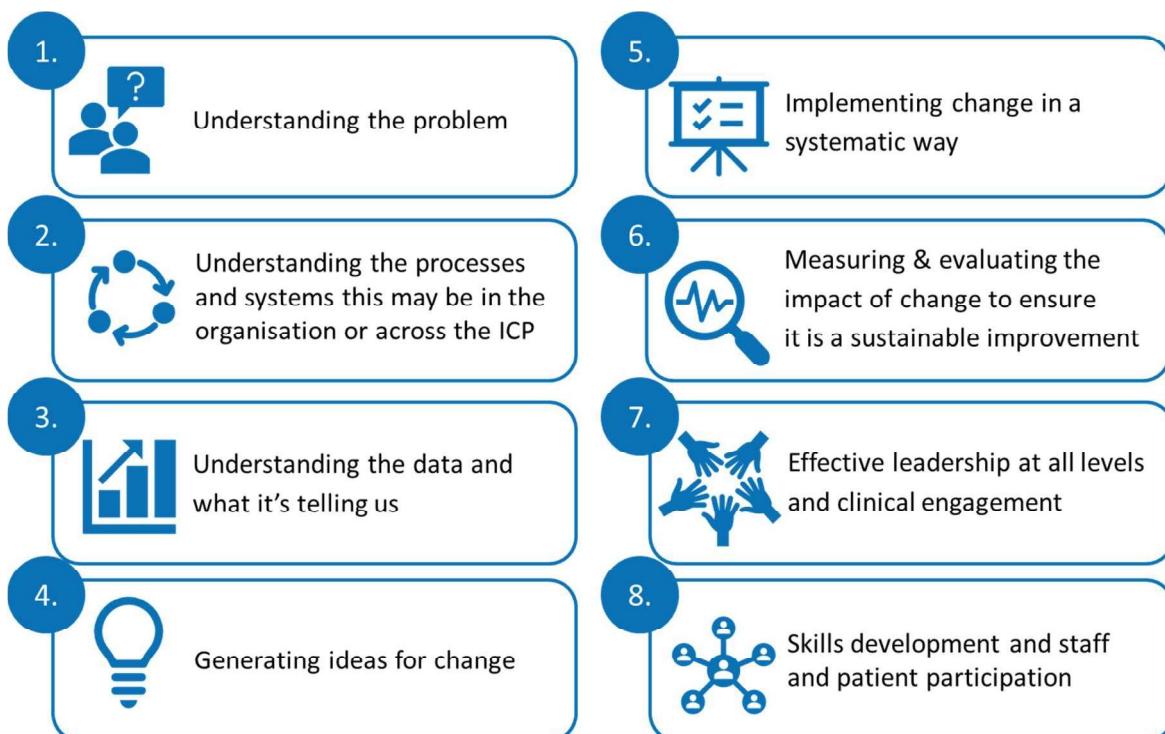
Quality Improvement is used to support continuous and sustained improvement in the quality of care and outcomes that we deliver.

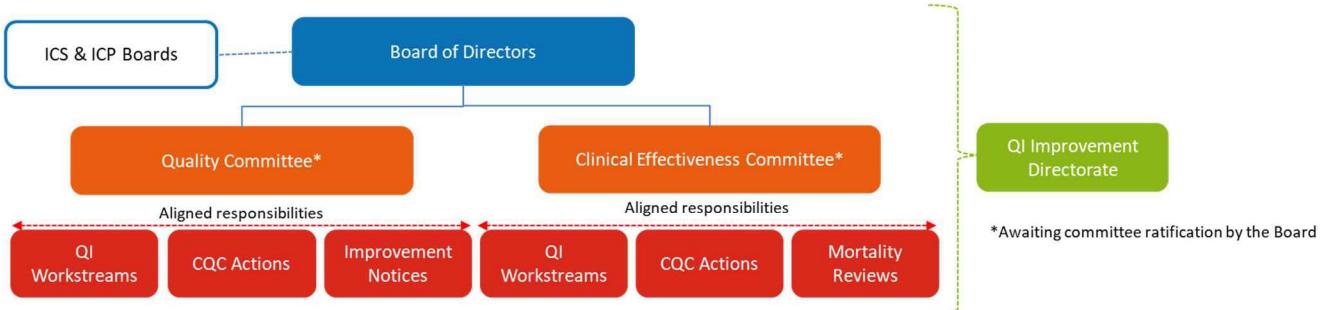
We will do this by providing a structured approach with a clear methodology and systematic use of evidence-based tools, processes and measurement to support continuous and sustained improvement in the quality of care and outcomes that we deliver.

The rationale for, and Trust approach to QI, will be fully aligned and integrated to other enabling strategies within the Trust such as Digital Transformation and Workforce and Organisational Development. Where we can find solutions to support change in these areas we will link into them through our executive board sponsors to ensure that everyone is aware of any interfaces or interdependencies.

The QI methodology will underpin all our improvement plans, we recognise that not everything will be reliant on the methodology, as we will require specific organisational actions to respond and react to our challenges. Where we can use this methodology, we will.

The underlying QSIR principles we will take to QI will focus on:





Board of Directors

The Board of Directors is committed to supporting quality initiatives that meet the two key aims, reducing preventable deaths and reducing avoidable harm. This support will be shown directly to our front-line staff, devoting the first part of the Trust Board for our staff to present and update them regarding their improvement projects. Members from the Quality Improvement Directorate will be there to support our staff and be responsible for ensuring that all the correct documents are submitted to the board.

Quality Committee

The Quality Committee, will support and routinely monitor outcomes and ensure feedback on workstreams that fit its remit. These include projects that focus on pressure ulcers and care of deteriorating patients. The Quality Committee is will also be accountable for delivering on specific CQC actions and improvement notices and will develop new workstreams in response.

Clinical Effectiveness Committee*

The Clinical Effectiveness Committee, will support and routinely monitor outcomes and ensure feedback on workstreams that fit its remit. These include projects that focus on learning from deaths, mortality GIRFT and VTE. The Clinical Effectiveness Committee will also be accountable for delivering on mortality reviews, upholding royal college standards and delivering on specific CQC actions. The Committee will be able to develop new workstreams in response to these.

QI Workstreams

These are the individual workstreams, or improvement projects, led by our staff, this could be anyone from a ward clerk to a clinician or volunteer. We will train these staff in our chosen Quality Improvement Methodology and they will receive support from our Quality Improvement Directorate. Each project will identify a team to work together and be responsible for updating the Trust board on their progress.

Quality Improvement Directorate

This is our new directorate who will be there to support improvement teams from concept to delivery of outcomes. They will help teams develop project initiation documents, project plans and risk logs and coordinate the tracking of quality improvements. Not all our projects will result in the expected benefits, so we want the Quality Improvement team to learn lessons, so we can continuously improve.

ICP and ICS Boards

We recognise that some of the quality improvement projects cannot be done alone or in isolation. Working with our system partners we will develop system-wide projects to deliver benefits across our ICP and ICS footprint. Alongside our Board of Directors will report progress on supporting patients in their last 1,000 days to the ICP Board.



QI Methodology

We will use the NHSI QSIR methodology, which stands for Quality, Service Improvement and Redesign. It is primarily based on the NHS National Institute for Healthcare Improvement ‘Model for Improvement’. The approach brings together stakeholders to learn improvement theory, build capability, share and implement change ideas, which will be tested through PDSA cycles and underpinned by meaningful measurements, to drive improvement. It is designed for both clinical and non-clinical staff. For complex improvements, we intend to use this methodology, alongside a structured collaborative approach.

All complex improvement projects will have an identified Executive Sponsor and a structured programme of work that will encompass five phases:

1. Preparation and planning

At the start of each project we will match the project champion with a member from the QI Directorate who will help organise meetings, develop best practice and develop key timelines. They will start developing meaningful measurements, baselines and benchmarks and work with the performance and quality data teams to ensure we have one source of truth on reporting. We want to ensure we involve service users early to support co-design, co-production, review and learning and we will work with our patient influence panels to support patient and public involvement in improvements.

2. Expert Stakeholder Meeting

This is where the project champion comes together with individuals who have skills, experience or are subject matter experts. Staff working on improvement projects will commit to working together over a fixed time period, usually 12 months, and attend five one-day learning sessions which will provide instruction in the theory and practice of improvement. They will support and encourage each other to understand the preparatory work and develop a project plan and programme of improvement. This will then be translated into project documentation, such as Project Initiation Documents (PIDs) and Project Plans.

3. Development of Improvement Project Plan (Driver Diagram, measurements & timescales)

The project team will present the Project plans to the Board. This includes a description of the issue, what the project is attempting to address, timescales for implementation and expected benefits and potential return on investment. The board will use project plans to track if the project is running to plan or if they need to support the team to get it back on track.

4. Implementation of improvement Project Plan

The project team will commence a series of Plan-Do-Study-Act (PDSA) cycles and attend learning session in between these PDSA cycles to learn lessons, test changes and redesign improvements. During this time the teams will be supported by the QI Directorate and OD Directorate through a series of action learning sets, supportive ward/locality or department visits and access to the specialist team.

5. Review and Spread of Improvements organisationally

Evaluation of projects as well as the programme, will be rigorous from the start to ensure that we can continue to learn, improve on our approach and that we can celebrate our achievements, as individuals, as a team and as an organisation. We are a learning organisation and will encourage our staff to spread their learning and experiences with others.





The Board is committed to ensuring our QI methodology underpins everything we do and will be dedicating time at Executive Board to discuss our Quality Improvement projects. To support the board in overseeing the quality work, and for our teams to track improvements, we need high quality data.

As part of our improvement journey we have set up a programme group to improve our Integrated Performance Reporting, to ensure we have one source of truth. This work to support managers, clinicians and project teams to track changes using one source where possible.

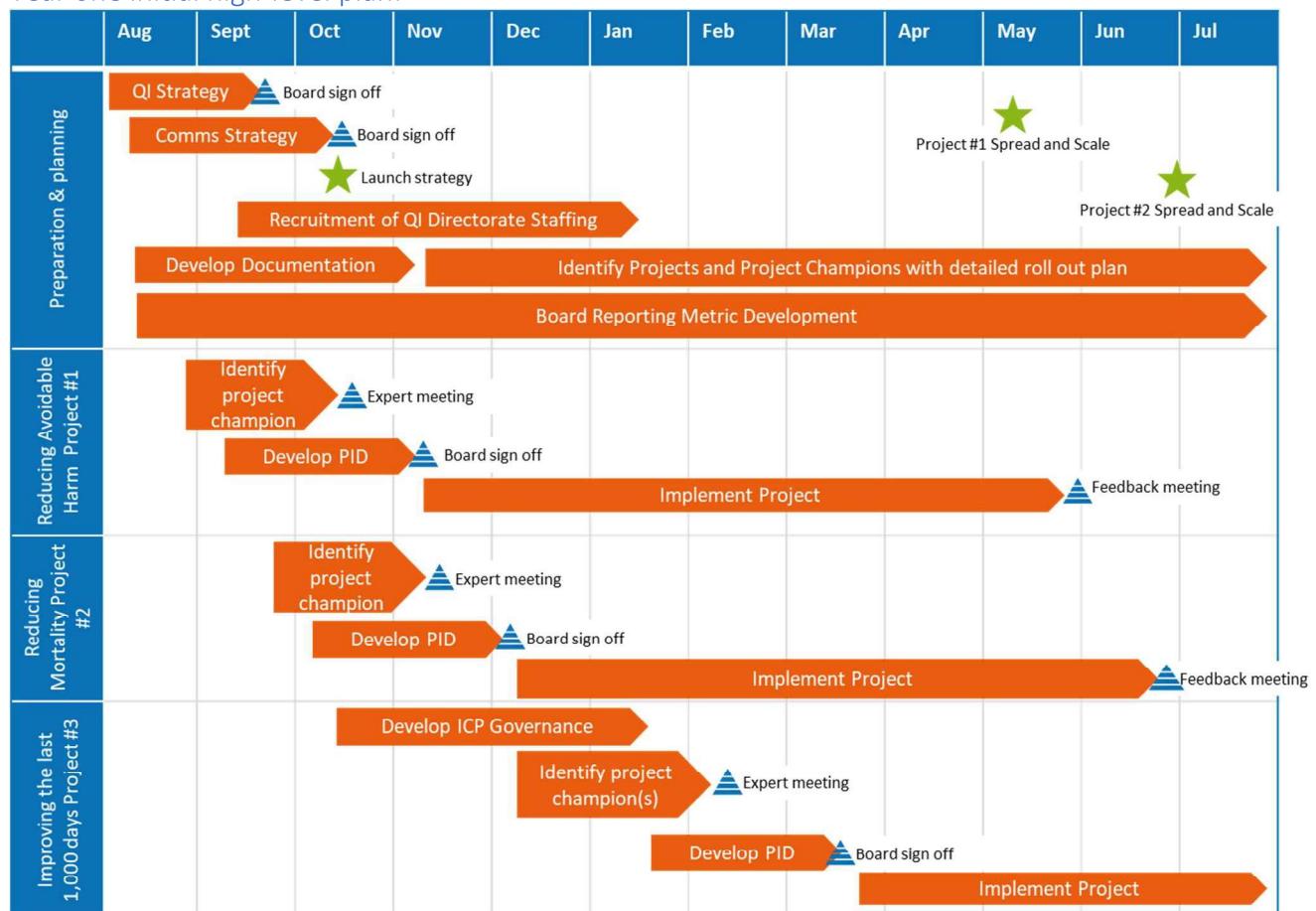
We will be developing statistical process charts to determine trends, shifts or special cause variation. Each project will develop their own set of meaningful measurements (process, outcome and balancing measures) which will track the achievement and sustainability of the project aim.



High Level Plan

We will be developing a new Quality Improvement Directorate who will host our expert advisors to help staff, patients and partner organisations plan and carry out improvement programmes aligned to our priorities. As this is a new programme we have set out some high-level timescales and would like to start piloting two key projects over the next 3-6 months. Once we have a fully established team we will be developing and publishing a more detailed Quality Improvement plan covering the next three years.

Year one initial high-level plan:





Communications Plan

A shared vision is the foundation for the success of our strategy of what we want to be in the future. To achieve this, we need to ensure that we provide staff with a clear understanding of the need for change whilst recognising that everyone in the organisation is doing their best and that their contribution is valued.

To do this, we need to communicate and articulate, to our staff:

- Our strategic direction
- The problems we face
- The approach to support delivery of the strategic priorities
- How staff and partners can play their part in the QI process to evidence that QI is everyone's business

Through consultation with our staff, we can begin to develop a common language for quality and begin to yield staff opinion about our new direction. We will also undertake a similar process with our service users and membership.

Over the coming months we will:

1. Develop a communications plan and supporting materials

We will engage with our staff and patient involvement groups to understand the best forum and fora to receive materials relating to QI. We will develop templates to support the improvement projects and create checklists to help the project teams identify stakeholders and communicate effectively.

2. Launch our Quality Improvement Methodology

In October, we will be hosting Professor Brian Dolan, Professor Dolan is the founder of the last 1,000 days initiative and we want to use his visit as a platform to launch our approach to Quality Improvement.

3. Support the pilot QI projects

Each individual improvement project will have their own communications plan. We will be working with the three pilot projects to support them and develop our approach for future projects.

4. Develop a mechanism of feedback and recognition

We want to recognise staff and help them build a sense of achievement along their improvement journey. We will ensure we give feedback to staff and the organisation and link in with our staff awards to ensure that improvement projects are recognised and rewarded. We will also work towards developing a system for accreditation that aligns with their capability.



Culture & Leadership

For the Trust to be most effective, quality must become the driving force of the organisation's culture. The presence of a positive and supportive organisational culture, with engaged and empowered staff encourages high quality care and an enthusiastic workforce. This is often underestimated but is essential to achieve patient focused services of the best standard. No QI methodology alone will drive improvement unless it sits in the right culture.

The Trust recognises that building and embedding a leadership and culture for Quality Improvement will only happen over time and requires a consistency and continuity of effort at all levels of the organisation. It also recognises that this will happen in steps and not a single event; it is however committed to a Board led culture which:

- Promotes the engagement of staff around the purpose of QI
- Empowers staff and supports the development of skills
- Enables staff to deliver safe and effective sustained improvements
- Encouraged to share and celebrate success

We will need to learn and embed quality improvement methods at all levels and within all teams in the organisation. This will require our clinicians and managers to demonstrate an unrelenting determination to stick to this agenda despite internal and external challenges.

There will be sustained leadership from the Board and senior management teams to embed improvement activity as part of the 'day job' rather than an optional extra; and through engagement and empowerment of our staff, we will create a culture of continuous quality improvement.

Our goal is to become a learning organisation in which every member of staff understands their role in delivering high quality care and works towards that goal every day. Emphasis will be placed on understanding our systems in more detail, working towards excellence in applying clinical systems, engaging all our employees in improvement, using small tests of change to build momentum and learning from our mistakes.



Tracking Our Return on Investment

Whilst the emphasis of QI is to improve patient outcome and experience, we recognise that there will be a paradigm of quality and efficiencies. It should be noted that not all projects will be able to quantify efficiencies, and some will be purely designed to improve outcomes to quality benchmark.

We will be transparent when a project is aimed only at improving quality of care. As part of the Quality Improvement process, each project will submit a Project Initiation Document (PID) which will evaluate the benefits, risks and potential return on investment. Any agreed metrics and their impact will be monitored as part of the suite of agreed metrics.

Whilst financial efficiencies will not be identified as an aim or driver of any QI project, the QI Team will work closely with the Trust's PMO to determine any financial efficiency, both recurrent and non-recurrent that may be realised as savings for the organisation.

It is also recognised that the current Transformation Team applies a pure project management approach to service change and will require training in QI methodology for sustainable improvement as part of the capability building of the organisation. As maturity develops and priorities evolve, how the two departments work together will be reviewed.

Examples of Efficiencies

Reducing Avoidable Harms

We will be looking to set up a collaboration initiative to support the reduction in the number of pressure ulcers reported, both in the hospital and in the community. We know that patients who experience pressure ulcers in a hospital, they stay for longer. If we can prevent or detect pressure ulcers sooner, patients will avoid the impact of pressure ulcers, that not only are painful but can take a long time to heal. A benefit of this would be that they not need to be in hospital for as long and we would expect to see a reduction in their length of stay additionally we would no longer need the budget size we currently have for wound dressings as a result.

Improving the last 1,000 days of life

Making the last 1,000 days of life count, not only to our patients but to their families. If we can improve how we get patients home or to their place of choice quickly, there is the opportunity to improve their quality of life in the last 1,000 days. By getting people out of hospital quickly and timely, we may be able to reduce our bed base or remove the strain of additional costs when we have to open beds and wards that are not funded.



TRUST IMPROVEMENT PLAN

Improving Quality & Safety is our principle Trust priority and we recognise the need to commence a journey of improvement across the organisation. In my short time as Chief Executive for Blackpool Teaching Hospitals I have had the privilege to witness staff who are caring, compassionate and take immense pride in their work.

The Trust's Improvement Plan sets out a series of organising principles that describe how we will set out to improve services. A complimentary Quality Improvement Strategy has been designed and approved by the Board of Directors. The strategy describes an ambitious aim to save additional lives and reduce harm. We will launch a number of improvement collaboratives designed to make real improvements to patient outcomes. New ways of delivering care will be co-designed by front line staff which will result in improvements to outcomes and experience. This is an exciting time for the Trust and with oversight from the board of directors and deep staff engagement I am positive we will be able to report positively on the progress we will make together.

