

Public Document Pack



5 February 2019

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

The above members are requested to attend the:

ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Wednesday, 13 February 2019 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 24 JANUARY 2019

(Pages 1 - 8)

To agree the minutes of the last meeting held on 24 January 2019 as a true and correct record.

3 PUBLIC SPEAKING

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

4 ADULT SOCIAL CARE - SAFEGUARDING LOCAL GOVERNMENT OMBUDSMAN FINDINGS (Pages 9 - 30)

To consider the report of the Local Government and Social Care Ombudsman prepared following investigation of a Blackpool Council Adult Services complaint.

5 HEALTHWATCH PROGRESS REPORT 2019/2020 (Pages 31 - 70)

To provide an update on the work of Healthwatch Blackpool and determine how it can be used to better influence the Scrutiny Committee's workplan and how work undertaken by Healthwatch can provide an evidence source for the Committee.

6 NORTH WEST AMBULANCE SERVICE PERFORMANCE REPORT (Pages 71 - 76)

To update the committee on the performance and activity of North West Ambulance Service NHS Trust in the Blackpool area.

7 HEALTHY WEIGHT UPDATE (Pages 77 - 94)

To provide an update on the progress made since the Council signed up to the Local Declaration on Healthy Weight in 2016.

8 SUICIDE PREVENTION UPDATE (Pages 95 - 98)

To receive an update on the ongoing work regarding suicide prevention following a previous recommendation of the Committee that a 'zero' suicide target should be adopted in Blackpool.

9 SCRUTINY WORKPLAN (Pages 99 - 118)

The Committee to consider the Workplan, together with any suggestions that Members may wish to make for scrutiny review and to review the outcomes of the work on the Green and Blue Infrastructure Strategy.

10 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Wednesday, 3 July 2019, subject to confirmation at Annual Council.

Venue information:

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

Other information:

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

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Public Document Pack Agenda Item 2

MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 24 JANUARY 2019

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Hutton	Mrs Scott
Mrs Callow JP	Humphreys	O'Hara	L Williams

In Attendance:

Dr Arif Rajpura, Director of Public Health, Blackpool Council

Ms Karen Smith, Director of Adult Services, Blackpool Council

Mrs Sharon Davis, Scrutiny Manager, Blackpool Council

Councillor Amy Cross, Cabinet Member for Adult Services and Public Health

Mr Andrew Bennett, Healthier Lancashire and South Cumbria Integrated Care System

Ms Sheralee Birchall-Turner, Healthwatch Blackpool

Mr Stuart Clayton, Rethink

Ms Sharon Doherty, STAR

Mr Damian Gallagher, Director of Workforce and Organisational Development, Lancashire Care Foundation Trust (LCFT)

Mr Bill Gregory, Acting Chief Executive Officer, LCFT

Police Inspector Peter Hannon, Lancashire Constabulary

Mr Paul Hopley, Midlands and Lancashire Commissioning Support Unit

Ms Jessica Johnson, STAR

Mr Paul Lumsdon, Director of Nursing and Quality, LCFT

Mrs Jo Moore, Director of Operations, LCFT

Mrs Sue Moore, Director of Strategic Developments, LCFT

Dr Richard Morgan, Deputy Medical Director, LCFT

Apologies:

Apologies for absence were received on behalf of Councillor D Coleman who was on official Council business.

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 28 NOVEMBER 2018

The minutes of the meeting held on 28 November 2018 were agreed as a true and correct record.

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3 LANCASHIRE CARE FOUNDATION TRUST PROGRESS REPORT

The Chairman highlighted that the Committee had requested the special meeting with Lancashire Care Foundation Trust (LCFT) following consideration of an item presented by the Trust in October 2018 regarding the May 2018 Care Quality Commission (CQC) Inspection outcome of 'Requires Improvement' when the Trust had been judged as not safe, not effective and not well led. The May 2018 inspection followed previous inspection outcomes of 'Requires Improvement' in November 2015 and 'Good' in January 2017. He reported that the Committee had not been assured that sufficient improvement was being made by LCFT at the previous meeting and had been unhappy with the quality of reporting.

Mr Bill Gregory, Acting Chief Executive Officer, LCFT placed on record an apology for the Trust's poor attendance at the previous meeting and highlighted that the Trust was taking the concerns raised by the Committee very seriously.

Mr Paul Lumsdon, Director of Nursing and Quality, LCFT provided an overview of the focus being placed on quality and how the Trust was going beyond the requirements set out in the action plan developed following the CQC inspection. He also addressed issues including ensuring accessibility of mandatory training and that staff were supported. It was reported that a key concern was the high level of Band 5 Staff Nurse vacancies, reasons for which included a reduction in the number of European nationals taking positions and the low number of nurses on the national register. In order to address the number of vacancies work was ongoing to improve recruitment and retention with a focus being placed on good leadership to ensure workers wanted to remain with the Trust.

Members noted that a number of initiatives had been put into place in order to improve recruitment and retention including increased staff involvement in creating the vision and values of the Trust, meaningful appraisals and nurse degree apprenticeships whereby nurses would be employed from the beginning of their training and receive a contribution to fees. Mr Damian Gallagher, Director of Workforce and Occupational Development, LCFT advised that evidence had demonstrated that those applying for apprenticeships were often from the local area and more likely to remain in the area following completion of their apprenticeship.

It was reported that turnover at the Trust had reduced from 14% to 8% over the previous 12 months which was a significant positive reduction. In the same period sickness remained approximately 9% to 13%. In response to questioning, it was reported that there had been incidents of verbal and physical abuse against staff members and that working in facilities such as The Harbour could be a stressful job. Training of staff had been focussed on in order to assist staff in dealing with incidents and to also reduce the number of incidents through de-escalation.

The Committee discussed staff appraisals in detail, noting that the Trust was achieving its target of 80% completions. Concern was raised that an 80% target was not sufficiently high enough for an annual performance appraisal and it was noted that a large number of targets relating to staff training and supervision had also been set at 80%. Mr Lumsdon advised that the Trust had wished to set realistic targets that could be met and would

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review targets regularly with the intention of incrementally increasing the figure. Despite the response, Members remained concerned that 80% was not a sufficient enough target to drive improvement.

Ms Jo Moore, Director of Operations commented that addressing the pressures on emergency services required a collective approach. She highlighted the services provided by LCFT and noted that The Harbour provided 40% of the Trust's inpatient bed stock across Lancashire. The Trust also provided a crisis service, mental health response team and community mental health team amongst others. Service provision in Blackpool was slightly more complex than other areas as Blackpool Teaching Hospitals NHS Foundation Trust provided a small part of the mental health pathway that was provided elsewhere in Lancashire by LCFT.

It was reported that from April 2018, there had been a significant rise in the number of patients presenting at accident and emergency with mental health needs in Blackpool. The increase in numbers had contributed to the increase in significant waits at accident and emergency and the high numbers of four and 12 hour breaches. Other factors contributing to the delays included a significant rise in the number of s.136 detentions equating to a need for approximately 40 beds. Ms J Moore reported that services were working collaboratively in order to address the number of breaches and had made some key improvements including addressing inpatient flow, work around escalation and communication and the introduction of a new personality disorder pathway. Members expressed serious concerns regarding the substantial number of breaches and whether the work ongoing was sufficient enough to reduce the number of breaches.

Mr Andrew Bennett, Healthier Lancashire and South Cumbria Integrated Care System (ICS) highlighted the recent peer review of services carried out by Northumberland, Tyne and Wear NHS Foundation Trust and that the report was due imminently. The review had been commissioned by the ICS and the outcomes would require whole system, collective implementation. In response to questioning, he reported that the headline findings included improved partnership working across Lancashire, work with the voluntary and community sector and that the recommendations posed a challenge to the whole partnership to provide an appropriate response. He also reported that funding had been acquired for a new mental health decision unit at Blackpool Victoria Hospital which would allow for assessments to be carried out more efficiently.

Following the introductory presentation from LCFT, the Chairman invited updates from partners on their views of progress made since the previous meeting of the Committee. Dr Arif Rajpura, Director of Public Health, Blackpool Council highlighted the prominence of mental health in the new NHS 10 year plan. He reported that there had been little change to the experience of service users and emphasised the continued lack of community support. He added that the whole mental health pathway required review and that Public Health wished to work with NHS colleagues in order to improve the patient experience. He added that the review must be co-designed with service users.