IMPROVING GOVERNANCE & RISK		IMPROVING WORKFORCE & STAFFING		IMPROVING OPERATIONS AND PERFORMANCE	
We will:	This will be measured by:	We will:	This will be measured by:	We will:	This will be measured by:
Implement New Risk & Governance Arrangements Across The Trust	Develop & Launch our Quality Improvement Strategy	Improve Safe Staffing	Improving Patient Flow	Providing Integrated Care Closer to Home	Improving Data Quality
Review and assess our risk and governance arrangements across the Trust and focus on how we learn at a local and organisational level, from and how we manage incidents, complaints, claims, Serious Incidents and Coroners' Inquests, supported by risk and incident reporting training for all staff. Develop & deliver a Risk Management Strategy to underpin how we will deliver robust risk management & governance processes across the organisation which will align to the NHS Patient Safety Strategy. Safer culture, safer systems, safer patients, published in Jul 2019	Develop and launch the Trust's Quality Improvement Strategy which will provide a 3 year quality improvement plan and will aim to go beyond the immediate areas of focus and concerns raised by the QOC.	Carry out a review and assessment of all wards and departments against the National Staffing Standards and agree and develop a workforce plan to address shortfalls to ensure safe reliable nurse staffing. This will be complimented through effective rostering and the introduction of a safercare module to support oversight of staffing capacity and demand.	Implement SAFER model across all wards using SHOF to support Board & Ward rounds.	Develop and enhance the Frailty Pathway to support patient care in our patients home in collaboration with Primary and Social Care Services.	Review our data collection processes to ensure our data is reliable and available to help staff do their jobs and make improvements to service delivery, performance, patient care and experience.
Review All Safeguarding	Improving Safety	Deliver the Health & Wellbeing Strategy	Deliver the Employee Engagement Strategy	IMPROVING CULTURE & LEADERSHIP	Strengthen the Trust Leadership Model incorporating compassionate leadership and just culture
Deliver on safeguarding staff training to the agreed standards for adults and children and focus on the Trust's response and support for patients under the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) as part of a review of all safeguarding systems and processes.	Develop a Quality Improvement faculty and commence a series of Improvement Bams, collaborations involving staff across the Trust; Based on risk we will initially focus on our priorities of reducing the harm and improving patients experience for patients in our care in the following areas: pressure ulcers and VTE. We will also review how we manage our patients who deteriorate or who develop sepsis.	Particular attention will be given to the implementation of robust medical handoff processes, and Royal College standards and implement system wide improvements that will drive safe care.	Encourage staff to receive the Flu vaccination to support their and patient wellbeing.	We will: We will:	We will: This will be measured by:
Review our adult safeguarding staff training to the agreed standards for adults and children and focus on the Trust's response and support for patients under the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) as part of a review of all safeguarding systems and processes.	Particular attention will be given to the implementation of robust medical handoff processes, and Royal College standards and implement system wide improvements that will drive safe care.	Deliver the QI capability plan to support QI skill development and a culture of improvement being 'how we do it in Blackpool' and to facilitate local innovation and improvement.	Continue to deliver a range of initiatives to support staff physical and mental wellbeing in line with the Health & Wellbeing Strategy and public health initiatives.	Deliver the Employee Engagement Strategy	IMPROVING COLLABORATIVE WORKING WITH PARTNERS
Review our adult safeguarding staff training to the agreed standards for adults and children and focus on the Trust's response and support for patients under the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) as part of a review of all safeguarding systems and processes.	Particular attention will be given to the implementation of robust medical handoff processes, and Royal College standards and implement system wide improvements that will drive safe care.	Core nursing standards and improvement goals and plans will be developed for all wards and departments, supported by the implementation of a Nursing Assessment & Accreditation System	Deliver the Trust Health & Wellbeing Strategy over the next 3 years to support the health and well being of staff- our most valuable asset	We will: This will be measured by:	We will: This will be measured by:
IMPROVING FRAGILE SERVICES	Critical Care / High Care Units	Improving Effectiveness	Deliver the Employee Engagement Strategy	Strengthen the Trust Leadership Model incorporating compassionate leadership and just culture	Strengthen Partnership Collaboration
We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:
Critical Care / High Care Units	Improved Technology	Improving Effectiveness	Deliver the Employee Engagement Strategy	Strengthen the Trust Leadership Model incorporating compassionate leadership and just culture	Strengthen Partnership Collaboration
We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:
Critical Care / High Care Units	Improved Technology	Improving Effectiveness	Deliver the Employee Engagement Strategy	Strengthen the Trust Leadership Model incorporating compassionate leadership and just culture	Strengthen Partnership Collaboration
We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:
Critical Care / High Care Units	Clinical Support Services — Radiology & Microbiology	Improving Patient Experience	Deliver the Employee Engagement Strategy	Strengthen the Trust Leadership Model incorporating compassionate leadership and just culture	Strengthen Partnership Collaboration
We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:
Critical Care / High Care Units	Non Invasive Ventilation Service	Improving Patient Experience	Deliver the Employee Engagement Strategy	Strengthen the Trust Leadership Model incorporating compassionate leadership and just culture	Strengthen Partnership Collaboration
We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:
Critical Care / High Care Units	Dermatology & Ophthalmology Services	Improving Patient Experience	Deliver the Employee Engagement Strategy	Strengthen the Trust Leadership Model incorporating compassionate leadership and just culture	Strengthen Partnership Collaboration
We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:	We will: This will be measured by:

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Review the feasibility of integrated ITU services with CTU Review the feasibility of a Medical High Care Unit with robust processes for set up and step down of patients

Improved Technology

Implement the Health Informatics Strategy to support improved use of technology, efficiency in service delivery and data sharing. Digital will act as a core enabler in the transition of clinical services performance where there is fragility in the workforce

Clinical Support Services — Radiology & Microbiology

Stabilise the medical workforce to ensure adequate numbers of Consultants are in post to support delivery of clinical services and improved patient outcomes

Non Invasive Ventilation Service

Redesign the Respiratory Pathway including the development of a Respiratory Assessment Unit, High Care NIV Unit, Community COPD and Home NIV services

Dermatology & Ophthalmology Services

Stabilise the medical workforce and review demand and capacity to support sustainable services

Improving Patient Experience

Improve End of Life Care for patients and their families across the Trust by focusing on bereavement care, engaging and working with staff across all wards and departments and to meet demand

Non Invasive Ventilation Service

Reduced length of time and stay of patients on NIV Reduced mortality of respiratory patients

Dermatology & Ophthalmology Services

Staffing Levels are in place and adequate to meet demand

Improved Patient Experience

Improved National In-Patient Survey results Patient Experience Strategy reviewed and re-launched

Non Invasive Ventilation Service

Reduced length of time and stay of patients on NIV Reduced mortality of respiratory patients

Dermatology & Ophthalmology Services

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Improving Patient Experience

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mr David Bonson, Chief Operating Officer, Blackpool CCG
Date of Meeting:	7 January 2020

BLACKPOOL CLINICAL COMMISSIONING GROUP MID-YEAR PERFORMANCE REPORT

1.0 Purpose of the report:

- 1.1 To consider the mid-year performance of the Blackpool Clinical Commissioning Group (April 2019 – September 2019).

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 specific 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 Representatives from the Fylde Coast Integrated Care Partnership (Blackpool CCG and Blackpool Teaching Hospitals) will be in attendance at the meeting to present the 2019-2020 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:

7.1 Appendix 7(a): Blackpool Clinical Commissioning Group Mid-Year Performance Report 2019-2020.

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.

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**Fylde Coast Clinical Commissioning Groups
Performance Report 2019/20**
Month: 6

Introduction

This report is to provide the Health Scrutiny Committee with assurance in relation to the indicators within the national Clinical Commissioning Group (CCG) Single Oversight 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 2019

Metric	Mid Year position	Target	Page No.
NHS Constitution Measures			
Referral to Treatment (RTT) Incompletes (c)		≥92%	4
Diagnostic Test Waiting Time (c)		≤1%	4
Referral to Treatment waiting times more than 52 weeks (incomplete) (c)		0	4
A&E waits (c)		≥95%	4
A&E waits 12 hour trolley waits (p)		0	4
Patients seen within 2 weeks of a GP referral for suspected cancer		≥93%	4
Patients seen within 2 weeks of a GP referral for breast symptomatic (where Cancer is not suspected)		≥93%	4
Patients receiving definitive treatment within 1 month of a cancer diagnosis (c)		≥96%	4
Patients receiving subsequent treatment for cancer within 31 days (Surgery) (c)		≥94%	4
Patients receiving subsequent treatment for cancer within 31 days (Drugs) (c)		≥98%	4
Patients receiving subsequent treatment for cancer within 31 days (Radiotherapy) (c)		≥94%	4
Patients receiving 1st definitive treatment for cancer within 2 months (c)		≥85%	4
Patients receiving treatment for cancer within 62 days from an NHS Screening Service (c)		≥90%	4
Patients receiving treatment for cancer 62 days upgrading their priority (c)		≥85%	4
Mixed Sex accommodation breaches (c)		0	5
Category 1 Ambulance Calls		<=7 mins	5
Category 2 Ambulance Calls		<=18 mins	5
Cancelled Operations (p)		28	5
Mental Health (c)		95%	5
Primary Care Dementia ©		66.67%	5

Achievements

- The Referral to Treatment incomplete open pathways waiting list is 18,137 in September which is below ;i.e. an improvement on, the planning trajectory of 19,001 and has continued to reduce into October and November 2019.
- Blackpool Teaching Hospital has achieved seven (7) out of eight (8) Cancer waiting time targets in September 2019. The CCGs and the Trust have achieved the two week waiting times and breast symptomatic waiting times in September 2019.
- Blackpool Teaching Hospitals have not reported any mixed sex accommodation breaches between April and September 2019.
- Blackpool CCG has achieved the targets for 6 and 18 week Improving Access to Psychological Therapies (IAPT) waiting times and IAPT recovery time in September 2019.
- Blackpool CCG's performance for dementia prevalence has consistently achieved its target of 67% since April 2018.

Areas for focus / information

- Blackpool CCG has not met the Referral to Treatment (RTT) target of 92% between April and September 2019; however performance has improved slightly from last year's performance of 81.33% to 82.62%.
- The % of patients waiting 6 weeks or more for diagnostics has not achieved the target of less than 1% for Blackpool CCG between April and September 2019; performance is 1.95% compared to 0.73% in September 2018. Delays are being driven by issues within the Endoscopy service at Blackpool Teaching Hospitals which are also being experienced across Lancashire.
- There have been one hundred and thirty five (135) breaches of the 12 hour A&E standard reported at Blackpool Teaching Hospitals between April and September 2019. Eighty eight (88) of these breaches relate to patients with a Mental Health condition and forty six (46) relate to patients with a Medical condition.
- Performance against the 4 hour A&E waiting time target Improved from the September 2018 position of 84.03% to 85.71% in September 2019 but remains below the target of 95%.
- From April to September 2019 Blackpool CCG has not achieved Cancer waiting time targets for patients being seen within 2 weeks of a GP referral, 2 weeks of a GP referral for breast symptomatic, receiving subsequent surgery within 31 days, and 62 days from a GP referral. In September both the 2 week wait and breast symptomatic targets have been achieved and it is anticipated that this will have a positive effect on the other waiting time targets.
- North West Ambulance Service (NWAS) has not achieved the Category 2 mean performance of 18 minutes between April and September 2019.
- There have been thirty two (32) mixed sex accommodation breaches reported between April and September 2019; the vast majority of these occurred at Lancashire Teaching Hospitals.
- IAPT has not achieved the access targets for Blackpool CCG patients by September 2019 with year to date performance of 8.31% against the target of 9.50%.

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

Area	Indicator	Org.	Target	Reporting Period	Mid Year Position	Performance (compared to September 18)	No. of Excess Breaches
RTT	Patients on incomplete pathways treated within 18 weeks	BCCG	92%	April - Sept 2019	82.62%	↑	7919
	Patients waiting for more than 52 weeks incomplete pathways	BCCG	0	April - Sept 2019	1	↑	1
DT waiting times	Diagnostic Test Waiting Times - % of patients waiting 6 weeks or more	BCCG	<1%	April - Sept 2019	1.95%	↓	146
UEC	Breaches of the 12 hour standard	BTH	0	April - Sept 2019	135	↓	135
	A&E 4 hour waits	BCCG	95%	April - Sept 2019	85.71%	↑	7850
Cancer waiting times	% patients seen within 2 weeks of referral	BCCG	93%	April - Sept 2019	84.42%	↑	333
	% patients seen within 2 weeks of referral – breast symptoms	BCCG	93%	April - Sept 2019	43.57%	↑	228
	% of patients receiving definitive treatment within 31 days	BCCG	96%	April - Sept 2019	96.80%	↔	0
	% of patients receiving waiting no more than 31 days for subsequent treatment - surgery	BCCG	94%	April - Sept 2019	89.36%	↓	4
	% of patients receiving waiting no more than 31 days for subsequent treatment – drug therapy	BCCG	98%	April - Sept 2019	99.26%	↓	0
	% of patients receiving waiting no more than 31 days for subsequent treatment – radiotherapy	BCCG	94%	April - Sept 2019	96.55%	↓	0
	% of patients waiting no more than 62 days from urgent GP referral to first definitive treatment	BCCG	85%	April - Sept 2019	79.45%	↓	16
	% of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment	BCCG	90%	April - Sept 2019	95.92%	↑	0
	% of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade	BCCG	85%	April - Sept 2019	89.47%	↓	0

NWS	Category 1 Mean Performance	BCCG	07:00	April - Sept 2019	05:45		n/a
	Category 2 Mean Performance	BCCG	18:00	April - Sept 2019	22:31		n/a
Mixed sex accommodation	Breaches of same sex accommodation	BTH	0	April – Sept 2019	0		0
		BCCG	0		32		32
Cancelled ops	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.	BTH		April - Sept 2019	28		28
Mental Health	% of patients with a Mental Health condition on Care Programme Approach (CPA) discharged from hospital and followed up within 7 days	BCCG	95%	April – Sept 2019	96.30%		0
Dementia	CCG's estimated prevalence for people over 65 with dementia against the CCG's actual dementia diagnosis rate	BCCG	66.67%	April - Sept 2019	79.10%		0
Mental Health (IAPT)	IAPT Access roll-out (Local)	BCCG	9.50%	April - Sept 2019	8.31%		
	IAPT recovery rate (Local)	BCCG	50%	April - Sept 2019	55.74%		0
	The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment (Local)	BCCG	75%	April - Sept 2019	97.05%		0
	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment (Local)	BCCG	95%	April - Sept 2019	99.89%		0

Performance and Improvement Exceptions

Referral to Treatment (RTT)

Performance position

Blackpool Teaching Hospitals performance against the 18 week Referral to Treatment (RTT) target is below the nationally set of target of 92% in September 2019 at 82.76%, however this has improved from the September 2018 position of 81.33%. There was one (1) Blackpool CCG patient waiting for more than 52 weeks for a procedure reported by the Trust in June 2019; however this was a reporting error. NHS Digital are unable to correct this reporting error for a period of six (6) months. Between April and September 2018 there had been thirty seven (37) patients waiting more than 52 weeks. It is important to note than the number of patients waiting for procedures at Blackpool Teaching Hospitals has reduced from 19,001 in March 2019 to 18,137 at the end of September and has continued to reduce.

Actions to improve the position

- The implementation of 4 thoracic high care beds aims to reduce the level of cancelled operations due to the improvement in Cardiac Intensive Care Capacity. This will improve the RTT and Cancer performance as well as reducing cancellations.
- Progressing potential transfers of long waiting cardiac surgery patients to other providers.
- Discussions are underway with Oral surgeons to improve the utilisation of theatre sessions.
- There is an ongoing recovery plan for theatres and outpatients to improve the Cost Improvement Programme (CIP) position of the Trust, but also improve overall utilisation of outpatient clinics and theatre sessions.
- Robust Patient Tracking List (PTL) management and increased focus on the validation of patient waiting lists.
- Changes to pre-operative pathways to improve the volumes of patients fit and ready for surgery.
- The Integrated Care System (ICS) is undertaking a theatre utilisation project. This programme of work is now progressing and is well established.

Diagnostic Test Waiting Times

Performance position

The diagnostic waiting times target of less than 1% of patients waiting no more than six (6) weeks has not been achieved by Blackpool CCG between April and September 2019 with year to date performance at 1.78% compared to 0.73% in September 2018.

Blackpool Teaching Hospitals achieved the target of less than 1% of patients waiting no more than six (6) weeks in May 2019 at 0.63% but has unfortunately not achieved this since with year to date performance also at 1.78%.

This deterioration is being driven specifically by issues within endoscopy which are being experienced across Lancashire. There has been a considerable increase in demand for endoscopic procedures which has affected the service capacity.

Actions to improve the position

- In-sourcing company contracts agreed at Blackpool Teaching Hospitals with approval of Executives to increase activity and capacity. This has been used to address the urgent/routine waits.
- Recruitment has been ongoing for the necessary staffing to be in place to open the 5th endoscopy room space.
- Discussions on how to improve the issues are taking place at a Lancashire and South Cumbria ICS level led by NHS England and Improvement.

Breaches of the 12 Hour A&E Standard

Performance position

Blackpool Teaching Hospitals have reported 134 breaches of the 12 hour A&E standard between April and September 2019; the majority of 12 hour breaches take place over the weekend period and into the Monday of the following week. The Trust are actively managing the number of 12 hour breaches with the aim to reduce to zero.

Actions to improve the position

- Intentional rounding in the Emergency Department is taking place. Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs. Consultant and Band 7 nurses are reviewing patient's plans in the department in a structured way. Patients are being identified with extended length of stays to ascertain whether the plan of care requires updating, the patient can be discharged home or transferred to Clifton Hospital.
- Increased Streaming to the Ambulatory Emergency Care unit (AEC) and Urgent Treatment Centre (UTC) is taking place. Ensuring the patients are in the right place first time is essential to reduce congestion in the Emergency Department.
- Fit2Sit is being managed through the ambulatory areas of the department to maintain cubicle capacity and individual functioning.
- The see in an hour/refer in an hour/move in an hour model is starting to be implemented; however this can be impaired by congestion or sudden influxes in attendances.
- The Integrated Assessment Team (IAT), which consists of Physiotherapists and Occupational Therapists, have also increased their establishment by 2 WTE's to focus on Triage/ambulance handovers and frailty.
- There has been an improvement in specialty responses to escalation of patients; this will continue to be audited and issues identified will be actioned within the division.
- The early escalation of Mental Health patients to Lancashire Care Foundation Trust is helping to reduce the Mental Health 12 hour breaches month on month; although breaches do occur due to bed availability locally and out of area.
- Acute Physicians are in-reaching into the Emergency Department daily to review the medical patients awaiting beds to ensure correct plans are in place and discharge patients where necessary.
- The Acute Medical Unit Consultant numbers and shift times are currently being reviewed to support the increase in flow at the peak times.

Improving patient flow

Performance position

Intelligence from across the region and nationally indicates a deteriorating position for super stranded patients (Patients who remain in Hospital after being medically optimised for more than 21 days); therefore, the Trust is maintaining the present work programme to identify more patients with delays that can be resolved by the team.

Actions to improve the position

- The Trust continues to run a weekly "Long Stay Tuesday" with the support of Emergency Care Intensive Support Team (ECIST); actions are reviewed each Thursday.
- The division have had a 'Check and challenge' team consisting of a Consultant, Matron and Manager on the wards daily for the last few weeks to support improvements. The trend has plateaued and it is envisaged that this enhanced support to the teams will improve the position and get us back on the trajectory to achieve 48 Super Stranded patients by March 2020.
- An escalation process is being completed for the escalation of 12 hour breaches to ensure that all actions have been taken to prevent the breach before 11 hours.
- Criteria Led Discharge is being increased across the wards focusing on key wards with higher discharges.

- The Trust has signed up to board rounds taking place before 10am with a structured model for reviewing patients which allows the sick/ unstable patients to be reviewed first, then an early focus on the discharges.
- There is a focus to ensure 1 patient per ward is discharged before 10am and 2 patients per ward before 12pm.
- An escalation model is in place for all delays along with education with regards to 'What is a delay?'
- A renewed focus is planned on respiratory patients as there is a known increase across the winter period.
- Plans to increase patient flow capacity from December 2019 as a result of the "Super Multi Agency Discharge Event (MADE)
- A task & finish programme around non optimised placed patients is in place to improve the allocation of right patient to right bed. Within this the Trust plan to identify "Buddy wards" for any specialty overflow.
- The Trust have commissioned additional support from the Midlands and Lancashire Commissioning Support team improve patient flow throughout the Hospital.
- Increased Medical and Nursing recruitment is taking place following the CQC inspection.

Cancer Waiting Times

Performance Position

In September 2019 Blackpool Teaching Hospitals has achieved 7 out of 8 Cancer waiting times target; the exception being the % of patients waiting no more than 62 days from urgent GP referral. The year to date performance against the nationally set target of 85% was 79.45% in September 2019 compared to 81.58% in September 2018. The Trust are focussing specifically on achieving this target as one of the priorities in 2019/20.

Performance of the 2 week waiting times target and the 2 week breast symptomatic target has been recovered at the Trust by the end of September; however these performance indicators are being closely monitored by the Trust and the CCGs to ensure sustainability.

Actions to improve the position

A detailed recovery plan is in development, supported by the Trust Cancer Board, to improve the position on the 62 day standard performance. The directorate teams continue to progress actions; however there is a current prediction that the standard will be achieved from quarter 4 only. Specific ongoing actions include the following: -

- Implementation of 4 thoracic high care beds. The lung pathway also has a redesigned outpatient provision and has introduced Endobronchial Ultrasound Bronchoscopy (EBUS) sessions to provide additional capacity. An additional thoracic surgeon is commencing in post in early December 2019.
- Changes to the prostate pathway are being implemented to enable faster diagnosis and biopsies to be performed under local anaesthetic.
- A systems wide summit led by NHS England has taken place to address issues being experienced in bowel screening and wider diagnostic capacity for endoscopy.
- Work is ongoing across the ICS to ensure adequate provision for Head and Neck surgery; currently some transfers of Cancer patients to other providers is underway.
- There is robust patient tracking list (PTL) management of all cancer cases with escalation to Deputy Director of Operations and Executives of all delays in pathways.
- Ongoing review of multi-disciplinary team (MDT) clinics due to report back to the Trust's Cancer board in December 2019.

Risks

Whilst the 2 week performance continues to be achieved there are specific risks to note: -

- Breast capacity is constrained by one Consultant vacancy and another Consultant requiring planned sick leave. Recruitment for the vacancy is underway and a locum has been secured from late December. Colleagues at East Lancashire Hospitals have provided some in-reach outpatient capacity during December.

- Dermatology is pressurised due to Consultant vacancies and sickness. Demand has increased system wide and discussions are taking place at an ICS level as to how to drive improvements. The service has commenced a pilot of teledermoscopy with a view to reducing the requirement for face to face consultations.
- Endoscopy pressures have the potential to impact on the 2 week wait and 62 day standard as well as impacting upon the 28 day diagnostic standard due to be fully implemented from April 2020.

Ambulance Response Times

Performance position

NWAS ARP performance targets are measured against achievement at the North West regional level, however Blackpool CCGs position has been included where available. In the North West Category 2 Mean performance year to date at September 2019 is 22:43 (22:31 for Blackpool CCG). Although this is slower than the target of 18 minutes this is a slight improvement slightly from the September 2018 performance level of 22:46 (18:35 for Blackpool CCG).

There have been greater improvements seen when compared against September 2018 year to date performance level of 23:43 (19:37 for Blackpool CCG), where an improvement of 1 minute has been seen.

Category 2 ambulance calls are those that are classed as an emergency for a potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport. For example, a person may have had a heart attack or stroke, or be suffering from sepsis or major burns. All ambulance trusts should respond to Category 2 calls in 18 minutes on average, and respond to 90% of Category 2 calls in 40 minutes under the new standards.

NWAS' performance in the North West for Category 2 90th Percentile performance year to date at September 2019 is 48:17 (51:51 for Blackpool CCG), although this is below the target of 40 minutes this is an improvement from the September 2018 performance level of 48:33 (45:18 for Blackpool CCG). There have been greater improvements seen when compared against September 2018 year to date performance level of 51:50 (45:23 for Blackpool CCG), where an improvement of 3 minutes 33 seconds has been seen.

NWAS continue to take fewer patients to hospital and are managing significantly more incidents via Hear & Treat, 3.3% over plan YTD (12.8% over plan for Blackpool CCG); and See & Treat, 1.9% over plan YTD (2.7% over plan for Blackpool CCG). It should be noted that all ambulance trusts nationally have seen performance deteriorate in September with some trusts having extended delays in responding to patients in categories 2, 3 and 4.

Actions to improve the position

In delivering the ARP standards, there are a number of key areas that will support performance and NWAS have committed to these pieces of work in year. These key pieces of work include:

- Implementation of a full roster review in year to ensure that staffing profiles are more closely matched to activity demand.
- Further work on increasing the levels of Hear & Treat and See & Treat, thereby safely reducing the levels of conveyance to emergency departments. This also includes increasing the numbers of patients who, if needing to be conveyed, are taken to alternatives to A&E.
- Continuation of the work to improve call pickup performance.
- Implementation of the recommendations from Lord Carter's review reducing unwarranted variation in ambulance trusts.
- Continuing to work with the wider healthcare system to improve Handover & Turnaround times at hospitals.
- Progression of delivering new models of care for managing lower acuity activity (C3 and C4).
- On-going work to continue progressing the transformation agenda that has been in place over the course of the last 2 years.
- Implementation of the Trust's strategies relating to delivery of urgent care and importantly, progression of the Trust's digital strategy, which is underpinned by CQUIN in 2019/20 to implement the Electronic Patient Record.

Mixed Sex Accommodation Breaches

Performance position

There have been thirty two (32) breaches of same sex accommodation (MSA) for Blackpool CCG patients between April and September 2019; the vast majority of these breaches have occurred at Lancashire Teaching Hospitals (LTH).

Mixed sex accommodation breaches at Lancashire Teaching Hospitals (LTH) have reduced from eighty (80) overall in August 2019 to seventy (70) in September 2019. The breaches were mainly within the LTH Critical Care Unit (CCU) which was responsible for 63/70 (90.0%) of MSA breaches in September. In August the CCU were responsible for

78/80 breaches (97.5%). The remaining seven (7) breaches in September and two (2) in August (10%) were in Respiratory High Care.

Lancashire Teaching Hospitals has seen an increase in escalation status and this has been predominantly sustained at high Operations Pressure Escalation Levels (OPEL) level 3 for several months. This is having an impact on the ability to transfer patients out of Critical Care in a timely manner due to the ongoing pressure to accommodate emergency admissions.

The Trust is aware that providers of NHS-funded care are expected to have a zero-tolerance approach to mixed-sex accommodation, except where it is in the overall best interest of all patients affected. However, there are times when the need to urgently admit and treat a patient can override the need for complete segregation of sexes. In these cases, all reasonable steps are taken to maintain the privacy and dignity of all patients affected.

Actions to improve the position

- Lancashire Teaching Hospitals Trust flow and capacity issues remain challenging and a number of work streams are in place to ease these pressures
- A new Critical Care facility is under development.
- Work is ongoing to ensure that daily flow meetings focus on critical care trigger prioritisation.
- An MSA breach standard operating procedure (SOP) has been developed. This describes the process of actions and escalations to be taken when an MSA breach is likely and / or has occurred
- Steps are taken to protect patient privacy and dignity when a breach occurs.

Cancelled Operations

Performance position

There have been twenty eight (28) patients whose operations have been cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons who have not been offered another binding date within 28 days between April and September 2019; this compares to eight (8) between April and September 2018. The Trust has advised the reasons for these cancellations were bed capacity, specifically bed availability within Cardiac Intensive Care Unit (CITU). The actions detailed within this report to improve patient flow are also intended to improve bed capacity.

Improving Access to Psychological Therapies (IAPT) Access Standard

Performance Position

The year to date access proportion rate for Blackpool patients between April and September 2019 is 1.39% which is below the monthly target of 1.58% and is below the year to date performance in September 2018 which was 1.49%. The reason for the deterioration in performance is due to a reduction in the number of referrals.

Actions to improve the position

- Vacancies for Fylde Coast Psychological Wellbeing Practitioners (PWPs) have gone out to advertisement several times without successful recruitment. This is impacting on the capacity to complete telephone assessments and consequently reducing access; the wording is being reviewed to make the prospect of working in the Fylde Coast sound more attractive. If recruitment to these posts remains challenging the next plan is to employ further apprentices and trainee PWPs.
- There is a great deal of meaningful promotional work taking place, particularly around group workshops; group workshops are an effective lower level PWP intervention that can increase access significantly without the staff requirement associated with 1:1 work.
- Minds matter and Supporting Minds have delivered training around the benefits of group workshops at the CCG's GP Clinical Learning Sets training event, including a video developed with the CCG communications team around myth busting, effectiveness and evidence base. This included recordings of patients saying how much they have benefitted and enjoyed the groups. .

Performance Scorecard April 2019 – September 2019

Metric	Reporting Level	Target							YTD	
			Q1			Q2				
			Apr	May	Jun	Jul	Aug	Sep		
Referral to Treatment (RTT) & Diagnostics										
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Blackpool CCG	92%	82.32%	81.85%	82.97%	83.17%	82.22%	83.30%	82.62%	
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Blackpool CCG	0	0	0	1	0	0	0	1	
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Blackpool CCG	1%	1.65%	1.52%	1.26%	1.25%	3.26%	2.67%	1.82%	
Accident & Emergency										
2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile)	Blackpool CCG	95%	82.61%	84.89%	86.18%	88.24%	86.93%	85.16%	85.48%	
Cancer Waiting Times										
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Blackpool CCG	93%	82.12%	83.56%	77.97%	78.67%	91.17%	94.76%	86.00%	
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Blackpool CCG	93%	9.23%	2.44%	1.33%	27.27%	97.02%	93.33%	43.57%	
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Blackpool CCG	96%	97.82%	98.98%	97.87%	98.04%	95.19%	93.27%	97.00%	
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Blackpool CCG	94%	81.82%	89.47%	83.33%	100.00%	87.50%	95.65%	91.07%	
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Blackpool CCG	98%	96.43%	100.00%	100.00%	100.00%	100.00%	100.00%	99.38%	

25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Blackpool CCG	94%	95.46%	90.48%	100.00%	100.00%	95.46%	96.00%	97.30%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Blackpool CCG	85%	74.42%	82.00%	78.50%	84.91%	78.85%	77.36%	79.60%

Metric	Reporting Level	Target							YTD	
			Q1			Q2				
			Apr	May	Jun	Jul	Aug	Sep		
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)	Blackpool CCG	90%	100.00%	75.00%	100.00%	92.857%	100.00%	100.00%	92.453%	
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)			88.89%	90.00%	89.19%	100.00%	88.46%	83.33%	89.55%	
EMSA										
1067: Mixed sex accommodation breaches - All Providers	Blackpool CCG	0	3	7	5	1	11	5	32	
No. of MSA breaches for the reporting month in question for all providers										
Mental Health										
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days	Blackpool CCG	95%	96.34%			96.26%			96.30%	
The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days										
Dementia										
2166: Estimated diagnosis rate for people with dementia	Blackpool CCG	66.67%	80.04%	78.97%	78.60%	78.80%	79.34%	78.88%	79.08%	
Estimated diagnosis rate for people with dementia										

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Agenda Item 8

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Ms Kate Aldridge, Head of Commissioning and Corporate Delivery
Date of Meeting	7 January 2020

PROVISION OF SUPPORTED HOUSING

1.1 To inform Scrutiny Committee of the current position in relation to supported housing in Blackpool to determine if the committee would like to explore this issue further.

2.0 Recommendation(s):

- 2.1
- To note the contents of the report and to consider whether a scrutiny workshop would be helpful.
 - To identify any further information and actions required.

3.0 Reasons for recommendation(s):

3.1 For Members of the Scrutiny Committee to be provided with information about supported housing and consider whether they would like to undertake any further work in this area.

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

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

3.3 Other alternative options considered:

Services are subject to national and statutory frameworks.

4.0 Council Priority:

4.1 The relevant Council Priority is:

- Creating stronger communities and increasing resilience.

5.0 Background Information

5.1 1. Introduction and Context

Blackpool is a large seaside town located in Lancashire County in North West England. Blackpool is a Unitary Authority and covers an area of **13.46** square miles. Blackpool boundary sits within the urban area stretching along the Fylde Coast, and is one of the most densely populated authorities in the UK outside London. Blackpool is England's largest and most visited seaside resort attracting around **6.5** million adult visitors in 2018ⁱ It is the main retail, public administration, cultural and service centre for the Fylde Coast (Blackpool, Fylde and Wyre), supporting an estimated population of **329,159ⁱⁱ** and a workforce of around **153,600.**ⁱⁱⁱ

The town was founded upon tourism and grew rapidly in the early 20th century leaving a legacy of high quality late Victorian architecture, including the iconic Blackpool Tower, piers and promenade. In the mid 1980's Blackpool attracted around 17 million visitors each year, supported more than 100,000 holiday bed spaces and was the most popular holiday destination in the UK.

Whilst Blackpool remains at the heart of the UK tourism and visitor economy, it has experienced a significant decline in visitor numbers from the 1980s onwards. Three decades of decline has had significant impact on the visitor economy, left a wake of low quality housing stock and challenges finding space for development. It has also created high levels of deprivation with many low paid or unemployed families. Like many coastal resorts, Blackpool now faces a series of significant social challenges that will require significant social investment to reverse.

5.2 Blackpool's Population

Blackpool has a total population of around **139,870** people. From 2001 to 2017, Blackpool's population has fallen by 1.7%. Blackpool's population has a smaller proportion of school age and working population residents than the UK average and North West, but a larger older population proportion than these areas. By 2040, Blackpool's population is **predicted to fall by 2.4%** to 136,500. Blackpool's gender balance is roughly in line with the ratio seen nationally and regionally. Blackpool is the **mostly densely populated area in Lancashire** and third in the North West. Residents are mostly of White British ethnicity. Black and Minority Ethnic groups, including Irish and European residents, are estimated to make up around 6% of the population approximately 9,000 people, compared with the estimated proportion for England of nearly 20%.

5.3 Factors affecting Blackpool's population

- Blackpool ranks as the most deprived authority in England,^{iv} based on both the average LSOA score and concentration of deprivation measures from the 2015 English Index of Multiple Deprivation (IMD)
- Blackpool has a wide range of health, employment and housing issues. Including; having the 2nd lowest life expectancy amongst men and 4th lowest life expectancy amongst women in the UK,^v 19.8% of households are workless households, the 5th highest proportion in the North West^{vi} and in 2017/18 the number of dwelling stock in Blackpool increased by only 276 properties, whereas the average across England for 2017/18 was an increase of 629 dwellings and across the Lancashire-14, the average net increase in properties was 352^{vii}

5.4 Housing

Blackpool has a slightly higher level of private renters (24%) than the national average (19%). This is driven largely by changes in the seaside economies with many former guesthouses converting to flats, and fluctuations in seasonal work creating demand for temporary accommodation in resort areas. The median house price paid in Blackpool increased by 2.8% between June 2017 and June 2018, to an average price of £111,000. This is in contrast to a national average rise of 3.4% in the same period and a national average house price for England and Wales of £259,275.^{viii} Blackpool has a significant proportion of Houses in Multiple Occupancy (HMOs) in central wards close to the promenade and a monitoring project by Blackpool Council identified up to 37% of private sector rented properties in resort areas could be classified as a HMO. The following table summarises key information about the Blackpool housing market.

5.5 Supported Housing

The broad definition of Supported housing is any housing scheme where accommodation is provided alongside care (not necessarily commissioned social care), support or supervision to help people live as independently as possible in the community. This includes:

- Older people with support needs;
- People with learning and physical disabilities;
- Individuals and families at risk of or recovering from homelessness;
- People recovering from drug or alcohol dependency;

- Offenders and ex-offenders;
- Vulnerable young people (such as care leavers or teenage parents);
- People with mental ill health; and
- People at risk of domestic abuse.

Supported housing is funded through Housing Benefit. In 2017, the Government consulted on proposals to apply changes to the funding system. As a result of the consultation, no legislative change has been made and the system continues to be administered “as is” through the housing benefit route (see next section for details). The draft National Statement of Expectations which was issued as part of the consultation was largely supported.

Over recent years there has been an increase in the number of supported accommodation schemes being set up within the Blackpool area.

Due to the nature of the schemes they can attract very high rents and service charges, which landlords hope and expect to be met through Housing Benefit, often with the help of consultants who specialise in rent restructuring and maximising Housing Benefit levels.

This appears to be seen as an opportunity, leading to more schemes attempting to be established. However, these schemes do not always attract full subsidy from the Department for Work and Pensions (DWP) and can therefore prove to be costly for authorities.

5.6 **How Supported Housing is funded.**

Supported Housing provided to most people in Blackpool is funded through Housing Benefit. If the provider of supported housing (the landlord) meets a specified definition then the amount of housing benefit paid to the tenant can be claimed back nationally. If the provider does not meet the specified definition then the local authority may need to pay some proportion of the costs (if it exceeds a capped amount).

Over the past two years, the Council has subsidised Housing Benefit for Supported Housing at a cost of £1.273m.

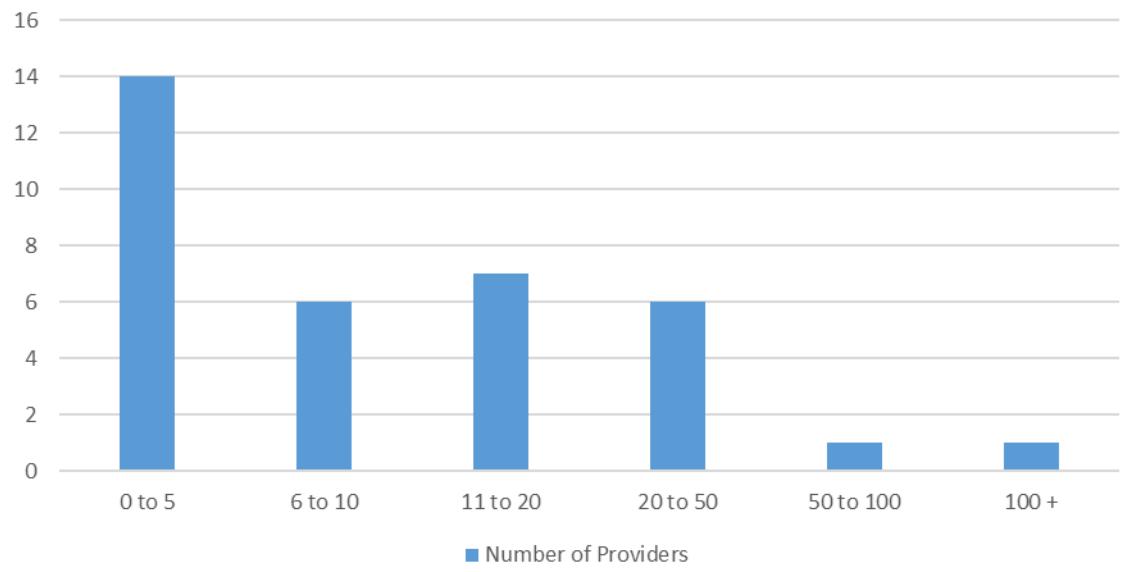
2018-19			
Case Type	Number	Total Benefit Paid	Subsidy
Temporary Accommodation	111	£12,044	0
Supported Accommodation			
Charity/3rd Sector Landlord	385	£1,215,009	£473,242
LA Hostel	339	£899,169	No Loss
Registered Provider	785	£4,844,814	No Loss

2017-18			
Case Type	Number	Total Benefit Paid	Subsidy
Temporary Accommodation	73	£4,437	0
Supported Accommodation			
Charity/3rd Sector Landlord	607	£2,048,489	£799,987*
LA Hostel	348	£901,179	No Loss
Registered Provider	598	£3,512,167	No Loss

*Costs are higher as the local authority lost a Housing Benefit appeal and needed to backdate rent increases for a provider.

There are 35 housing providers of supported housing in Blackpool. The number of properties per provider ranges from one to 102.

Housing Providers with number of Properties (In Blackpool)



The average weekly rent per tenant varies between providers, starting at £79.90 with the highest average provider weekly rent at £355.58

The following providers offer supported housing in Blackpool for which Housing Benefit is paid.

Landlord ID	RP/ RSL	Total Annual Rent amount	Number of properties	Average weekly rent per tenant
A (102467)	Y	£852,137.00	102	£160.66
B (202262)	Y	£775,714.68	63	£236.79
C (102723)	N	£466,596.00	41	£218.85
D	Y	£451,611.68	34	£255.44
E (102096)	Y	£399,846.20	37	£207.82
F (104822)	Y and N (Y for 3 properties they manage on behalf of a HA, N for the 1 property they have themselves)	£389,976.60	30	£249.99
G(200625)	Y	£330,853.12	19	£334.87
H(166144)	Y	£273,082.16	20	£262.58
I (138845)	N	£182,561.60	18	£195.04
J (182273)	Y	£161,996.64	13	£239.64
K (107401)	Y	£160,128.80	16	£192.46

L (107564)	Y	£147,921.28	8	£355.58
M (104241)	Y	£133,710.72	12	£214.28
N (105175)	Y	£113,346.48	11	£198.16
O(105447)	Y	£110,826.56	9	£236.81
P (104850)	Y	£87,309.04	21	£79.95
Q (198707)	Y	£84,761.56	8	£203.75
R (104272)	Y	£81,547.44	14	£112.02
S (181621)	N	£72,800.00	8	£175.00
T (196912)	Y	£71,516.64	4	£343.83
U (102452)	Y	£61,502.48	8	£147.84
V (100179)	Y	£51,461.28	4	£247.41
W (100160)	N	£48,698.00	5	£187.30
X (181132)	Y	£43,291.56	4	£208.13
Y (105723)	Y	£42,536.00	10	£81.80
Z (101493)	Y	£41,733.64	4	£200.64
AA (207124)	Y	£30,624.36	3	£196.31
BB (171755)	N	£17,589.00	3	£112.75
CC (188997)	N	£13,885.56	1	£267.03
DD (101844)	Y	£8,682.96	2	£83.49
EE (198474)	Y	£6,377.80	1	£122.65
FF (105997)	NOT PAID SINCE 2018	£5,923.84	1	£113.92
GG (106088)	N	£5,596.24	1	£107.62
HH (140191)	N	£4,789.20	1	£92.10
II (102497)	Y – TAKEN OVER BY provider A	£4,154.80	1	£79.90
Total		£5,735,090.92	537	

537 properties constitutes just over 3% of the properties where housing benefit is in payment in Blackpool.