In response, Ms J Moore reported that emphasis was being placed on the urgent care pathway due to the significant pressure on services. She added that work was also ongoing to consider community mental health teams, ensure the right skill mix and optimise clinician time, however, significant work still needed to be undertaken which

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would require resourcing and time. Furthermore, she reported that a review was ongoing to determine the reasons for the significant increase in the number of presentations in order to address the reasons for the increase.

At the invitation of the Chairman, Ms Karen Smith, Director of Adult Services, Blackpool Council commented that conversations with LCFT had improved since the meeting in October 2018, which had been welcomed. However, areas for concern remained including evidence of serious incidents at The Harbour. She advised that Adult Services received daily reports from service users reporting that wards were in chaos and that in some areas patients and family members were concerned for their own safety. Concern was raised that, despite the information presented earlier in the meeting by Trust officials relating to staff training and support that the actual experiences of staff and patients did not reflect what the Committee was being told. She also reiterated concerns raised by Dr Rajpura that the whole system required review to ensure that it was fit for purpose and meeting the needs of the population.

By way of a response, Mr Lumsdon advised that he was aware of the issues raised by Ms Smith and was working with the Police in order to ensure that staff were safe. He highlighted that it was important to increase community resilience and work together to improve the pathway. It was emphasised that patients were looked after and that staff were supported to deal with such incidents.

Police Inspector Peter Hannon, Lancashire Constabulary added that the Police attended The Harbour regularly and solutions were being sought to increase the consequences for patients such as the potential introduction of a system to issue penalty notices and undertaking interviews on site. He also highlighted the successful pilot of the Psynergy vehicle in reducing the number of section 136 referrals.

Despite the testimonies of Mr Lumsdon and Police Inspector Hannon regarding the support for staff, concern remained that little work was being undertaken to determine the causes of the degeneration in behaviour of patients whilst in The Harbour and that the way in which patients were treated in the facility and the length of time patients were kept waiting for treatment must be considered as factors. Councillor Amy Cross, Cabinet Member for Adult Services and Public Health added that although attendance of LCFT representatives at meetings had improved, further improvement was still required in consulting and discussing new ideas and initiatives with partners.

The representatives of the voluntary and community sector were invited to contribute their views on mental health service provision and highlighted the lack of engagement they had had with LCFT. Mr Stuart Clayton, Rethink reported that the sector was passionate about being involved in service improvement and that patients suffering from poor mental health would welcome more emphasis being placed on encouraging good outcomes and communicating how others had achieved good outcomes.

In response, Mrs Sue Moore, Director of Strategic Developments, LCFT advised that the Trust would welcome further engagement from the voluntary and community sector and reported that there had been some powerful success stories that could be shared. Members, however, raised further concerns that the Trust was not being active enough in pursuit of engagement and agreed to recommend that the Trust identify all voluntary and

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community sector groups working within Blackpool and seek to meet with all groups on a quarterly basis.

The Committee went on to consider the concerns raised by the voluntary sector regarding the high vacancy rate of consultant psychiatrists. Dr Richard Morgan, Deputy Medical Director, LCFT advised that nationally, recruitment of consultant psychiatrists was problematic, however, the importance of stability for patients was recognised. He advised that improvements had been made and that The Harbour was now less reliant on agency staff. In order to address recruitment long term, additional training had been introduced and suitable candidates were being identified for development. Although no guarantees could be made, it was noted that the Trust considered it was in a substantially better position than 12 months previously.

In response to further questions raised regarding commissioning, Mr Paul Hopley, NHS Midlands and Lancashire Commissioning Support Unit reported that work was ongoing with all eight Clinical Commissioning Groups in Lancashire to identify funding requirements and actions required in order to ensure sustainable commissioning of mental health services. The Committee highlighted again the importance of engaging with small community and voluntary groups and suggested that Commissioners might consider committing as much funding as possible to supporting smaller groups.

Upon consideration of the CQC Action Plan, Members noted that three actions had been recorded as 'red'. Mr Lumsdon reported that two actions had remained red in order to accommodate additional engagement with staff and ensure that change was embedded. The Committee expressed concerns that all actions identified by the CQC as 'must do' and 'should do' were actions that the Trust should not have failed to be carrying out. In response to further questions, Mr Lumsdon added that the action plan set out the minimum standards required by the CQC and that the Trust was aiming to exceed those standards in areas such as supervision.