5.7 Supported Accommodation – how applications are made

The first time the Council is aware of a scheme is often when the accommodation provider approaches the Benefits Service with proposals to charge high levels of rent for their accommodation, or when an approach is made to Housing Options about a new scheme. Sometimes the schemes are in operation prior to any Council involvement.

When deciding whether a supported accommodation claim is eligible for Housing Benefit, the first test is to determine that there is a credible level of care and / or support provided.

This is typically done with reference to the time spent providing care and support, what this constitutes and how this is funded. There is a significant amount of case law relating to supported accommodation, a lot of it concentrating on the determination of whether the landlord (or someone on the landlord's behalf) is providing sufficient or enough support for the accommodation to be treated as 'exempt accommodation' for Housing Benefit. This can involve looking at each facet of what is being provided to decide whether it is housing-related or support-related and may, for example, involve looking at relevant job descriptions. However, there is no requirement for the level of support to be at a high level.

If support is not considered to be at an acceptable level then no Housing Benefit can be paid and help with any housing costs would have to be sought through a claim to Universal Credit rather than Housing Benefit.

Where support is determined to be required by the individual, and provided by at an acceptable level, the housing costs are looked at in order to check that they are both eligible and reasonable when deciding the rent to be used for Housing Benefit.

The administration and payment of Housing Benefit for supported accommodation is complicated. The regulations, guidance and case law that apply have developed over the last twenty five years, responding to changes in the Housing Benefit legislation, the introduction of the (now disestablished) Supporting People Programme, and the introduction of Universal Credit.

Blackpool takes a robust approach when determining whether a scheme is classed as supported accommodation for Housing benefit as decisions are subject to external audit review and can be challenged without supporting evidence to make the decision.

Occasionally, when landlords are challenged about their proposed scheme costs they do not proceed. However, where a decision is made that the accommodation does not meet the criteria to be classed as supported accommodation, or where rent restructuring or a rent increase is not accepted by the Local Authority, the individual or landlord can challenge the decision.

There is a duty under the Housing Benefit rules to ensure rents used to determine Housing Benefits awards are not unreasonably high and we must be able to show that we are correctly administering the Housing Benefit scheme in accordance with Government regulations and audit expectations. Failure to do this correctly may have a negative impact on the Council's finances because of the Housing Benefit subsidy regime.

Where Housing Benefit regulations are found not to have been applied correctly, not only can the Local Authority lose subsidy but a further extrapolated financial

adjustment to the subsidy claim can be made, leading to another, potentially significant, subsidy loss. It is therefore important that Blackpool pays due care and attention to this complex area of work in order to ensure that decisions are in line with legislation and to minimise the risk of challenge and scrutiny.

5.8 Impact on the local community

Good quality supported accommodation where vulnerable people who would otherwise struggle to maintain a tenancy well, live independently or require urgent and intense support alongside temporary safe and secure accommodation, is a valuable asset within the Blackpool community. There are some concerns that not all of the accommodation that is currently in place as supported accommodation, or that which is planned, is good quality and supporting the Council in its vision to create resilient communities.

Where vulnerable people are not provided with the support that is outlined, or the support is not effective in, properties can become problematic within the neighbourhood, and attract the attention of the Police and Anti-Social Behaviour officers. This has led to coordinated activity to respond to concerns at properties which has, on occasion led to the identification that the support plans that were outlined in the original application are not always being provided as anticipated.

A strategic group has been formed with representation from benefits, housing options, community safety, planning, licensing and social care to explore how we can work together to ensure that when providers are working with vulnerable groups and receiving housing benefit to meet support needs, that we do whatever we can to ensure that those needs are being appropriately met.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

None

8.0 Legal considerations:

8.1 As outlined above – any action planned to challenge the delivery of supported housing must be within the existing legislation.

9.0 Human Resources considerations:

9.1 None

10.0 Equalities considerations:

10.1 None

11.0 Financial considerations:

11.1 Any failure to ensure that the payment of housing benefit is appropriately managed has financial implications.

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 See end notes below.

ⁱ Blackpool 2018 Omnibus Visitor Annual Survey Report.

ⁱⁱ Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2017, ONS (2018)

ⁱⁱⁱ Working or available to work i.e. all people economically active – Oct 2017-Sep 2018 (Blackpool, Fylde and Wyre) Nomis (2018)

^{iv} 2015 English Index of Multiple Deprivation (IMD), Communities and Local Government (2015)

^v Workless Households, Nomis (2018)

^{vi} Households by combined economic activity status, Nomis (2017)

^{vii} Net additional dwellings by local authority district, England 2001-02 to 2017-18, Ministry of Housing, Communities and Local Government (2018)

^{viii} House Price Statistics for Small Areas (HPSSAs), ONS (2018)

Agenda Item 9

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Stephen Ashley, Independent Chair of Blackpool Safeguarding Adult Board
Date of Meeting:	7 January 2020

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.
 - To seek assurance on the performance of the Board.

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 No by the Council?

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) 2018/2019 strategic priorities, along with developments across the broader agenda. It also outlines the business priorities for the period 2019-2021 which will form a

particular focus for BSAB alongside all other adult safeguarding work.

- 5.2 The full report is attached at Appendix 9(a). Mr Stephen Ashley, 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 9(a): BSAB Annual 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 None

15.0 Background papers:

- 15.1 None

Blackpool Safeguarding Adults Board

Annual Report 2018/2019

FINAL DRAFT

Report prepared and published pursuant to paragraph 4 of Schedule 2 of the Care Act 2014

Report Author: Sarah Rahmat, BSAB Manager

Report Date: September 2019

A copy of this document will be published on the Safeguarding Adults Board website

Foreword

I am pleased to present the Blackpool Safeguarding Adults Report for 2018-2019. The report sets out progress against our priority areas and highlights what more needs to be done to improve how we safeguard our vulnerable adults.

We have succeeded in achieving progress in a number of our priorities over the last year, but we know there is further work to be done. In particular, we need to do more work to understand the neglect and abuse of vulnerable adults especially financial abuse and the 'grooming' that is often associated with it.

Partners have worked on a range of issues including; trafficking, modern slavery and neglect. We have identified that there needs to be more work to ensure all partners understand what 'Making Safeguarding Personal' and 'mental capacity' means to their organisations.

A key challenge for Safeguarding Adult Boards is to consider when multi-agency work appears to be less effective. In many cases a vulnerable adult fails to meet the level of vulnerability that triggers a multi-agency response. This is an area in which partners need to be more effective and there are plans to improve in this area.

A concern for SABs in ensuring residents are safeguarded, is the commissioning of local services. I am pleased that we have now included commissioned services on our sub groups and have included representation from our care homes. This will add to the effectiveness of the board moving forward.

A priority for this year will be to focus more on preventing abuse, as well as ensuring protection is proportionate and appropriate. We want to be ambitious and will be ensuring multi-agency approaches are promoted to ensure frontline staff are equipped to respond and reduce abuse. The business unit continues to improve the training packages available to partners.

This is my first report as chair of the board, and I would like to thank the previous chair for her the work she has undertaken. I would like to thank all of the partners for their hard work and support this year. In particular, I would like to thank those in the third sector and the front line staff who do so much to protect our most vulnerable adults.



Stephen Ashley

Independent Chair

Blackpool Safeguarding Adults Board

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1. The Board

- 1.1 Purpose
- 1.2 Board Structure
- 1.3 BSAB Membership

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- 2.1 Blackpool Context
- 2.2 Blackpool's Health
- 2.3 Safeguarding Adults S.42 Enquiries

3. Safeguarding Adults Board Priorities

- 3.1 Priority one - Understand and review safeguarding responsibilities and arrangements of Board partners in light of national and local changes.
- 3.2 Priority two – Gain a better understanding of local safeguarding priorities and improving responses.
- 3.3 Priority three - Raising awareness and promoting engagement
- 3.4 Priority four - Prevention and early intervention of safeguarding issues

4. The Role and Achievements of the Sub-Groups

- 4.1 Training and Communications
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- 4.3 Case Review Subgroup
- 4.4 Quality Assurance and Performance Monitoring

5. Partner Activity

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1. The Board

1.1 Purpose of the Board

The main objective of the Blackpool Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults who have needs for care and support* and are experiencing, or at risk of, abuse or neglect, and as a result of care and support needs, and the adult is unable to protect themselves.

*whether or not the Local Authority is meeting those needs.

Blackpool Safeguarding Adults Board seeks to achieve this by co-ordinating and ensuring the effectiveness of each of its members in relation to adult safeguarding. We have a strategic role that is greater than the sum of the operational duties of our partners; we oversee and lead adult safeguarding across Blackpool and are interested in a range of matters that contribute to the prevention of abuse and neglect. Types of abuse and neglect under the Care Act 2014 include: physical abuse, domestic violence, sexual abuse, psychological abuse, financial abuse, modern slavery, discriminatory abuse, organisational abuse, neglect, and self-neglect. Blackpool Safeguarding Adults Board recognises that adult safeguarding is underpinned by:

Six principles set out in the Care Act:

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 for those in greatest need.

Partnership – Local solutions through services working with communities who have a role in preventing, detecting and reporting neglect and abuse.

Accountability – Accountability and transparency in delivering safeguarding.

In addition to these principles, it is also important that all agencies take a broad community approach to establishing safeguarding arrangements for complex cases.

Safeguarding Adults Boards have a statutory duty under S.44 of the Care Act 2014 to undertake **safeguarding adult reviews** in cases which meet the criteria. The purpose of a review is to identify lessons to be learnt and to drive improvements in practice.

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

Publish a Strategic Plan

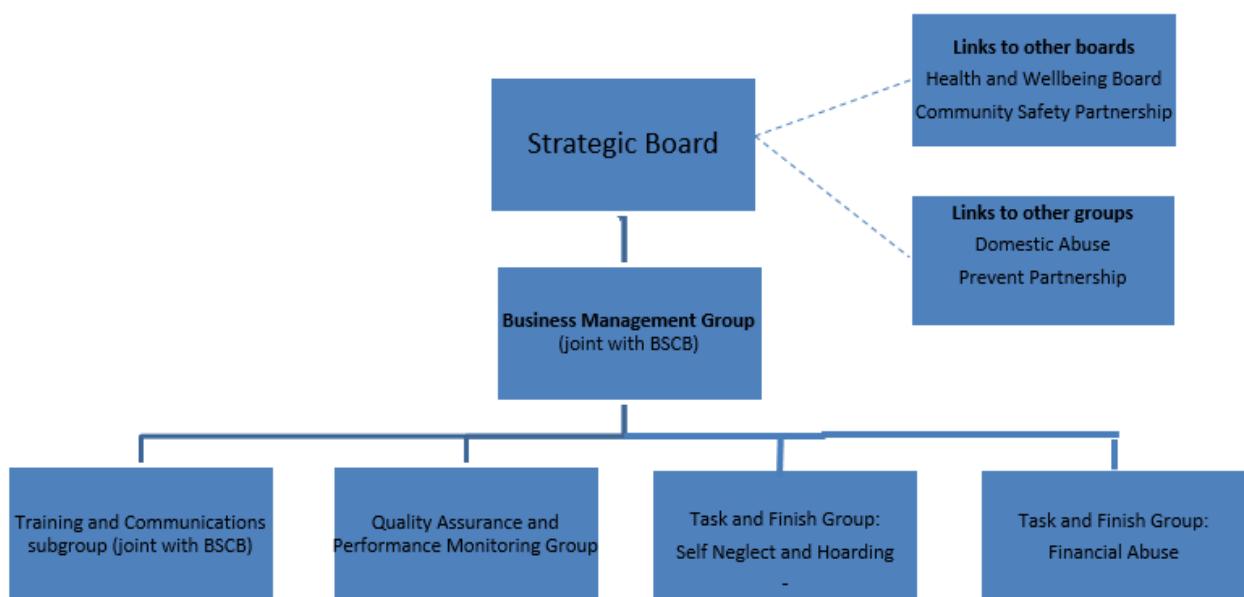
Publish an Annual Report
Page 96

Undertake Safeguarding Adults Reviews

1.2 Board Structure

As a partnership, Blackpool Safeguarding Adults Board appoints an Independent Chair to oversee the work of the Board, provide leadership, offer constructive challenge, and ensure independence. The day to day work of Blackpool Safeguarding Adults Board is undertaken by the sub-groups. The board office supports the operational running of these arrangements and manages the Board on behalf of the multiagency partnership. To facilitate joint working, ensure effective safeguarding work across the region, and provide consistency for our partners who work across Pan Lancashire. The governance for the sub-groups is via the business management group that feeds into the Board.

Board Structure Chart 2018/19



Budget

The BSAB continues to be funded by a core group of Partners, with some income generated through charging for non-attendance at training courses. Financial contributions from Partners are essential for the BSAB to perform its function. Partner contributions also include additional resources of officer time and commitment to support the BSAB by attendance and chairing of subgroup meetings, delivering actions, training and access to Partner facilities.

Income and Expenditure Summary

Income	Expenditure	
Blackpool Council	76,886	Staff costs
Blackpool CCG	40,995	Independent Chair
Lancashire Constabulary	25,915	Training
Blackpool Coastal Housing	5,000	Board support costs
TOTAL INCOME	151,786	TOTAL EXPENDITURE
		163,222

*Any overspend was funded through the previous year surplus.

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:

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

1.3 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)
- Blackpool Carer's Centre
- Public Health (part of the Local Authority)
- Healthwatch Blackpool

**A Membership List can be found in Appendix A*

Attendance at Board meetings

Attendance at meetings had been highlighted by the chair and was raised as an issue to the Boards in July 2018. There was concern that the CCG and police attendance at meetings would need to be addressed. It was acknowledged that there was no Adult Principal Social Worker in post until October 2018, so resolved the attendance of an Adult Services representative at Board meetings.

The membership of the Business Management Group (BMG) had been extended to include the Director of Resources for Blackpool Coastal Housing, during Q4.

The Quality Assurance and Performance Management (QAPM) Sub-Group had been poorly attended and was cancelled on two occasions during this reporting period due to poor attendance and the meeting not being quorate. Whilst on one of these occasions, a quorate meeting had been held a week after, the overall attendance was poor. This was regarded as being very disappointing and members of the group were asked to encourage attendance from the appropriate officers going forward, supported by a letter from the Independent Chair who had written out to members on this issue.

Agency	BSAB Board	BMG	Training	QAPM
Blackpool Council – Elected Member	75%	n/a	n/a	n/a
Blackpool Council – Adult's Services (other representatives)	100%	40%	100%	100%
Lancashire Constabulary – Western Division	75%	20%	80%	50%
Lancashire Constabulary – HQ Public Protection Unit	50%	n/a	n/a	50%
Blackpool CCG – Chief Nurse/ Head of Safeguarding/ Designated nurse	50%	80%	80%	50%
Blackpool Teaching Hospitals NHS Foundation Trust	75%	80%	100%	75%
Lancashire Care NHS Foundation Trust	100%	n/a	100%	50%
Cumbria and Lancashire Community Rehabilitation Company	100%	n/a	40%	100%
HM Prison and Probation Service	100%	60%	40%	100%
Blackpool Coastal Housing	100%	40%	60%	100%
Healthwatch Blackpool	50%	n/a	50%	50%

Please note: There was a gap in service provision during this period for Healthwatch Blackpool. Blackpool Coastal Housing and the new Adult service representative joined BMG in January 2019.

*This list does not include the Board's wider partners.

2. What does adult safeguarding look like in Blackpool?

2.1 Blackpool Context

Population estimate and age profile

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

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

Source: ONS mid-year population estimates, 2018

Geodemographic segmentation

This section remains the same as 2017/18, the data has not been updated since the last annual report.

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.

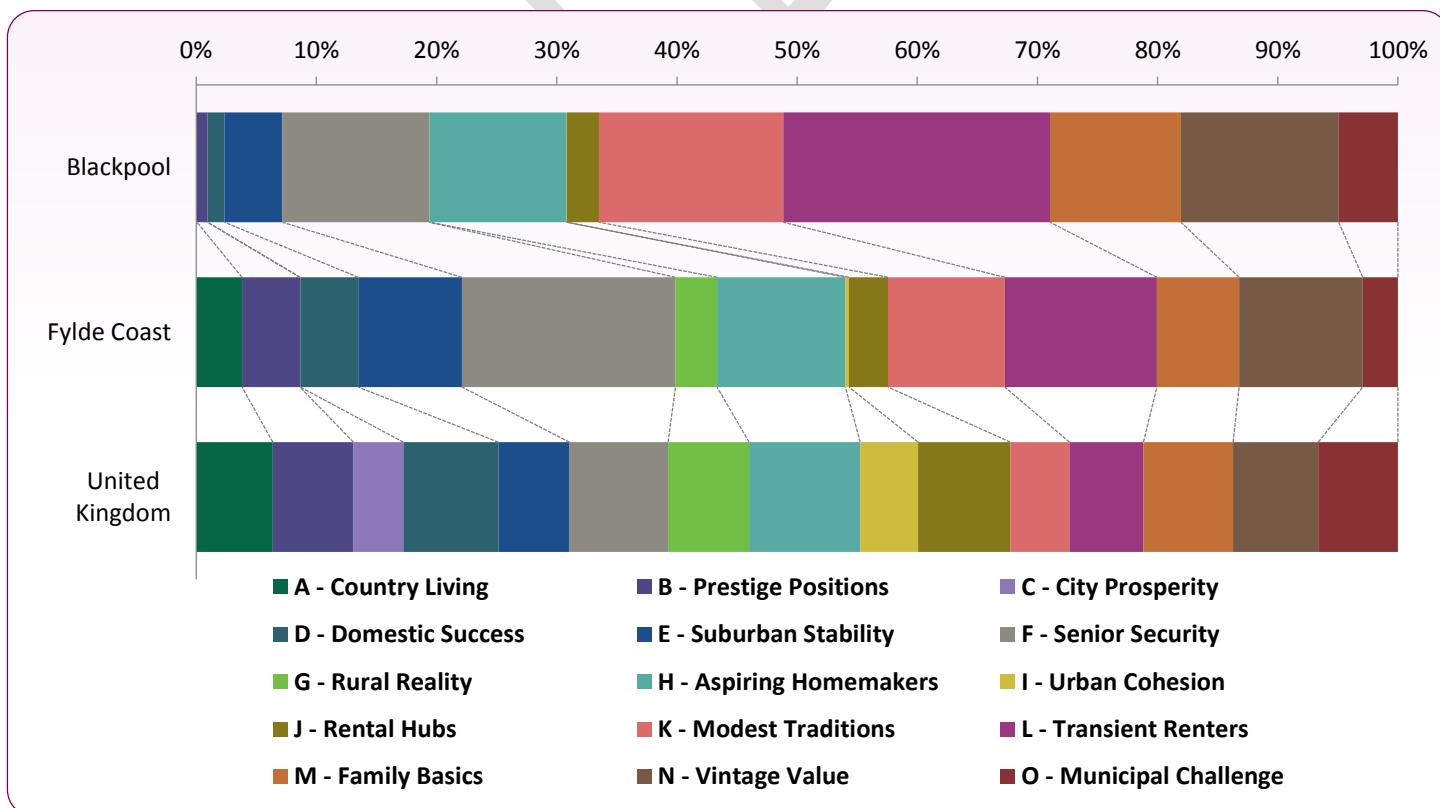
Figure 2: Percentage of households in each Mosaic group - Blackpool

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

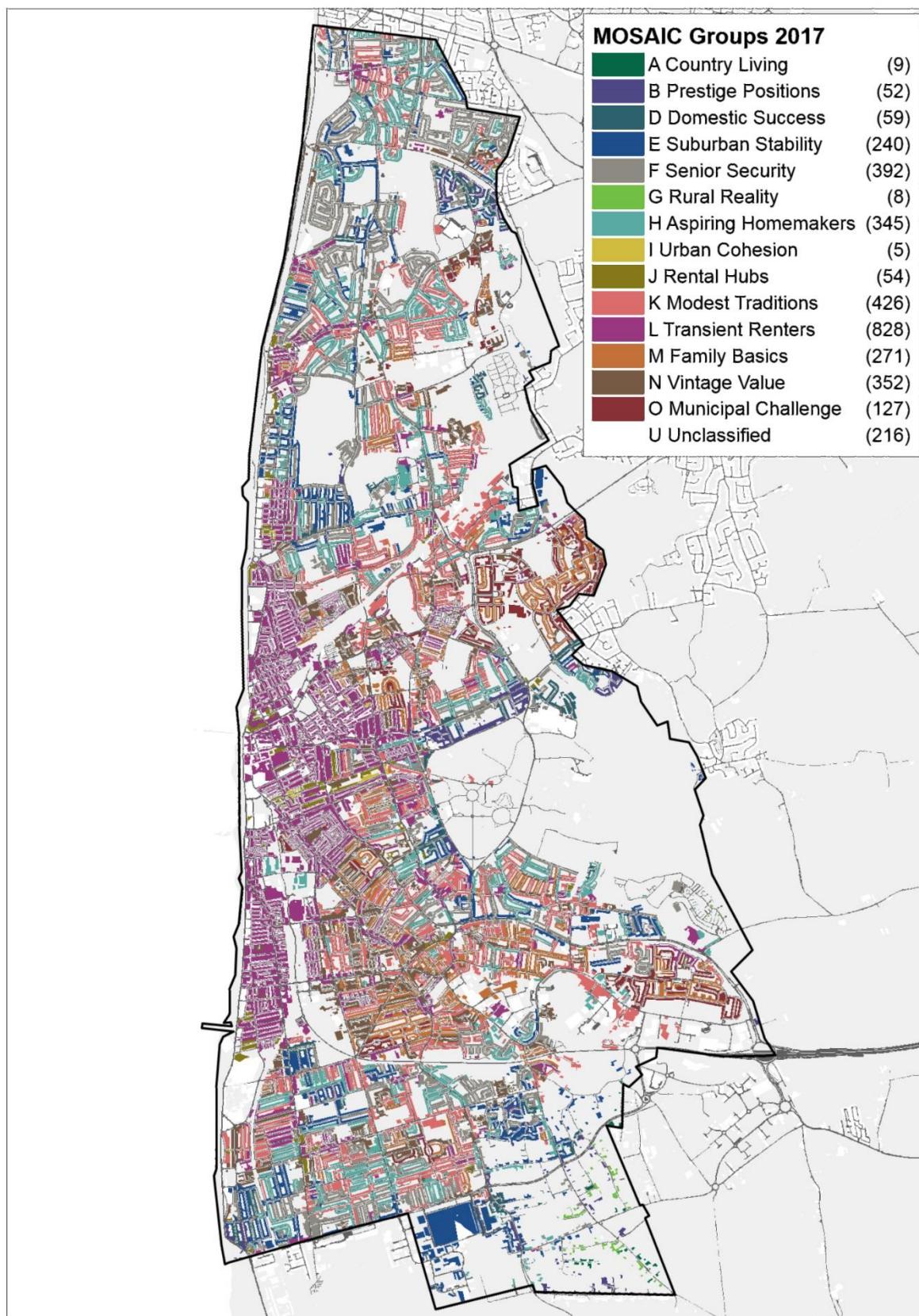
The bar chart below shows how households in each area are categorised. Blackpool has a bias toward the K to O segments with higher percentages of households in these groups.

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

2.2 Blackpool's Health

Health in summary

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

Health inequalities

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

Adult Health

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

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

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

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

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

[Tobacco Free Lancashire Strategy](#)

[Blackpool Alcohol Strategy 2016-2019](#)

Mental health

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

There were over 600 hospital admissions for self-harm in 2017/18, a rate of 466.5 per 100,000 population, two and a half times higher than the national average (2018/19 figures are not available). Over 22,000 people in Blackpool have been diagnosed with

depression and over 2,700 have a severe mental illness; prevalence rates significantly higher than national averages. 12% of respondents to a GP patient survey stated they had a long-term mental health problem and claimant rates for benefits for mental and behavioural disorders are the highest in the country.

Suicide rates are significantly higher than the national average, in the period 2016-17, 51 people took their own lives in Blackpool. Lancashire and South Cumbria ICS have developed a suicide prevention logic model.

<https://www.lancashire.gov.uk/media/907935/lancs-sc-sp-logic-model1.pdf>

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

Drug Misuse

Drug misuse is a significant cause of premature mortality in the UK and Blackpool has significantly higher rates of drug users and drug related deaths than the national average. There are an estimated 2,000 opiate and/or crack cocaine users in Blackpool and the rate of 23.5 per 1,000 population is over two and a half times higher than average. The town has the highest rate of drug related deaths in the country which is over three times higher than the national average; in the period 2016-18 there were 94 drug related deaths.

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

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

2.3 Safeguarding Adults s.42 Enquiries

The Care Act 2014 sets out our statutory duties and responsibilities for safeguarding, including the requirement to undertake Enquiries under section 42 of the Act to safeguard people. There was a reduction in the numbers of concerns reported to Adult Social Care from the same period last year, although there were some changes in the way numbers were reported during this reporting period, (further details below in the Adult Social Care section). Work was undertaken with other agencies involved with vulnerable adults to promote the use of the Safeguarding Decision Support Tool. This is helpful in clarifying which events may meet the threshold of a Safeguarding concern and which ones may not. This may be one of the factors accounting for the reduction in the number of concerns being raised. There has been an increase in the number of people who experience more than one safeguarding enquiry in a 12 month period, perhaps reflecting a greater understanding of repeat targeting of vulnerable adults.

Of the types of risk identified no particular type of risk has seen a significant change. There has been a significant decline in safeguarding concerns raised in residential and nursing home settings. We think this was primarily due to a new safeguarding social worker post recruited to in Adult Social Care and based with the Contract Monitoring arm of the Commissioning team, which has provided some dedicated and directed support and advice to regulated services. In the overwhelming majority of concerns which went into s42 enquiries risks were removed or reduced.

Making Safeguarding Personal

Making Safeguarding Personal is an important aim of the safeguarding adult process. Where possible, adult services aim to achieve this during the enquiry process to determine the outcomes the individual involved has identified for themselves. MSP during this period, showed that roughly the same numbers of people had the opportunity to express their preferred outcomes, compared to those who were not asked or no information was recorded. A much lower number of people of whom were asked, did not or could not express the outcomes they wished to see. Whilst there appears to be a significant amount of work to undertake in this area, compared to the same period last year 40% more people were being asked what outcomes they wanted to see compared to those who were not asked or there was nothing recorded. This has been identified as an area in need of improvement and is being pursued through targeted work.

Safeguarding Adults Collection Data (SAC) (REQUEST PIE CHART & COLOURS)

Demographics Tables:

AGE BAND

Table SG1a		Age Band						
Counts of Individuals by Age Band		18-64	65-74	75-84	85-94	95+	Not Known	Total
Individuals Involved In Safeguarding Concerns		175	106	159	144	22	21	627
Individuals Involved In Section 42 Safeguarding Enquiries		88	48	79	71	13	3	302
Individuals Involved In Other Safeguarding Enquiries		3	0	0	0	0	0	3

GENDER

Table SG1b		Gender			
Counts of Individuals by Gender		Male	Female	Not Known	Total

Individuals Involved In Safeguarding Concerns	257	351	19	627
Individuals Involved In Section 42 Safeguarding Enquiries	125	176	1	302
Individuals Involved In Other Safeguarding Enquiries	0	3	0	3

ETHNICITY

Table SG1c	Ethnicity							
Counts of Individuals by Ethnicity	White	Mixed / Multiple	Asian / Asian British	Black / African / Caribbean / Black British	Other Ethnic Group	Refused	Undeclared / Not Known	Total
Individuals Involved In Safeguarding Concerns	534	0	1	1	0	0	91	627
Individuals Involved In Section 42 Safeguarding Enquiries	270	0	1	0	0	0	31	302
Individuals Involved In Other Safeguarding Enquiries	2	0	0	1	0	0	0	3

PRIMARY SUPPORT REASON

Table SG1d	Primary Support Reason								
Counts of Individuals by Primary Support Reasons	Physical Support	Sensory Support	Support with Memory & Cognition	Learning Disability Support	Mental Health Support	Social Support	No Support Reason	Not Known	Total
Individuals Involved In	265	13	115	41	145	14	1	37	631

Safeguarding Concerns									
Individuals Involved In Section 42 Safeguarding Enquiries	131	5	61	25	69	7	0	5	303
Individuals Involved In Other Safeguarding Enquiries	0	0	0	1	2	0	0	0	3

Section 2: Case Detail Tables

Table SG2a	Concluded Section 42 Enquiries			Other Concluded Enquiries			Total Section 42	Total Other
	Source of Risk	Source of Risk	Source of Risk					
Counts of Enquiries by Type and Source of Risk								
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Total Section 42	Total Other
Physical Abuse	33	82	14	0	0	0	129	0
Sexual Abuse	3	10	3	0	0	0	16	0
Psychological Abuse	16	36	2	0	1	0	54	1
Financial or	17	48	9	0	0	0	74	0

Material Abuse								
Discriminatory Abuse	1	0	0	0	0	0	1	0
Organisational Abuse	17	2	0	0	0	0	19	0
Neglect and Acts of Omission	143	28	5	0	0	0	176	0
Domestic Abuse		5			0		5	0
Sexual Exploitation	0	0	0	0	0	0	0	0
Modern Slavery	0	0	1	0	0	0	1	0
Self-Neglect		8			1		8	1

ENQUIRIES: Location and Risk

Table SG2b	Concluded Section 42 Enquiries			Other Concluded Enquiries			Total Section 42	Total Other
	Source of Risk			Source of Risk				
Counts of Enquiries by Location and Source of Risk								
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Total Section 42	Total Other
Own Home	52	72	7	0	0	0	131	0
In the community (excluding community services)	1	12	3	0	0	0	16	0
In a community service	1	3	0	0	0	0	4	0

Care Home - Nursing	51	11	5	0	0	0	67	0
Care Home - Residential	79	27	1	2	0	0	107	2
Hospital - Acute	2	7	4	0	0	0	13	0
Hospital - Mental Health	1	27	10	0	0	0	38	0
Hospital - Community	3	7	0	0	0	0	10	0
Other	7	12	1	0	0	0	20	0

RISK ASSESSMENT OUTCOMES

Risk Assessment Outcomes : Was a risk identified and was any action taken / planned to be taken?	Source of Risk			Source of Risk			Total Section 42	Total Other
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual		
Risk identified and action taken	173	130	23	0	1	0	326	1
Risk identified and no action taken	4	10	3	0	0	0	17	0
Risk - Assessment inconclusive and action taken	6	4	2	0	0	0	12	0
Risk - Assessme	0	0	0	0	0	0	0	0

nt inconclusi ve and no action taken								
No risk identified and action taken	5	5	0	0	0	0	10	0
No risk identified and no action taken	9	11	1	0	1	0	21	1
Enquiry ceased at individual' s request and no action taken	1	13	1	0	0	0	15	0

RISK OUTCOMES:

Table SG2e	Concluded Section 42 Enquiries			Other Enquiries			Total Secti on 42	Tot al Oth er	
	Source of Risk			Source of Risk					
Risk Outcome s: Where a risk was identified, what was the outcome / expected outcome when the case was conclude d?	Servic e Provi der	Other - Known to Individ ual	Other - Unkno wn to Individ ual	Servic e Provi der	Other - Known to Individ ual	Other - Unkno wn to Individ ual			
Risk Remained	6	3	0	0	0	0	9	0	
Risk Reduced	104	86	13	0	1	0	203	1	

Risk Removed	67	51	13	0	0	0	131	0
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Section 4: Making Safeguarding Personal (MSP) Tables ~([REQUEST PIE CHARTS AND COLOURS](#))

Table SG4a		Age Group						
MSP Table for Concluded Section 42 Safeguarding Enquiries	For each enquiry, was the individual or individual's representative asked what their desired outcomes were?	18-64	65-74	75-84	85-94	95+	Not Known	Total
Yes they were asked and outcomes were expressed	86	34	72	65	7	3		267
Yes they were asked but no outcomes were expressed	10	10	8	9	1	1		39
No	15	5	12	14	3	2		51
Don't know	7	4	9	2	2	1		25
Not recorded	3	3	4	3	0	0		13
Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases were the desired outcomes achieved?	18-64	65-74	75-84	85-94	95+	Not Known	Total	
Fully Achieved	48	21	42	36	5	3		155
Partially Achieved	26	9	25	22	2	0		84
Not Achieved	12	4	5	7	0	0		28

Table SG4b							
MSP Table for Other Concluded Safeguarding Enquiries	Age Group						
For each enquiry, was the individual or individual's representative asked what their desired outcomes were?	18-64	65-74	75-84	85-94	95+	Not Known	Total
Yes they were asked and outcomes were expressed	2	0	0	0	0	0	2
Yes they were asked but no outcomes were expressed	0	0	0	0	0	0	0
No	0	0	0	0	0	0	0
Don't know	0	0	0	0	0	0	0
Not recorded	0	0	0	0	0	0	0
Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases were the desired outcomes achieved?	18-64	65-74	75-84	85-94	95+	Not Known	Total
Fully Achieved	1	0	0	0	0	0	1
Partially Achieved	0	0	0	0	0	0	0
Not Achieved	1	0	0	0	0	0	1

3. Safeguarding Adults Board Priorities

Through Partnership work and with adults at risk of abuse, harm or neglect, 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.

Business plan

The Board partnership development day held in April 2018 encouraged Partners to reflect on the work of the Board to determine priorities for the business plan 2018-20. The business plan is available on the Blackpool Safeguarding Adults Board website. The Board aims to have recognised and active leadership to safeguard adults in each of the statutory partner agencies and others linked to the BSAB. The 2 year business plan was published in 2018. ([Business Plan](#))

3.1 Priority one – To understand and review safeguarding responsibilities and arrangements of Board partners in light of national and local changes.

One of the main aims of this priority is to ensure BSAB Partners take account of the legislative changes to the Blackpool Safeguarding Children Board over 2018-2019 and impact on Blackpool Safeguarding Adults Board. Consideration must be given to the implications resulting from the changes in legislation, and to remain updated on transitional arrangements, and new arrangements. The Business Development Manager and Chair have attended Pan Lancashire meetings since January 2019 to participate in discussions. All Board Partner leads are expected to understand and communicate legislative frameworks for adult safeguarding, once the new arrangements are finalised. Whilst discussions have been ongoing, a ‘hub and spoke’ arrangement was preferred to maintain local decision making and accountability, but to place other elements on a Pan Lancashire basis, where appropriate.

Cross cutting opportunities were identified to maximise and ensure links are maintained between BSAB and BSCB. Current and cross cutting themes were reviewed and any implications were considered. Work continues to be explored and progressed, in relation to Transitions and All age exploitation and the Board have developed links with the AWAKEN team and Blackpool Young People’s Service (BYPSS) to discuss all age exploitation.

There has been continued development of policy and procedures for both Adults and Children Boards on a Pan-Lancashire footprint in line with service developments. To reflect the changes to the Pan- Lancashire policy and procedures, key priority themes included updated information on financial abuse and self-neglect. The Pan Lancashire Anti-Slavery partnership (PLASP) toolkit had been adopted for use in Lancashire, Blackburn with Darwen, and Blackpool for use during 2018/19. The People in Positions of Trust (PIPOT) policy was reviewed and updated, as well as ensuring GPPR compliance. It is expected that the Deprivation of Liberty Safeguards legislative changes will be updated once available, during the next reporting period.

3.2 Priority two – To gain a better understanding of local safeguarding priorities and improving responses

The Board introduced a new QA Framework during 2018/19, which was originally developed by Blackburn with Darwen Safeguarding Boards. The new performance management framework helped to capture relevant information and help highlight and identify safeguarding priorities. Other methods of gaining insight included feedback from Partners, from frontline practitioner events such as the Multi professional discussion forums (MPDF) and training evaluation forms to identify effective learning. Effective and high quality information sharing was promoted through the new dataset to give assurance to, and allow appropriate challenge by BSAB partners. It has helped to support and embed good practice and identify measurable outcomes for service users reviewed to ensure fit for purpose. Feedback on service user consultation is also captured within the framework. The QA Framework is hoped to identify patterns and trends to monitor and manage risks or potential risks of multi-agency audits to gain a shared awareness of the quality of service provision across agencies.

A need was identified to use common language and terminology across Board partners, using plain English and avoiding acronyms which can often cause confusion with varying interpretations.

Relevant learning opportunities from Safeguarding Adult Review (SAR) reports, action plans, and progress reports are explored and shared with the Board Partners. Learning for Blackpool was identified from the Newcastle Joint Serious Case Review concerning sexual exploitation of children and adults with additional vulnerabilities, resulting in discussions on all age exploitation mentioned under Business Plan- Priority 1. The aim was to gain an understanding of what works well and doesn't work well in achieving improved outcomes for service users. A Learning and Improvement Framework (BSAB) had been developed, with learning that had been taken from across Lancashire and nationally to inform the framework. Although there had not been a Serious Adults Review (SAR) in the last 4 years ensuring an up to date framework would ensure that the BSAB was prepared in the event of one.

3.3 Priority three - Raising awareness and promoting engagement

The Board aims to promote and develop effective relevant links with a wide range of partners, including the public, voluntary, community and faith sectors. The Board Business Development Manager has developed links with the Richmond Fellowship, a mental health support service who work with Blackpool residents. Healthwatch Blackpool was recommissioned during 2018/19 and despite a gap in service provision is now actively involved with the work of the Board again, promoting the voice of service users. Blackpool Carers Centre are an active 3rd Sector Partner as they represent the voice of the carer community in Blackpool. The Board has developed links with the Clewer Church group who are involved in promoting the work of the Pan Lancashire Anti-Slavery partnership (PLASP), and can identify and support victims.

Awareness was raised in autumn 2018 on Domestic Abuse through a campaign aimed

at the public, and delivered by Pan Lancashire Communication and Engagement Sub-Group. An event was hosted by the Pan Lancashire Boards to promote awareness to professionals working with those likely to be affected by domestic abuse.

Professionals received financial abuse and self-neglect awareness to promote the new frameworks and pathways through launch events held in April 2019, aimed at front line officers. Awareness on modern day slavery was promoted through the PLASP roadshows. A Blackpool roadshow is planned for autumn 2019, hoped to maximise impact as the campaign will be promoted during the Blackpool illuminations.

A Pan Lancashire Communication and Engagement strategy was produced and approved by the Board in April 2019. Blackpool has agreed to lead on the ‘service user engagement’ priority on behalf of Pan Lancashire Safeguarding Boards. The Boards agreed on the need for joint and coordinated leadership with and by other key partners, to tackle common emerging safeguarding themes collectively though short term task and finish groups. The Business Manager attended a LGA Making Safeguarding Personal event held in March 2019. The event had included a discussion workshop on abuse reporting feedback from which had been good. Attendees had been informed that the Local Government Association was hoping to draft a national tool for use by local authorities to embed MSP into practice by the end 2019.

3.4 Priority four - Prevention and early intervention of safeguarding issues

The Board required access to available data to identify trends to enable partners to develop effective multi-agency responses through early intervention, to prevent and learn from potential areas for improvement, any gaps or other barriers. It is hoped this can be captured through the QA framework returns and other safeguarding data collated through Partners.

Prevention and early intervention of mental health concerns through awareness and the development of relevant strategies has been implemented through Mental Capacity and Deprivation of Liberty Safeguards training. Resilience building is being explored by the Board training coordinators and LCFT officers. Opportunities such as mental health ‘first aid’ training, to develop resilience and ‘mental wealth’ are being developed by Blackpool and the Fylde College. The prevention of financial abuse from a public and professional perspective has been promoted to a range of agencies and the National ‘Loan Sharks’ Training was offered free of charge.

During 2018/19, the Board introduced Multi Professional Discussion Forums (MPDF’s) aimed to act as a vehicle to better understand the views of front practitioners with practical experience who are able to identify and justify what changes should be made to improve practice and outcomes for vulnerable service users, through emerging themes identified. The first MPDF was held in October 2018 to discuss Self Neglect and was attended by various agencies, including GP’s and those with lived experience. The second MPDF was held in January 2019 on Adult Sexual Exploitation and was attended by Victim Support, 3rd Sector agencies such as Hope for Justice who work predominantly with victims of modern slavery

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

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

4.1 Training and Communications Sub-Group

The purpose of this sub-group is to provide the strategic lead to promote learning and development by the Board and within its partner agencies. It is responsible to the Board 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 Board communications activities with professionals, service users, and the public. This work is co-ordinated with Pan- Lancashire colleagues, and the sub-group is responsible for ensuring that the Board 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.

The Terms of Reference were reviewed in March 2018 and the group agreed to hold responsibility for the Boards' communications activities, both at a pan Lancashire and local level, including Seven minute briefings produced in conjunction with Lancashire Safeguarding Boards. The training offer was expanded to include adult exploitation during this period. The January 2019, the Board's Multi Professional Discussion Forum covered Adult Sexual Exploitation and work was undertaken to organise associated training. A list of the new courses are mentioned below. Sub-Group attendance during this period was generally good.

During Q2 the Board ceased to be able to use facilities at the Technology Management Centre at the end of October 2018. Bookings made beyond then, were transferred to the Solaris Centre or the Grange. Blackpool Coastal Housing was installing wireless (Wi-Fi) technology at all its community centres and were identified as potential training venues going forward.

The long standing Chair of the Sub-group Cathie Turner had retired and a new Chair for the Sub-Group and a replacement was sought. The group wished to extend their thanks for her contributions as the Chair of the Training and Communications Sub-Group. A police representative was invited to sit as the Chair of the Sub-Group and the Adult Social Care - professional lead as the Vice Chair.