The Committee raised further concerns that the Trust appeared to be lacking in urgency in addressing areas requiring improvement. It was recognised that recruitment and embedding new ways of working took time. However, the Trust had been repeatedly told that service provision was in chaos and crisis and that there had been a number of incredibly serious incidents. Despite the seriousness of the incidents reported, Members expressed concern that it did not appear that immediate action was being taken to improve matters for those currently suffering in the existing system.

The Chairman referred to a number of statements contained within the CQC inspection report and sought assurance that the Trust had addressed the concerns raised. In response, Mr Lumsdon advised that the Trust had fully complied with the requirements to improve compliance of essential training and had also addressed the understanding of the role of Ward Manager to ensure Matrons had enough time to carry out their managerial roles.

In response to a question regarding the comments made by Dr Paul Lelliott, the Deputy Chief Inspector of Hospitals at the time of the CQC Inspection that 'the board and senior management team did not have sufficient oversight of staff supervision', Mr Lumsdon stated that he was happy that the Trust had addressed all the points raised in the CQC

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inspection process and Mrs S Moore added that improvement was being fully monitored by the Trust's Board.

The Chairman concluded the item by requesting that the same representatives attend a further meeting with the Committee in approximately six months. He highlighted that the Committee had not received sufficient assurance regarding the Trust's ability to make the required reductions in four and 12 hour waits in Accident and Emergency for mental health patients and requested that further evidence be provided to demonstrate how reductions had been made and would continue to be made. Furthermore he cited the use of the words 'chaos' and 'crisis' throughout the meeting to describe current mental health services and commented that in six months time it was expected that the picture would be much improved, with reports from partners more positive. The representatives from the third sector would also be requested to attend the meeting in order to provide an update on the relationship with LCFT and partners following the implementation of the recommendation of the Committee that LCFT hold quarterly meetings with all mental health support groups in the sector.

The Committee agreed:

1. 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.
2. 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%.
3. 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:
 - 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.

4 WHOLE SYSTEM TRANSFERS OF CARE SCRUTINY REVIEW FINAL REPORT

The Committee considered the Whole System Transfers of Care Scrutiny Review Final Report and agreed to approve the report for submission to the Executive and NHS partners.

5 DATE AND TIME OF THE NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday, 13 February 2019, commencing at 6.00pm.

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(The meeting ended at 7.35 pm)

Any queries regarding these minutes, please contact:
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Agenda Item 4

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Ms Karen Smith, Director of Adult Services
Date of Meeting:	13 February 2019

REPORT BY THE LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN

1.0 Purpose of the report:

- 1.1 To consider the report of the Local Government and Social Care Ombudsman prepared following investigation of a Blackpool Council Adult Services complaint.

2.0 Recommendation(s):

- 2.1 To note the recommendation of the Ombudsman's Report that the Council must consider the report and confirm within three months the action it has taken or proposes to take.
- 2.2 To identify any additional recommendations and question the actions identified to address the concerns raised.

3.0 Reasons for recommendation(s):

- 3.1 The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and the Local Government Ombudsman will require evidence of this. (Local Government Act 1974, section 31(2), as amended)
(Extract from the Ombudsman's Report)

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

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

4.0 Other alternative options to be considered:

- 4.1 Not Applicable - Please refer to report the Ombudsman's Report

- 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 report has been prepared by the Local Government and Social Care Ombudsman following investigation of a Blackpool Council Adult Services complaint.
- 6.2 In 2018 a complaint which had completed the Adult Social Care complaint procedure, was escalated to the Ombudsman by the complainant. After review, the Ombudsman decided to issue their findings as a public report. Please see attached Report.
- 6.3 Please see attached "Factsheet on Ombudsman published reports."
- 6.4 The incident occurred on 20 October 2016, the initial complaint was submitted to Adult Services on 4 May 2017, following receipt of the outcome of the safeguarding investigation.
- 6.5 A formal response to the complaint was provided on 5 June 2017.
- 6.6 The complainant contacted the Ombudsman shortly after receipt of the letter of response. The Ombudsman's Final Report was published on 13 December 2018.
- Does the information submitted include any exempt information? No
- 7.0 List of Appendices:**
- 7.1 Appendix 4(a): Report by the Local Government and Social Care Ombudsman
Appendix 4(b): Report Factsheet - Information about issuing public reports for Bodies in Jurisdiction
- 8.0 Legal considerations:**
- 8.1 See reasons for recommendation.
- 9.0 Human resources considerations:**
- 9.1 Not Applicable.
- 10.0 Equalities considerations:**
- 10.1 Not Applicable.