The Training work plan was produced in line with the new business plan 2018/19.

New Courses:

'The Blackpool Way' course was developed to become the primary course for professionals starting to work in Blackpool, included within the Multi-Agency Safeguarding Adults course to commence in October 2018 and was already over-subscribed, demonstrating the demand for the course.

Criminal exploitation training was being developed to focus on safeguarding children but in due course this could be expanded to include adult victims of exploitation

Modern day slavery is covered within the Safeguarding Adults Multi Agency training offer, but the group recognised that the PLASP toolkit and more train the trainer sessions were needed. This is being led by the PLASP group. The Board recognised that modern day slavery overlapped with other forms of adult exploitation, including human trafficking, and cuckooing.

Adults with additional needs was an area being explored, in particular for those individuals who may be more vulnerable due to have learning difficulties or physical disabilities.

Mental Capacity Act or Deprivation of Liberty Safeguards (DoLs) was being explored by the Board training coordinators, as it was recognised that there was no advanced level training at present. This will be developed in line with the new legislation.

Domestic abuse one-day course to primarily focus on the impact on adults, but from autumn 2018, there were two courses: 'working with adults' and 'working with children'. Coercion and Control were to be added to the existing training offer. The Public Health-Bystander project to tackle sexual or domestic violence was developed. A train the trainer exercise had taken place in December 2018 and Blackpool and the Fylde College had agreed to undertake a pilot to commence in February 2019. This included the use of a dedicated toolkit to build skills to intervene safely.

Mental Health First Aid course and academic resilience training was offered by Blackpool and the Fylde College.

Financial Abuse was an area that had identified a gap in frontline practitioners' knowledge and minimal reporting of incidents by practitioners or the public. An offer had provided a series of half-day briefings on the topic on a no-cost basis by the national body leading on tackling illegal money lending. The intended audience included frontline staff from housing and community safety officers through to health professionals. The launch of the new financial abuse guidance and pathway was planned for April 2019, linked to the work of the financial abuse task and finish group.

Self Neglect and hoarding for staff working with adults, was the most well attended course. The new Self Neglect framework and pathway was planned to be launched in April 2019, and the Board had invited an 'expert by experience' to bring the real life learning from her experiences to the attention of practitioners.

Safeguarding Adults Review Workshops (SAR) were reviewed. Although, there had been no Blackpool SARs during this reporting period, workshops had been developed

to reflect local priorities and highlight learning from local and national SARs and Domestic Homicide Reviews (DHR's).

Training Course Evaluations

There had been poor completion rates for electronic evaluations since their introduction with a 23% pre and post completion rate, during Quarter 1. The evaluations were quick to complete and better quality responses were generated from the electronic versions even though fewer were received. Telephone evaluation consultation were commenced to gain follow up from training. This was initially undertaken by the Training Co-ordinators, although subgroup members were asked to participate.

The Boards had developed use of the Google forms tool with Quick Response (QR) codes used on the day, during Q2. There had been low response numbers initially but had increased significantly with a good deal of positive feedback. During this period, the evaluation formats were placed on the web and phone calls were made to secure more feedback, to measure impact a number of weeks after attendance. Pre-course returns were around 59% and post-course around 68%. Feedback on courses was generally very positive. Trends were sought including the impact of courses on the frontline. Line managers were encouraged to complete evaluations through supervision following course attendance. This was reinforced by Board members.

Training Needs Analysis

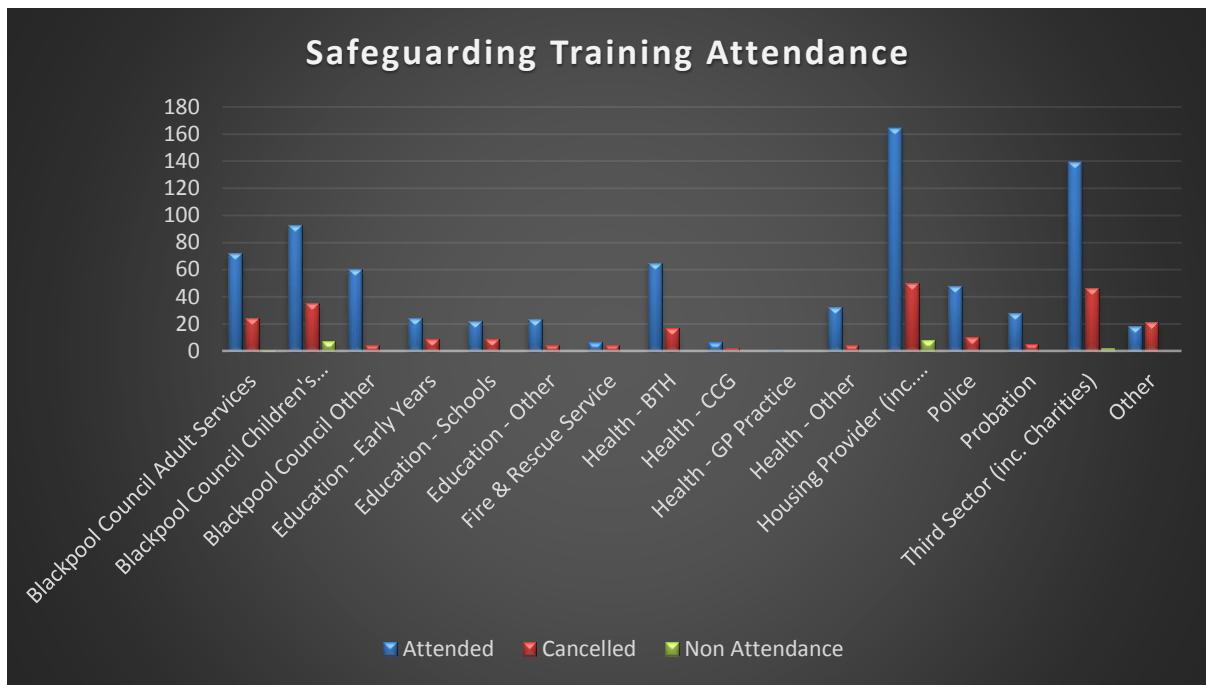
Some of the areas identified through the Training Needs Analysis, included potential new topics identified as the, use of interpreters, advocacy, achieving best evidence, adverse childhood experiences and Making Safeguarding Personal (MSP).

Training Course attendance

Training attendance had improved over the last year compared to 2016-2017, while the number of cancellations prior to the day and non-attendees on the day had both reduced. However, there remained a significant number of cancellations and non-attendees which both cause an administrative burden and waste spaces that might have otherwise been filled. Attendance at some courses were reducing, with a number running recently with fewer than twenty people on a session. Members were asked to encourage staff to notify the Safeguarding Board Team if they were unable to attend training to avoid charges.

Overall, it was recognised that training was delivered to 200 more staff than the previous year, notably, attendance from Probation colleagues had risen. It was found that courses were not attended to capacity, despite often being over-booked and that this was seen as a wasted resource.

The 'Workshop to Raise Awareness of Prevent' (WRAP) training was proving problematically low, which was felt to be due to the majority of practitioners who required this training having already attended it. Care Homes were recognised as the biggest non-attendees from September to November 2018. There were improvements in gaining income and reduced non-attendance although some delegates were still failing to attend courses.



Courses	Number of Sessions	Attendance
Adults Multi Agency Safeguarding	3	65
Dementia Awareness	3	27
Domestic Abuse Awareness & Referral Pathways	2	40
Domestic Abuse Awareness & Referral Pathways	2	39
Domestic Abuse: Analysing the impact	1	19
Fire Safety	4	46
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4.2 Pan Lancashire Communications and Engagement Group

It was agreed that Pan Lancashire Communications and engagement activity would link into the Blackpool Training and Communications Sub-Group. Five pan Lancashire campaigns would be undertaken, with the first being a back to basics campaign highlighting the role of Safeguarding Boards. The role of the pan Lancashire group was to promote the awareness of safeguarding. It was recognised that public awareness raising was needed as the website and training offer were geared toward professionals. All agencies were welcome to attend the pan Lancashire meetings.

A logo for use in Pan-Lancashire awareness campaigns was developed as a common design for use in campaigns involving the Adults and Children's Safeguarding Boards from Blackpool, Blackburn with Darwen and Lancashire. The logo would only be used for Pan-Lancashire public campaigns and that area specific literature and campaigns would retain individual logos. The logo had been developed after careful consideration involving all the Pan-Lancashire Boards. Leaflets were produced for the public which outlined the role of the Boards and actions to tackle abuse. A Safeguarding Conference was held in November 2018 to raise awareness of the Exploitation of Adults and Children. A Domestic Abuse campaign was delivered in autumn 2018, to launch the new domestic abuse framework. A modern slavery awareness campaign is planned for autumn 2019 in Blackpool. This will be delivered in partnership by the PLASP and Blackpool Safeguarding Adults Board.

The Pan Lancashire group had identified five key priorities for Safeguarding Boards, including;

- Learning from Reviews,
- Engagement with Service Users
- Engagement with the Seldom Heard
- Communications Pathways and Strategy
- Key Messages and Themes

Blackpool is leading on the 'Engagement with service user's' priority. ([Pan Lancashire Safeguarding Boards Communications and Engagement Strategy](#))

4.3 Case Review Subgroup

The purpose of the Case Review subgroup is to deliver the primary mechanism by which the Board 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.

Safeguarding Adult Review Protocol

The Safeguarding Adult Review (SAR) guidance was reviewed by the Business Development Manager, and the Protocol was adopted at Pan-Lancashire level. The document forms part of the Pan-Lancashire multi-agency policy and procedures, and was approved and agreed by the Pan- Lancashire Safeguarding Adults Boards. The Board have not undertaken any SAR's during 2018-19. However, the SAR briefings continue to be delivered based on Pan Lancashire and national SAR's, and based on identified key and emerging themes. The protocol is referred to in the briefing session.

Learning from parallel processes

Consideration continues to be given to 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). Each process may review cases and issues from different perspectives but highlights the importance of working together to ensure consistency between parallel processes.

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.

Shared learning with the Coroner

A working relationship with the Coroner for wider learning to share information continued, to 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 originally established with the Board for information to be shared on cases which may be of mutual interest.

Learning Disabilities Mortality Review (LeDeR) Programme.

The Board continues to have an interest in this piece of work, being led by NHS England. 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. 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 as the resource was significantly low for the amount of work required. The Board requested to remain updated on progress and developments.

Blackpool Drug Strategy 2017-2020 and Action Plan

Public Health highlighted the need to raise awareness of drug related deaths in Blackpool. There were two stands 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. This work could potentially link in with the SAR briefings to prevent drug related deaths, which has been recognised as an area of growing concern.

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 B.

Consideration of potential SAR's during 2018/19

The Board had received one SAR referral during this period, from another area.

Adult D

This case was referred to Blackpool from another area. The referring Safeguarding Adults Board had carried out their own review and produced a report. The report was shared along with the findings which had identified some potential learning for Blackpool. Although, the circumstances did not meet the Care Act criteria, as the Perpetrator was a Blackpool resident and not the Victim. The Blackpool Board considered this case, and found that all the relevant agencies had worked well together. They found the decision of one professional may have contributed to the result of the perpetration, but not through the actions of the agencies involved. The organisation responsible for the professional in question, had provided reassurance to the Board that it had been addressed internally.

4.4 QAPM Sub-group activity

The Performance Sub Group is responsible for ensuring that Blackpool Safeguarding Adults Board has a clear quality assurance framework. The new performance monitoring system was adopted and the group agreed to revise their terms of reference in March 2018. It delivers a range of business as usual matters, including management of the performance data and intelligence, assurance activity, including outcomes to consider qualitative data. The Safeguarding Adults Board's quality assurance framework details domains of quality assurance that the Performance Sub Group uses to measure safeguarding effectiveness across the partnership. Throughout 2018/19 the Performance Sub Group requested, received, and was scrutinised information in line with the quality assurance framework including performance data, narratives, audits, training and where highlighted issues of interest were reported to the Safeguarding Adults Board.

5. Partner activity

Blackpool Council – Adult Social Care

Adult services continue to work with local partner agencies and organisations to try and improve local safeguarding arrangements. Adult Social Care recruited a Head of Safeguarding in October 2018, part of whose responsibilities involved developing this area.

Data collection regarding safeguarding concerns raised with the local authority and how these were dealt with, including those that went on to become s42 enquiries, has been refined in line with ADASS guidance to make more meaningful national comparisons between areas, (dependent of being adopted nationally). Comparative figures for all Local Authorities are published annually on the NHS Digital website.

A regular qualitative peer audit system was put in place to look at safeguarding practice, and was used to consider any practice improvements arising from these. A senior managers' audit process is being developed, with similar aims. The use of the decision support tool was evidenced and described as proving helpful to some organisations and providers in clarifying whether to raise safeguarding concerns

A dedicated social worker with safeguarding lead expertise has been working within the contract monitoring team, (the local authority team that monitors regulated care providers in Blackpool, both residential/nursing homes and domiciliary care agencies). There have been identified benefits to this, both providing support for local social care Providers for advice and assistance, and in acting as safeguarding lead for the safeguarding concerns raised in regulated services. This has offered a degree of consistency and continuity which had been missing.

During the last two quarters of the year, adult social care received a significant increase in the number of concerns received over the same period last year. This can be explained in part by a number of factors: better awareness and information sharing

with providers; a greater understanding of what might constitute a safeguarding concern through increased use of the Decision support tool; the numbers of anonymous safeguarding concerns from care homes where a particular individual is not identified so the default position is safeguarding concerns apply to the number of beds there are in the care establishment.

There appear to be a low number of domestic abuse cases being referred into ASC, and work continues to try and understand why this may be.

Whilst the overall numbers remained relatively small, there was an increase in the numbers of people who lack capacity in relation to a safeguarding enquiry who needed to be supported by advocates. Not all of these people were able to receive the allocation of an advocate. This has highlighted some shortages in the provision of formal advocacy services. The commissioning team are working on improving the availability of advocacy services in line with statutory Care Act requirements.

The Making Safeguarding Personal guidance is a key part of the audit arrangements in place. Variations in the recording of whether people had information recorded regarding their expressed outcomes has led to safeguarding leads receiving guidance to ensure that this is captured within the enquiries records. Guidance has also been issued to safeguarding leads to try and ensure that those involved in the enquiry receive formal notification for the outcomes, including any follow up actions. The data during this period showed that adults at risk who were referred to the council were supported to reduce or remove the risks to themselves in over 97% of cases.

Blackpool Coastal Housing

Blackpool Coastal Housing had undergone a restructure to include safeguarding as an essential element of roles to give the officers working with an individual who requires safeguarding assistance.

A high number of visits by BCH to properties in poor conditions, where tenants may be affected by neglect, hoarding and suffered from health or addiction issues. A report will be produced this year that will analyse and evaluate the work carried out by the Neighbourhoods team. This will evidence the effectiveness of the service in preventing issues from escalating into more serious problems requiring assistance from Adult Social Care and Mental Health services.

A review was underway into the services offered by BCH's Supported Housing teams. That included the Sheltered Housing service, Positive Transitions, More Positive Together, Resettlement Services and Care and Repair. A scope of works has been put together to review the demand for these services, especially for younger customers who need support to maintain their tenancies. The findings will be published later this year and findings will be shared with the safeguarding board and performance group.

BCH have reviewed their safeguarding policy to ensure it is in line with requirements. Systems were put in place to identify, report and support families in need of interventions such as Support Plans, Right Track and Early Warning processes. A booklet has been produced for staff to enable easy reference and BCH contractors to report and identify risks through the Early Warning process. A system was put in place to identify safeguarding needs within the in-house system. BCH consistently learn from cases but were not able to evidence this, and was identified as an area in need of improvement and systems were to be redesigned to reflect this. Supervisions would include a percentage of safeguarding audits in addition to current case load audits. Case Studies of work were carried out to improve outcomes for their customers. BCH evidenced that their contractors and in-house officers had a greater understanding of safeguarding due to their increase in the number of Early Warnings reported.

BCH carried out quality audit activity through 'Justification' exercises when taking legal action against customers with safeguarding concerns to ensure BCH had acted reasonably and proportionally when taking action against vulnerable adults. Improvements were made to internal recording of information.

A protocol is in place with ASC to discuss complex issues involving individuals. BCH made some changes to the way they record safeguarding data, including on the number of referrals made to agencies for substance misuse, self-neglect and financial abuse. This was being explored and whether the quality of this data could be improved. BCH were committed to improving the quality of the safeguarding information collected and how it could identify and compare trends. BCH aimed to evaluate and analyse the data to identify areas of good practice and for improvement. Due to raised thresholds in children and adult services, had impacted on BCH workloads and increased expectations.

Data was collated but it did not accurately reflect the demand on BCH services. For example, they carried out over 500 visits to households with potential safeguarding issues, within a six month period. BCH viewed this work as essential in preventing issues from escalating into causes for concern that could impact on Adult Social Care. BCH had increased capacity to deal with safeguarding issues and helped through the employment of an extra housing officer to deal with safeguarding related issues. BCH provided training to other services based on the Hoarding Toolkit created by BCH staff.

BCH CASE STUDY

Early Warning Referral - Mrs B

BCH received an early warning NOTIFICATION from the gas team (external contractor). Claire completed a tenancy audit and found Mrs B to be extremely vulnerable with no support from services and was partially blind living in poor conditions.

Since Claire had been working with Mrs B, and supported her to gain help from mental health and social services. Mrs B was supported from in house Homes Best to tidy

and clean round the property, referral made to SPA, referral made to sensory impairment for assessment around visual impairment, all through social services.

Claire also requested 'Vitaline' and key safe, and discussed ongoing services to maintain her environment with Mrs B and she stated that she was willing to pay a cleaner on a private basis.

Blackpool Teaching Hospitals (BTH)

Blackpool Teaching Hospitals had improved information sharing arrangements between agencies, including health providers and other health professionals, Primary Care and GP Practice to ensure support was timely, co-ordinated and consistent. Work has been undertaken with GP practices to develop a robust system for information sharing of significant safeguarding concerns, including IG and data protection legislation through information sharing protocols and procedures, including confidentiality and risk assessment. Attendance at MARAC, had assisted with the GP to share information that is quality assured and fed back. GP's were aware of vulnerable patients registered with their practice, and linked to the MARAC training. The number of contacts by GP Practice staff to the duty line for safeguarding advice and support are unable to ascertain as contacts were recorded with other Safeguarding enquiries. Emerging themes from advice episodes and complex cases delivered by named and safeguarding professionals on FGM and Domestic Abuse.

There remained a high demand for advice and support regarding Domestic abuse case within the organisation. BTH had a health IDVA in post to support staff and patients and raise awareness of domestic abuse. There were a number of enquiries made to the team relating to organisational abuse. It is likely that these will overlap with the enquiries regarding neglect and omissions of care.

The trust has identified a gap in data and are in the process of developing systems to capture s42 safeguarding investigations including those involving the trust.

The trust has reviewed all safeguarding adult training in line with the intercollegiate document published in 2018 and there is expected to be a change in compliance rates, particularly for Level 3 training. There was a training recovery plan in place and moving forward, level 3 compliance rates will be captured. There was a noted increase in identification and appropriate escalation of self-neglect cases. A total of 30 enquiries were made in Q1 and Q2 regarding self-neglect compared with 56 enquiries in Q3 and Q4. This has led to improved multi-agencies working which is now supported through the pan-Lancashire self-neglect framework.

Case study 1 – Patient 1 in a care home, was being seen by the wellbeing support team to help manage anxiety and reduce 999 calls being made by patient from care home (without staff knowledge). Patient disclosed she had given her bank card to a friend but they had not returned the card. Patient had no way of knowing how much money had been taken from her account. Attempts to contact the friend had not been

successful. Patient did not wish to involve Police and was deemed to have capacity to make that decision.

Safeguarding Plan:

- Inform bank of potential card misuse and check for unauthorised activity.
- Refer to Adult Social Care as potential financial abuse.
- Continue to attempt to contact friend to return card.
- Consider advocacy support / direct payments / budget planning to help patient manage money safely in the future.

Outcome: The Friend returned the card, no financial abuse appeared to have occurred. Adult Social Care and wellbeing support worker providing ongoing support to manage finances.

Case study 2- Patient 5 - (Blackpool) Complex and sensitive case. 25 year old female with profound disabilities cared for at home by mum.

Gradual concerns that mum may not be acting in the best interest of the patient. Disengaging from health professionals if they did not agree with her care plan. Declining nutritional support as felt certain products were 'poisoning' patient. Declining psychological support to meet her own needs. Ultimately refused to provide rescue medication during seizures as felt the medication was 'poison'. Would only administer Schedule one drug bough over the internet.

Safeguarding Plan:

- Admitted to hospital as place of safety
- Hospital staff liaised with Learning Disability Team to formulate care plan and discuss plan going forward.
- Hospital staff vigilant during visiting times – nursed in viewable bed space as clinically appropriate.
- Mum supervised during medication administration.
- Opportunity taken for neurology review whilst in hospital. Also received input from dietician and occupational therapist.
- Close attention paid to pressure areas, ensuring suitable mattress / PAC etc. Known to District Nurses - ? Prescribed medi-honey.
- Application made to Court of Protection resulting in patient being transferred to residential placement whilst multi-disciplinary discussions took place (including mum as part of the process) to determine best way forward.
- Application made to the Home Office to request leave for schedule 1 drug be prescribed as deemed to be clinically appropriate.

Blackpool Clinical Commissioning Group (BCCG)

BCCG as a commissioning organisation do not collect section 42 enquiry data because this is an operational safeguarding function with performance data collected within the provider services commissioned by the BCCG. Quarterly reports were received from the larger providers which encompass the requested information and

an annual safeguarding audit to seek assurance that BCCG commissioned organisations are undertaking their safeguarding responsibilities. The one provider service that sat within BCCG was the Continuing Health Care (CHC) Team. Social workers are co-located within the team, all safeguarding referrals go direct into adult social care and hence were counted in Social care figures. CHC safeguarding activity data was not collated separately to avoid a duplication of data collection.

BCCG seeks assurance annually from all contracted adult services, that mandatory adult safeguarding training is undertaken. Adult facing service within the BCCG (Continuing Health Care Team) are trained. All training was monitored by the safeguarding team and reported into the Safeguarding Governance Meetings which are held quarterly. The training compliance target is 85%. Service user feedback was collated by provider services in different formats and audited yearly as part of annual safeguarding audit reviewed their safeguarding supervision model. Supervision allows reflection and learning on practice to embed safeguarding within practitioner roles. Safeguarding supervision took place in management 'one to one' meetings and through case discussions as necessary. To ensure adequate provision of safeguarding supervision, plans were progressed to commence group safeguarding supervision in Q3 facilitated by the Deputy Designated Nurse for Safeguarding. This would allow for case discussion and learning from reflective practice and highlight any areas of training need.

BCCG introduced Safeguarding GP Leads forums for primary care facilitated by the Deputy Designated Nurse for Safeguarding BCCG. These events were aimed at providing a forum for primary care to share best practice around safeguarding and to facilitate consistent safeguarding practices and processes. The forums assist with continual professional development in safeguarding and to date speakers have attended to raise awareness of the risks of radicalisation, Loan Sharks and safeguarding processes.

During this reporting period, the long standing BCCG Board representative retired and Board thanked her for her contribution to the work of the Board.

CL-Community Rehabilitation Company (CRC)

The CRC classified a huge number of their service users as vulnerable adults in relation to mental health, drug use, alcohol use, social exclusion, lack of or poor accommodation, criminal record, lack of employment or other useful activity and financial problems. However, it would be unlikely that most of our service users would meet the official Care Act criteria of 'vulnerable adult' under the S.42 definition. It would be unlikely that the CRC would make referrals to adult services.

Services would not be requested from the agency but rather delivered via court orders and prison licences on a statutory basis.

A domestic abuse perpetrators programme and specified activity requirement and during Q3 and Q4- 4 men in Blackpool participated. For perpetrators who undertake

the programme a women's support worker was available for their partners and provided by the CRC. The CRC attended and contributed to MARAC meetings regularly but did not keep specific data on numbers of meetings attended or cases discussed.

The CRC acknowledged that evidence of Domestic Violence checks needed improvement, and were not undertaken in 57% of cases. The risk and public protection lead (Deputy Director) with Lancashire Police, have developed a more efficient information sharing procedure. The CRC found through internal audits that cases were not managed in line with current safeguarding practice in almost 60% of cases. ROs need further safeguarding training, if required, bespoke training. All audits inform development activity and advise training partners to match the needs of CRC. Ongoing audit of cases is undertaken to evidence improvements. Overall safeguarding practice needed to be enhanced but there were areas of good practice.

A drug rehabilitation requirement and an Alcohol Treatment Requirement were ordered via the courts links relevant service users into supervision by the CRC and substance misuse services. All CRC practitioners in Blackpool received safeguarding training, supervision, and ongoing training in house or through the BSAB. Safeguarding adults training includes substance misuse training, emotional resilience and domestic abuse.

Through audit activity of the Death under Supervision Reviews whilst subject to supervision, the CRC identified the need for: a documented handover when cases were transferred, good evidence of a supportive approach, management oversight when required and this was well-recorded. Most cases had accurate risk registers, flexible and sympathetic approach to service users' often challenging circumstances. Pro-active liaison with mental health services, timely referrals to partners, assessments completed on time, to ensure the sentence plan delivery is prioritised and evidenced in the case record. To aid the embedding of effective practice, areas of good practice were shared with practitioners via training, development and communication with middle managers. Mandatory Professional Practice Workshops have refocussed staff on the requirements of good practice in the CRC.

A new internal QA process was developed and ratified by the Senior Management Team and middle manager group. This included more frequent oversight and auditing of a greater number of cases to be undertaken by all middle managers and overseen by the Senior Management Team. The auditing of cases was ongoing and routine practice in the CRC and whilst the case audits were often not specifically aimed at adult safeguarding issues, these would routinely be identified within any case review. In order to improve their work with vulnerable young adults, one of our Blackpool ROs was on a placement at BYPS. The availability of training at regular intervals either in house or from the BSAB has helped in respect of safeguarding adults, and included substance misuse training, emotional resilience and domestic abuse. A volunteer and mentoring service was in place which could be used to offer additional support to

vulnerable service users. The CRC has put together a policy document in respect of safeguarding adults which was available for all practitioners and managers.

Lancashire Care Foundation Trust (LCFT)

LCFT focussed upon improving the information available to the Safeguarding team to support the safeguarding of children and adults at risk and improve practice. Safeguarding performance was monitored by commissioning CCG's on a quarterly basis via the LCFT Safeguarding Group, contractual arrangements and performance meetings. During 2018/2019 the Trust Safeguarding Team have worked closely as a statutory partner with the Children and Adult Safeguarding Boards in line with the complex changing landscape of children and adult safeguarding arrangements. We remain core members of key multi-agency arrangements, including MARAC (Multi-Agency Risk Assessment Conferences), MASH (Multi-Agency Safeguarding Hubs), MAPPA (Multi-Agency Public Protection Arrangements) and the Channel Panel.

Safeguarding activity across the organisation is increasing, demonstrated by a significant increase in the information being shared, referrals, concerns and daily contact to LCFT Safeguarding Team for advice and support.

The effectiveness of safeguarding systems is assured and regulated by several mechanisms including:-

- Internal assurance processes via LCFT Safeguarding Group Quality and People Committee, and Quality and Safety Sub Committee.
- Partnership working with the Adult and Child Safeguarding Boards.
- External regulation and inspection.
- Local safeguarding reviews and assurance processes, implementing learning from Safeguarding Practice Reviews (SCRs), safeguarding Adult Reviews and Domestic Homicide Reviews (DHRs) to support our drive to learn and continually improve safeguarding practice.
- Effective contract monitoring through quarterly reporting to the NHS Clinical Commissioning Groups
- The NHS Accountability and Assurance Framework submission and monitoring

LCFT has integrated the Local Safeguarding Adults Board (LSAB) priorities and plans in determining its own strategic plans to protect adults from abuse and neglect within the networks, also incorporating plans into their business, reporting progress to LCFT Safeguarding Group. The Safeguarding Group performed an assurance function to ensure increased assurance in safeguarding practice that is embedded across clinical practice which can be evidenced within the network governance arrangements. Training was provided on 'Making Safeguarding Personal' and following the publication of the Adults Intercollegiate document Safeguarding and MCA leads reviewed the training model to ensure that training is better targeted to staff according to role, knowledge and competency requirements commensurate with individual's occupational role and responsibility: This approach has significantly increased the overall levels of Safeguarding Adults and MCA compliance across all LCFT networks.

The Safeguarding Team continue to provide support to staff working within inpatient and community mental health services across the locality, regular meetings take place between the LCFT team and principal social worker to strengthen partnership working and application of safeguarding processes .

The LCFT Safeguarding Vision for 2019-22 was revised. A ‘Making Safeguarding Personal’ review and assessment was undertaken of adult safeguarding practice in relation to making it personal against the ADASS MSP Audit Frameworks. LCFT were keen to understand the safeguarding journey and impact on service users and their families, and recognise how practice and understanding of safeguards can significantly influence the power imbalance and circumstances. Learning from Safeguarding Practice Reviews for children and Safeguarding Adult reviews is disseminated via learning briefs across the whole organisation. Recent learning included use of interpreters during assessments and asking about carer’s responsibilities at contacts/referrals, and ensuring complex cases are discussed in Multi-disciplinary team meetings.

During 2018/19 the Safeguarding and Quality Improvement team have commenced a Quality Improvement project to strengthen staff awareness, knowledge and confidence in holding conversations in relation to routine enquiry of Domestic Abuse. Some key successes have been achieved through collaborative working, with an acute health provider and Lancashire Constabulary. There has been a development of a clear pathway for patient attendance at the local Emergency Department, and the launch of a joint Hate Incident and Crime Procedure with Lancashire Constabulary. The latter has been acknowledged Trust wide – winning the Diversity and Inclusion Staff award and put forward for the NHS Parliamentary award (Wellbeing at Work). Trust wide policy and processes for tackling Hate Crime are being taken forward.

National Prison and Probation Service (NPS)

The National Prison and Probation Service (NPS) had made referrals to mental health and substance misuse services. However, the NPS case recording system did not allow to identify the numbers or types of adult safeguarding referrals made. Referral and access to such services were monitored through staff supervision and management oversight of cases. Flags were used to highlight safeguarding concerns on the universal contact record but was unable to identify when referrals were made. NPS were funding 2 admin workers for the MASH and were informed daily in cases where a PVP was submitted by the police in relation to any of the offenders supervised. The NPS was committed to release middle managers, senior managers and other probation staff to attend Safeguarding Board meetings relevant to the NPS. The ACO has chaired the SAR sub group on behalf of the Board for the last 3 years.

The NPS manage statutory orders but cannot control the demand from the Courts. They have used a work load measurement tool which is able to indicate the demand

on officers' time based on work carried out. Establishment figures are based on workload demand. These figures are reviewed and updated annually.

There are ongoing challenges with regards recruitment of Probation Officers, workload was high amongst this staffing group in particular, with improvements over the last six months. Action was taken to mitigate this risk, as Probation Service Officers were appropriately used within Case Support roles and undertaking wider duties. There was a relative improvement at the Blackpool Office as there had only been 2 agency employed Probation Officers in post.

There had been a good use of interventions offered by CRC who provided valuable services to address offending behaviour, manage risk and support reintegration. The HM Inspection report highlighted and commended the NPS for the provision of outstanding support for victims.

Blackpool Probation offices were part of the Lancashire project to improve engagement for people with Autism. Autism Standards Project has been awarded accreditation from the National Autistic Society. Significant work was undertaken to develop staff knowledge with regards understanding Autism, accessing diagnosis, and support. Evidence identified within this assessment indicates that staff now have a greater understanding of Autism and Learning and Disability more generally, the impact on service users lives, experience of the Criminal Justice System, and appropriate reasonable adjustments. Autism Champions were placed in all Offices who continued to share their learning and was cascaded with arrangements for ongoing support. NPS were successful in their assessment by the National Autism Society and were the first Probation area in the country to receive the award.

NPS supported the MARAC and MASH review with a staff member seconded to the review, and had continued to fund 2 admin workers for the MASH. As a result of MASH changes PNC was now checked only for the suspect, as such no longer able to identify situations where service users are the victim or present within the incident. The PNC check in advance of sending PVP to partners has resulted in a significant reduction in the number of PVP's processed. This was considered positive in terms of managing demand, there was a concern that NPS are not aware of incidents in which service users who may be subject to Probation supervision are present or a victim. Each OASys assessment in which High risk of serious harm was identified was countersigned by a Senior Probation Officer to assure of quality. For Probation Service Officers, all OASys assessments require countersignature. Management Oversight meetings are undertaken for all service users identified as posing a high risk if serious harm, if subject to an indeterminate sentence.

Multi agency working is used to monitor and manage risk and need within our agency. Training in safeguarding has been refreshed for all staff and new training on multi-agency practice and information sharing to help with reduced risk and need. SAR and DHR learning outcomes are shared in teams. More stringent Management Oversight arrangements have been implemented within the NPS North West Division. Clear and

time scaled Domestic Abuse action plan and progress towards priority objectives were monitored at the North West Domestic Abuse Leads meeting. NPS continued to be represented on the Claire's Law Panel at Senior Probation Officer level. Guidance was being developed to assist staff managing stalking and harassment cases.

Lancashire Police

Lancashire Constabulary is committed to Safeguarding; providing a victim focused service that identifies vulnerability, pro-actively addresses the needs of the individual and engages with our multi-agency partners to ensure the correct support at the earliest opportunity. The Headquarters Public Protection Unit is the strategic arm to provide guidance and steer, ensuring that officers are correctly informed on procedures and policy within areas of business contained within the field of Public Protection. These areas are in terms of Adults, Domestic Violence (DV), Forced Marriage, Missing Person (Adults), FGM, Human Trafficking, Sex Workers, Rape and an all-encompassing category, covering all identified adult vulnerability situations. .

The audits undertaken in West BCU by Chief Inspectors have been valuable to assess safeguarding practice, outcomes and multi- agency working. Overall since the start of 2018, the audits show good grading improving and inadequate cases falling. Vulnerable Adult Abuse investigations of a criminal nature are dealt with in the main, by the investigation hub.

Lancashire Police Case study: Making Safeguarding Personal

WEST case as follows:

Female who is in her late 70's, lives alone with her son who is profoundly deaf, makes 16 calls to the police in the 5 days. All calls made by female are in respect of her adjacent neighbours, who are shouting through the walls that they are going to come round and set her house on fire, throw acid in her face, rape her, fire bomb her house, come round with petrol and obtaining a fire arm.

The Officer in the case, spoke to all parties, giving them to opportunity to speak and for him to have the time to listen. It became clear that the accusations made by the elderly lady were unfounded and actually impossible to have taken place given the related circumstances. Indeed the neighbours were concerned for the welfare of the lady given the allegations that were being made against them. Indeed upon researching records there was evidence to highlight similar acquisitions made by the lady approximately a year ago, which again were found to be totally without substance.

As the officer became more concerned with the general health and welfare of the lady, they even suggested that an appointment with her GP may be in order as he felt (although not medically trained) that there may have been early dementia symptoms and possible urine infection, which they felt could lead to the hallucinations.

The Officer took it upon themselves to make contact with Lucy's daughter and asked if she can speak with her mum with the view of seeking a general health check-up and

in particular, for them to consider the two above mentioned areas. The Daughter agreed to do this.

Although the officer did feel that there were issues with the allegations presented by the lady in question, they made a request for Environmental Health to install sound monitoring equipment as a matter of urgency placed 28/03/2019; as this will rule out for certain, any issues of noise and anti-social behaviour. As such, these actions not only addresses the possible health and wellbeing, it also covers the points raised by the complainant and will hopefully establish the true situation for possible further action and making this form of action personal to the Lady. Adult Social Care have also been made aware of the full circumstances.

The West Exploitation Team at Blackpool have been implemented and have tackled modern slavery in Blackpool and the surrounding areas. There were a number of multi-agency brothel visits in Blackpool to identify sexual exploitation. The partnership involving the police, community safety team and outreach support workers is becoming very effective and skilled at tackling potential incidents of sexual exploitation in Blackpool.

Adult human trafficking referrals have increased over the last year, which reflected a greater understanding from partner agencies through the training delivered and PLASP (Pan Lancashire Anti-Slavery Partnership). There was an increase in reporting from the public and Partner agencies now reporting include DWP, local authority, environmental health, fire, health and HMRC. All categories of exploitation have been reported in this time period with the exception of domestic servitude. This type of exploitation remains hidden and is under reported. In this time period we have continued to raise awareness. The OPCC along with police, held a multiagency table top exercise in January 2019 to promote joint working between agencies. In March, a jointly held business event for Lancashire businesses to raise awareness of how modern slavery can be found in their supply chains.

The demand on Lancashire Constabulary to attend to mental health related incidents was analysed recently in a study which found that in 2018 there was between 9-10% of all Police demand where MH could have been a factor. There are ongoing concerns about the level of demand on the police especially due to services in this area being stretched. The police had been transporting patients to hospital rather than fulfilling their core role. This practice was not supported and was harmful to many patients at a time of crisis in their life and undignified. As a result, processes and agreements were developed to prevent practice which is not centred on the needs of patients.

Training materials and access to external support via the BSAB websites have enabled MCA training to be delivered to officers through a number of continuous personal development arenas. This form of training was further supplemented by additional training delivery within the training package provided by a SPOC for Mental Health to new entrants. Further training is currently being developed with the assistance of CQC, who have agreed to deliver local based sessions to both Detective and uniform officers.

The Pan-Lancashire Vulnerable Adults Partnership meetings have been chaired by HQ Public Protection Unit for the last 2 - 3 years, bringing together Adult Social Care leads within each of the Local Authorities, together with CQC, Health and supervisory attendance from each of the Intelligence Hubs, who represent vulnerable adult (VA) investigation. This meeting provides an opportunity to share best practise and consolidate work on a Pan Lancashire footing.

Lancashire Police QA Activity involved considerable work that has been on-going within the Rape investigation agenda. The findings from a number of cases assigned to audit/review highlighted that improvements were required in, the recording of a rational decision making on case files, correct procedure for closure needed to be consistent across the county, increased awareness of officers regarding digital disclosure requirements for case files and a requirement to improve the pathways for third party material submission.

Various actions were undertaken to address this, through a targeted audience to maximise the learning and awareness raising. Events commenced in October 2018. The HQ – PPU Dip sampling of ‘live’ cases regarding VA investigation and association with ‘The office of Public Guardian’- All cases were found to be aligned correctly and communication was taking place between organisations. Quarterly Rape scrutiny meetings examined cases brought to the meeting by external partners who engaged with rape investigation, such as the CPS and support agencies to identify and areas for development or gaps in provision for the victim/survivor. Good working relationship have been established between the investigating officers and Disability and Autism Team, Blackpool ASC and the CQC. Increased public confidence in how the initial contact with the police will be victim focused, offering the correct external support (ISVA) from an early stage of any investigation may have contributed to the increase in the reporting of rape.

NHS England and NHS Improvement

Direct safeguarding referrals are generally made through primary care, CCGs and health care providers, but NHS England and NHS Improvement (NHSE&I) also generates its own safeguarding referrals especially in relation to issues and/or concerns arising from complaints. Although staff are not front line practitioners per se all NHSE&I staff are required to undertake safeguarding training commensurate to their roles and responsibilities.

Lancashire and South Cumbria Safeguarding Integrated Care System (ICS) network has been identified nationally as an area to support the development of a transformational model of safeguarding across the ICS. A working group has been formed to develop the proposal for change and a subsequent implementation plan. There is a clear commitment to a combined adult and children system wide approach to safeguarding across the ICS.

NHSE&I must provide protection for patients from any primary care performer who is not suitable, or whose efficiency to perform those services may be impaired. NHE&I's central role is to ensure that the NHS delivers better outcomes for patients within its

available resources. The performer's list system supports NHSE&I in the delivery of this central role to ensure a consistency of primary care service delivery, to ensure that services are safe and effective and to ensure continuous improvement of quality. A requirement on safeguarding is included in all contracts issued to health care providers by NHSE&I ensuring that all contracted providers have completed safeguarding training appropriate to their role and are aware of requirements to identify safeguarding issues and reporting procedures.

Lancashire Fire and Rescue Service (LFRS)

An overview of the LFRS Safeguarding activities included Safeguarding Adults Referrals made in March 2018, were 43. By March 2019 this had increased to 108, demonstrating over a 100% increase in referrals.

LFRS deliver safeguarding training, which is mandatory through an eLearning programme which had been completed by the majority of staff in the Service. This included staff in development, support staff and all grades/rank. A senior LFRS officer attended the NFCC Safeguarding Group and was in the process of completing the NFCC Safeguarding Assessment Toolkit on behalf of LFRS.

LFRS have raised awareness of safeguarding through the Safeguarding Service Order, which had been updated and the referral process flow had been sent to all Stations to display on their Notice Boards. Four Routine Bulletin articles had been issued between January and March to raise awareness about Safeguarding and the process to follow. A Safeguarding Toolbox Talk had been developed which had been presented to all the new Whole time Recruits and to all CFS Staff at the Prevention Seminar. The CFS Teams disseminate this to Operational staff in their Areas.

All referrals were quality assured by the Prevention Support Team and any that required clarification were returned to the originator and line manager to reiterate the correct process flow to follow. Offers to provide talks to staff had been made, and continue to be made, by the Prevention Support Team members.