11.0 Financial considerations:

- 11.1 The decision of the Ombudsman refers to a payment to be made to the complainants for their distress.

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 Not Applicable.

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Report by the Local Government and Social Care Ombudsman

**Investigation into a complaint against
Blackpool Borough Council
(reference number: 17004032)**

13 December 2018

The Ombudsman's role

For 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Ms X - the complainant

Ms Y - Ms X's mother

Report summary

Adult Social Care – safeguarding

Ms X complains carers placed her mother Ms Y on a commode next to a radiator causing burns to her legs. She also complains about a delay in completing a safeguarding investigation and about the outcome.

Finding

Fault found causing injustice and recommendations made.

Recommendations

To remedy the injustice, we recommend the Council:

- apologises to Ms Y and Ms X in writing;
- pays £,5000 to Ms Y and £500 to Ms X;
- ensures risk assessments completed by care agencies acting on its behalf identify obvious environmental hazards and care plans are put in place to minimise risks; and
- conducts regular quality assurance checks with the Agency to satisfy itself the Agency is implementing effective risk assessments to ensure clients are safe.

The complaint

1. Ms X complains about carers from an agency, ICare (the Agency) commissioned by Blackpool Borough Council (the Council).
2. Ms X says carers placed her mother Ms Y on a commode next to a radiator causing burns to her legs. She also complains about a delay in completing a safeguarding investigation and about the outcome. She wants a review of the Council's safeguarding investigation to ascertain why the burns were not dealt with more quickly and a financial payment to reflect avoidable costs of Ms Y entering residential care.

The Ombudsman's role and powers

3. The law says we cannot normally investigate a complaint when someone could take the matter to court. However, we may decide to investigate if we consider it would be unreasonable to expect the person to go to court. (*Local Government Act 1974, section 26(6)(c), as amended*)
4. Ms X could have sued the Council and/or the Agency for negligence. We have decided to investigate the complaint because it is not reasonable for her to go to court because a court would not provide a remedy for one of Ms X's desired outcomes, namely '*to look into the incident in more detail to ascertain why the burns were not dealt with as a matter of urgency... and review the response and timescale of the safeguarding investigation*'.
5. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
6. We investigate complaints about councils and certain other bodies. Where an individual, organisation or private company is providing services on behalf of a council, we can investigate complaints about the actions of these providers. (*Local Government Act 1974, section 25(7), as amended*)
7. The Council commissioned and arranged Ms Y's care under its duties under the Care Act 2014 to meet her eligible needs. Any fault in the Agency's service to Ms Y is fault by the Council.

How we considered this complaint

8. We produced this report after examining relevant documents and discussing the complaint with Ms X. We gave the complainant, the Council and the Agency a confidential draft of this report and invited their comments. The comments received were taken into account before the report was finalised.

What we found

Relevant law and guidance

9. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2014 Regulations) set out the requirements for safety and quality in care. The

Care Quality Commission (CQC) issued guidance in March 2015 on meeting the regulations (the Guidance). We consider the 2014 Regulations and the Guidance when determining complaints about poor standards of care.