Blackpool Carer's Centre

The demand on services is increasing each year for Blackpool Carer's Centre, due to high numbers of new referrals entering the service, along with carers already known to the service reaching a new crisis point or change in circumstances resulting in them re-accessing our support. A numerical increase has been noted in carers accessing support from the organisation, had seen an increase in complexity of the support needs which carers present with. It was important to note, just 1% of current service users fall into the safeguarding categories provided.

The Carer's Centre service operates proactively, dealing with issues as they arise and designing an individual support plan in partnership with the carer, aimed at tackling their most pressing issues or areas of most need.

Their support is delivered under a time limited model, aimed at achieving specific outcomes for each individual whilst minimising service dependency. This delivery model has coped well with the increase in case complexity, in terms of retaining a low level of safeguarding concerns. As a third sector organisation, the most pressing risk to their business continuity is the sustainability of funding. Short term commissioning and an increase in the level of competitiveness for grant funding, represent difficulties in strategic planning over the medium and long term.

Healthwatch Blackpool

Healthwatch Blackpool were actively involved and attended multi-agency meetings for safeguarding led services and were actively involved in the task and finish groups for developing the policy and procedure for Self-Neglect and Hoarding, and ensuring representation from people who have lived experience of self-neglect and hoarding. Three new volunteers completed safeguarding training, through the online I-pool training and the Engagement Manager attended the BSAB Multi-Agency Safeguarding Training. Healthwatch Blackpool appointed a Data Analyst to collate and present feedback from local citizens regarding their experience of health and adult social care services across Blackpool. The reports would offer an alternative perspective to that of the provider, commissioner and regulator and provides the Board with information that should flag good practice and highlight early on issues with service delivery, ultimately to avoid instances of potential safeguarding and offer mechanisms for learning.

Healthwatch Blackpool have worked on a project to identify the needs of people receiving care in their own homes. This information could be utilised to inform commissioners of the ‘wants/needs’ of service users and their families. The information shared could highlight good practice and concerns that if addressed early would prevent potential safeguarding issues being raised. Other potential opportunities for learning may arise from the following Healthwatch projects such as, access to cervical and breast screening for women with learning disabilities and ‘Hear my/our story’, where case studies highlight real life experiences of service users.

([Healthwatch Annual Report](#))

What's next for 2019/ 20

There have been some key emerging themes that have been brought to the attention of the Board over the last year. Board Partners have highlighted the below areas to be considered as potential priorities for the new Business Plan in March 2020.

Pressure Care – transfer in care settings

A short term task and finish group will be set up in the autumn of 2019 for relevant agencies to join the subgroup, such as tissue viability nurses and care home representatives. This group will review and update current tools and materials available to staff to support those with pressure care needs. The aim is to ensure information is shared across the local system to prevent, and where necessary, address poor quality of care issues to enable a proactive approach to maintaining high quality of care in relation to pressure care and transfers in residential and nursing care settings.

Adult exploitation - Cuckooing

The term “cuckooing” refers to the process by which a person exploits a resident’s vulnerability and/or threatens violence, in order to use their premises for criminal acts. Individuals may be targeted as a result of a learning disability, physical disability, mental health, substance misuse, frailty or age etc. (this list is not exhaustive). The exploitation can include: grooming, forced entry to the address, property being taken over by others, keys being taken, the resident being coerced or forced into criminality, encouraged to use drugs, the “payment” for use of the address with drugs (or the supply of drugs at reduced cost), sexual exploitation and physical abuse. It is important to highlight that children and young people can also be victims, through living in the same address, sexual exploitation or as a result of being coerced into gang activity. There is a need to review the current process of referrals and ensure pathways are suitable for agencies to use. We should aim to raise awareness across practitioners and public of what cuckooing is and who may be affected by this and to ensure that we have transparent systems to address and act on cuckooing.

Modern Day Slavery

The work on modern day slavery continues with the aim of developing effective multi-agency plans for safe, quality and timely responses to create positive outcomes for victims by enabling identification at the earliest point. We will achieve this by raising awareness across the partnership and supporting communities to counter modern slavery through equipping key professionals, community members and residents to understand what modern slavery is in the broadest context and how to respond. The Pan Lancashire Anti-Slavery Partnership (PLASP) continues to be supported by the Safeguarding Boards, and the use of the PLASP toolkit and training offer for professional to identify and respond to victims will continue.

Complex vulnerabilities

A Complex Vulnerabilities Panel will be established in autumn 2019, to consider how services interact with individuals who possess complex safeguarding issues but do not meet thresholds for formal intervention, under statutory criteria covered by s.42 Care Act. The aim is to consider the roles and responsibilities of all agencies to work together so that every vulnerable adult in the borough has the best possible outcome. The work will include embedding this into practice within all agencies.

Appendix A

BOARD MEMBERSHIP

<u>Criminal Justice</u>	National Probation Service Community Rehabilitation Company
<u>Emergency Services</u>	Lancashire Police North West Ambulance Service Lancashire Fire and Rescue Service
<u>Health</u>	Blackpool Clinical Commissioning Group Lancashire Care Foundation NHS Trust Blackpool Teaching Hospitals NHS Trust NHS England
<u>Local Authority</u>	Adult Social Care Commissioning Public health Public protection unit
<u>Housing</u>	Blackpool Coastal Housing
<u>Elected Member</u>	
<u>Service User Voice</u>	Healthwatch Blackpool Carers Centre
<u>Education</u>	Blackpool and the Fylde College

Appendix B - s.44 Care Act – Safeguarding Adult Review criteria

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

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Agenda Item 10

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting:	7 January 2020

SCRUTINY COMMITTEE WORKPLAN

1.0 Purpose of the report:

- 1.1 To review the work of the Committee, the implementation of recommendations and receive an update on the briefings received on Head and Neck and Vascular Services and Stroke Improvement.

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.
- 2.3 To note the update from the presentations on Head and Neck and Vascular Services and Stroke Improvement.
- 2.4 To note the outcomes of the policy development session held on the Alcohol and Drug Harm Reduction Strategies.
- 2.5 To appoint three Members from the Committee to be involved in the Community Engagement policy development cross-committee meeting on 30 January 2020 4pm.

3.0 Reasons for recommendations:

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

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

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

- 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

The Committee's Workplan is attached at Appendix 10(a). The Workplan is a flexible document that sets out the work that will be undertaken by the Committee over the course of the year, both through scrutiny review and committee meetings.

Committee Members are invited to suggest topics at any time that might be suitable for scrutiny review through completion of the Scrutiny Review Checklist which is attached at Appendix 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.

5.2 Service Updates

5.2.1 Head and Neck and Vascular Services

Representatives of the Committee were informed that Head and Neck Services and Vascular Services were both under review due to their specialist nature. These acute services had been impacted by a shortage in specialist workforce and had been delivered in too many places resulting in financial challenges. Both Services had therefore been identified as 'fragile' services requiring review.

Members were informed that staff and patients had been invited to events to gather input into the service redesign and that patients had been surveyed at every site currently providing the services. The number of patients from Blackpool being treated in these services at any one time was very low, approximately 40 patients in Head and Neck Services and 400 in Vascular Services.

The proposals for both service areas involved creating specialist inpatient facilities in one or two hubs across the South Cumbria and Lancashire Integrated Care System. The remaining hospitals would continue to provide outpatient care meaning that patients would only need to travel to the specialist hub when in receipt of inpatient treatment (surgery). The Committee representatives noted the options available for

each service and noted the importance of ensuring patients received the right treatment in the best possible way resulting in better outcomes.

It was agreed that an update would be provided to Members following the end of the consultation period when a preferred option for implementation had been identified.

5.2.2 Stroke Improvement

Members were informed that Stroke Services had been recognised as poor in the area since 2009. Acute services were currently provided in Barrow, Lancaster, Preston, Blackpool and Blackburn with additional rehabilitation facilities in Pendle, Chorley and Kendal. There was now a focus on continuous improvement and there had been a lot of innovation in service provision over the previous few years.

It was noted that there had been 510 confirmed strokes in Blackpool in the previous year. A higher proportion of people having strokes in Blackpool were young in comparison to other areas. There were also a large number of 'stroke mimics' in Blackpool, two for every confirmed stroke.

The representatives of the Committee highlighted a number of concerns in relating to stroke services, noting that speed was a key factor in ensuring recovery from a stroke. Challenges in the number of specialist staff and emergency transportation were also considered. It was reported that all stroke consultants at Blackpool Victoria Hospitals were currently locums, although one had been at Blackpool for a number of years and had been taking a lead in service provision. It was also reported that specialist stroke nurses operated in the emergency department.

Focus would continue to be placed on stroke improvement and also stroke prevention and Members requested that a further update on Stoke Improvement be provided in early 2020.

5.3 Implementation of Recommendations/Actions

The table attached at Appendix 10(c) has been developed to assist the Committee in effectively ensuring that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

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

5.4 Healthy Weight Scrutiny Review

The review panel meeting was held on 19 November 2019 and a number of recommendations were identified. The Final Report of the Panel is being drafted and

will be submitted to the Committee for approval as soon as it has been through the due process.

5.5 Drug Harm Reduction Strategy Development

A meeting was held on 26 November 2019, to allow Members of the Committee to feed into the development of the new Drug and Alcohol Strategies. The meeting was attended by Councillors Hobson, Hutton, O'Hara, Hunter and Wing. Dr Arif Rajpura, Judith Mills, Zohra Dempsey and Emily Davis were all in attendance from Public Health.

Members were presented with key information regarding Drug Services in Blackpool and the scale of the issue, noting that there were currently 850 people in treatment for opiates and 90 people in treatment for non-opiates. It was reported that each year approximately 70 people recover and leave treatment.

The number of drug related deaths in Blackpool compared to the England average was significantly higher and Members were informed of the recently established Drug Related Death and Near Miss Panel which would meet regularly to discuss every drug related death and near miss in order to learn what additional support could be covered to drug users.

There had been a number of recent developments including a move to three separate Horizon drug treatment bases, recovery housing and a low dose house developed to support people in recovery, a take home Naloxone (to treat opiate overdose) peer to peer model and Housing First established for people with the most complex needs. All primary schools had also implemented age appropriate education on substance misuse.

It was suggested to Members, that in order to address the level of drug related deaths in Blackpool, drastic action was required and Dr Rajpura highlighted the use of Safer Injecting Rooms and or Heroin Assisted Treatment and advised that the former was the preferred option. However, it was currently not legal in the UK and Glasgow had had a recent application to the Home Office rejected. Members discussed the two schemes in detail and agreed that they were in support of the proposal for a Safer Injecting Room should it be made legal.

The Members agreed to endorse the Strategy without amendment.

5.6 Alcohol Strategy

It was noted that alcohol consumption was decreasing in Blackpool, but at a slower rate than the national average. A number of key statistics were presented to Members and one of particular note was that 22% of children in Blackpool lived with

a hazardous drinker. It was, however, not clear at which level of drinking impaired a person's ability to parent.

In Blackpool, 3.6% of residents were dependent drinkers, the highest percentage in England. Alcohol was a factor in more than 50 health conditions such as liver disease. The number of people accessing alcohol treatment in Blackpool had decreased and Members were concerned that the reduction in numbers accessing treatment was due to the stigma of accessing services that were now for both drug and alcohol addiction rather than a separate service. It was suggested that this could be the case and that measures to reduce the impact could be investigated.

Members also discussed minimum price per unit of alcohol and noted the positive impact introducing a minimum price had had in Scotland, with Wales considering introducing the initiative within the next year. Sheffield University had carried out an impact analysis on Blackpool of the introduction of a minimum price per unit of alcohol. The analysis suggested that a minimum price could save the NHS £662,221 a year in Blackpool and reduce the number of crimes caused by alcohol by 583 each year. Those in attendance agreed with the introduction of a minimum price per unit of alcohol for Blackpool.

The Members agreed to endorse the Strategy without amendment.

5.7 Community Engagement Policy Development

A piece of work is ongoing, led by Chloe Shore, Community Engagement and Partnership Manager to produce a policy/strategy on community engagement. Scrutiny Members have been requested to feed into this policy development and due to its cross-cutting nature it is suggested that representatives from all three Committees be appointed to participate in this piece of work. It is suggested that each Committee appoint three Members from across political parties, however, this can be flexible should additional Members wish to participate.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 10(a): Adult Social Care and Health Scrutiny Committee Workplan

Appendix 10(b): Scrutiny Review Checklist

Appendix 10(c): Implementation of Recommendations/Actions

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

Adult Social Care And Health Scrutiny Committee Work Plan 2019-2020	
7 January 2020	1 Blackpool Safeguarding Adult Board Annual Report 2018/2019 2 Blackpool Teaching Hospitals NHS Foundation Trust CQC Inspection Outcome 3 Blackpool Clinical Commissioning Group Mid-Year Performance Report attendance requested from partners in ICP 4 Provision of Supported Accommodation specifically through the housing benefit route
6 February 2020	1 Deprivation of Liberty Standards key changes 2 Smoking Cessation evaluation of initiatives and impact on smoking levels, has the council's priority been achieved 3 Fulfilling Lives Success of the project and legacy planning for support for people with multiple complex needs 4 Approval of Joint Committee terms of reference , and appointment of three Members to sit on the Committee 5 Healthy Weight Final Scrutiny Review Report for approval 6 Drug Related Death Scrutiny Review Scoping Document for approval
Special Meeting – 25 March 2020	Mental Health Services to continue to monitor and evaluate the impact of changes in mental health service provision.
29 April 2020	1 North West Ambulance Service detailed annual performance report 2 Screening and Vaccination Uptake to request NHS England attendance to consider uptake levels in Blackpool 3 Breastfeeding Support to consider the support on offer and the impact on the number of mothers choosing to breastfeed. 4 Integrated Care Partnership development of the partnership, progress with the Strategy 5 Whole System Transfers of Care Scrutiny Report review of remaining outstanding recommendations implementation, plus an Impact Analysis of the Review
24 June 2020	1 Blackpool Clinical Commissioning Group End of Year Performance attendance requested from partners in ICP. 2 Healthwatch Annual Report 2019/2020 and priorities for 2020/2021
TBC September 2020	1. Director of Public Health's Annual Report
TBC December 2020	1 Blackpool Clinical Commissioning Group Mid-Year Performance Report attendance requested from partners in ICP 2 Blackpool Safeguarding Adult Board Annual Report 2019/2020

Scrutiny Review Work	
9 September 2019	<i>Renal Dialysis Service Reconfiguration discussion. Outcomes from finalised reconfiguration to be received in early 2020.</i>
8 October 2019	<i>Head and Neck and Vascular Services and Stroke Improvement. Further update to be held in February 2020.</i>
19 November 2019	<i>Task and Finish Scrutiny review of Healthy Weight.</i>

<i>26 November 2019</i>	<i>Input into policy development of Drug and Alcohol Strategies.</i>
TBC January 2020	Input into Integrated Care Partnership Strategy development.
2 March 2020	Children and Adolescent Mental Health Services Redesign. Joint meeting to be held with Children and Young People's Scrutiny Committee. To determine whether further review is required as per below.
TBC	Scrutiny review of Drug and Alcohol Related Early Deaths . Numbers have increased in both young and older people that misuse substances. To also look at preventing drug use (uptake of Hope and Wish). Potential to include a look at possible minimum price per unit of alcohol.
TBC	Scrutiny review of one key theme identified from the ICP five year strategy . Possible items include population health management, health inequalities, planned care and urgent and emergency care.
TBC	Initial meeting to consider service redesign – further scrutiny work to be identified following the meeting. Proposed joint piece of work with Children and Young People's Scrutiny Committee: Child and Adolescent Mental Health to include prevalence, performance of CAMHS, emotional health, looked after children and additional educational needs.

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	13.02.19	That the Chairman request that consideration be given to providing suicide awareness training for all Members.	October 2019	Chairman	The Chairman to provide an update at the meeting.	
2	03.07.19	To receive the CQC inspection report of Blackpool Teaching Hospitals NHS Foundation Trust when it was published.	Tbc	Mr Kevin McGee, BTH/Scrutiny Manager to add to agenda.	Inspection report has been published and circulated to Members. BTH will present a report included on the agenda of 7 January 2020 Committee meeting.	Completed.
3	16.10.19	To receive a further report on mental health services in six months that specifically addressed: <ul style="list-style-type: none"> • The implementation of the recommendations of the external review report. • The progress in establishing the Crisis support including the crisis café and crisis 	March 2020	Caroline Donovan, CEO, LCFT Sharon Davis, Scrutiny Manager	Meeting established for 25 March 2020. Invites sent.	Ongoing.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		<ul style="list-style-type: none"> house and the 24/7 crisis line. • The issue of drugs and alcohol in the Harbour – the extent of the problem and the action taken to address it. • The number of new beds opened and how many more were to be opened. • That the report be a joint report provided by LCFT, Blackpool Teaching Hospital NHS Foundation Trust and any other applicable partners. 				
4	16.10.19	The Committee agreed to forward the report to the Children and Young People's Scrutiny Committee due to the strong link to its remit.	End October 2019	Sharon Davis, Scrutiny Manager	The Director of Public Health's Annual Report has been circulated to the CYP Committee for consideration.	Completed.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
5	16.10.19	The Committee noted that the ICP was holding a workshop on 12 November 2019 on the development of the Strategy and agreed to send a representative to input if possible.	November 2019	Sharon Davis, Scrutiny Manager	Following the meeting it was determined that a special workshop should be established for Members to feed into the development of the Strategy and its priorities. This will be set up for January 2020. Regular contact with ICP representatives, no date has yet been forthcoming.	Red
6	16.10.19	The Committee also agreed to receive an update on the ICP Strategy and the implementation of the Quality Improvement Strategy in approximately six months.	April 2020	David Bonson, COO, CCGs Sharon Davis, Scrutiny Manager	Added to workplan for 29 April 2020 meeting.	Green

WHOLE SYSTEM TRANSFERS OF CARE SCRUTINY REVIEW RECOMMENDATION MONITORING – OUTSTANDING RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	NEXT UPDATE TO BE REQUESTED	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	Updated 03.07.19	Blackpool Teaching Hospitals NHS Foundation Trust to explore the impact of delayed receipt of prescriptions from the pharmacy on discharges	January 2019 Agreed delay till April 2020.	Ms Berenice Groves, BTH	It was noted that further work was required to roll out identified improvements across all hospital wards. A number of wards had been trialling different approaches and the use of Ward Pharmacy Technicians had proved positive. Members	Ongoing

	DATE OF REC	RECOMMENDATION	NEXT UPDATE TO BE REQUESTED	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		from hospital and report back to the Adult Social Care and Health Scrutiny Committee with the reasons for pharmacy delays and a course of action to address those delays at the Committee meeting in July 2019.			<p>highlighted a number of issues with dispensing of prescriptions which demonstrated that further improvements were required. It was also noted that the discharge lounge, where patients could wait for prescriptions, had recently started operating seven days per week.</p> <p>Members were of the opinion that further work was required on the recommendation and requested a further response in approximately six months.</p> <p>At the request of Ms Groves and with the agreement of the Chairman, a final update on these recommendations has been deferred until April 2020 so that Ms Groves can be in attendance at the meeting.</p>	
2	Updated 03.07.19	That Blackpool Teaching Hospitals NHS Foundation Trust work with all relevant partners to review discharge processes and ensure they are efficient, effective and to identify if any parts of the processes could be carried out after the patient has left the hospital. To report back to the Committee meeting in July 2019.	January 2019 Agreed delay till April 2020.	Ms Berenice Groves, BTH	<p>Ms Groves highlighted that a number of pieces of work relating to improving discharge processes were ongoing. It was noted that each piece of work would be tracked with data to determine if it had impacted on performance. It was also noted that there had been a reduction in the length of stay of patients and the impact of the bed reduction pathways which could be shared with the Committee.</p> <p>Members requested a further update on the impact of the initiatives to improve discharge processes in approximately six months.</p>	Ongoing

	DATE OF REC	RECOMMENDATION	NEXT UPDATE TO BE REQUESTED	RESPONSIBLE OFFICER	UPDATE	RAG RATING
3	Updated 03.07.19	That Blackpool Teaching Hospitals NHS Foundation Trust consider offering parking refunds to patients attending accident and emergency inappropriately.	January 2019 Agreed delay till April 2020.	Ms Berenice Groves, BTH	<p>It was reported that consideration was being given to the first 30 minutes of parking being free, in order that patients who inappropriately attended the emergency department could then leave immediately without facing a charge. The Committee suggested that consideration also be given to providing free parking tokens for people picking up patients in order to further speed up their discharge. Furthermore, it was considered that the Trust should also explore the costs of parking for low income families, cost of parking for families of patients who are admitted for a prolonged period and how widely refunds for parking for certain services such as maternity were advertised.</p> <p>The initial recommendation was agreed as completed. Ms Groves was requested to respond to the additional recommendations in approximately six months.</p>	Ongoing

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