10. Regulation 12 of the 2014 Regulations says care must be provided in a safe way including assessing risks to the safety of people using the service and doing all that is reasonably practicable to mitigate risks. This includes working with health professionals to ensure the health and welfare of service users.
11. Regulation 20 of the 2014 Regulations (the duty of candour) requires a care provider to be open and transparent when things have gone wrong. As soon as the care provider becomes aware of a safety incident, it must tell the person or their relative; provide reasonable support, advise them of any further enquiries, keep a written record and apologise.
12. If a council has reasonable cause to suspect abuse of an adult who needs care and support, it must make whatever enquiries it thinks necessary to decide whether any action should be taken to protect the adult. (**Care Act 2014, section 42**)
13. The aims of adult safeguarding are to:
 - prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
 - stop abuse or neglect wherever possible;
 - safeguard adults in a way that supports them in making choices and having control about how they want to live;
 - promote an approach that concentrates on improving life for the adults concerned;
 - raise public awareness so that communities as a whole, as well as professionals, play their part in preventing, identifying and responding to abuse and neglect;
 - provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
 - address what has caused the abuse or neglect.

(Care and Support Statutory Guidance, 14.11)

What happened

14. Ms Y received council funded care at home, which the Agency delivered. She has little feeling or movement down the right side of her body after a stroke in 2016. Ms Y had a long recovery in hospital and in rehabilitation to get to the point where she was able to return home. She could walk between rooms with a walking frame.
15. We summarise the Agency's care plan for Ms Y below.
 - She could communicate. Her speech had been affected by a stroke and she knew what she wanted to say but sometimes struggled to get the words out.
 - She could get mixed up due to dysphasia (a language disorder which occurs where the areas of the brain responsible for turning thoughts into spoken language are damaged and do not work properly).
 - Her walking was slow and unsteady. She had right sided weakness due to a stroke. She required two carers for transfers (changing position) with a turner

- and she used a wheeled commode. She could walk with a frame for short distances, with the carer following behind with the commode for safety.
- She needed full help with personal care and dressing, prompts to take her medication and a soft diet. Carers prepared and served her meals.
 - There were no pressure areas or pressure sores noted.
16. The Agency completed a home risk assessment for Ms Y's home. Its purpose was to identify common household hazards. The risk assessment described the type of heating in Ms Y's home but did not refer to the bathroom or identify any concerns about the position of the radiators. The Council says the risk assessment should have referred to and considered the limited space in the bathroom.
17. The Agency did not identify any lack of feeling on Ms Y's right side or any implications of this.
18. Ms Y's morning routine consisted of two carers helping her out of bed, washing her, helping her to dress and use the commode (or walk to the toilet using the walking frame if she was not too tired). The Agency's moving and handling assessment said Ms Y needed two carers to assist her on and off the commode/toilet.
19. Ms X provided us with copies of the daily records the Agency's carers made in a book left in her mother's home. Key entries are set out in the following four paragraphs.
20. Ms Y was attended by two carers on 20 October 2017. The Agency's case record at 08:00 to 09:00 noted '*Ms Y fine assisted to wash and dress assisted into lounge prepared cup of tea, meds prompted. Pain in Ms Y's arm on standing. Noticed the red weals on upper thigh. DN [district nurse] to be informed*'.
21. The following entry is timed earlier at 07.53 and is by an assessments manager who recorded she '*called to carry out a 4-month review had to stay longer as client in pain and distressed*'. The assessments manager then noted at 09:30 that she called back to check on Ms Y because she was still in pain and distressed. Ms Y's social worker and the district nurse were to be informed.
22. A manager from the Agency phoned the Council's adult social care team at 11.23 saying Ms Y had nine red marks on her leg and carers were reporting she was screaming in pain. A social care officer advised the manager to call paramedics if urgent or call 111 for advice and inform district nurses.
23. At 11.30, the Agency's records suggest Ms Y was still complaining of pain in her hand and they could not give her pain relief. One of the carers rang an ambulance and contacted a relative (Ms X's brother-in-law). Ms X told us that during the call to her brother-in-law, the carer said her mother's right hand had slipped off the frame that morning and she had been in pain ever since. Ms X told us there was no mention of red weals during the call.
24. The district nurse came to see Ms Y, noting an ambulance had been called by the carers as Ms Y had fallen earlier. The district nurse's note made no mention of the red weals. She noted Ms Y was sitting in a chair showing signs of distress and carers could not get her to stand due to severe pain and so she could not check pressure areas. The ambulance arrived after about five minutes and the district nurse left Ms Y in the care of paramedics.

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25. Ms X arrived at her mother's home while the paramedics were present. She describes her mother as very distressed, sitting in her recliner chair in the lounge and she had been incontinent. Ms X told us there was no mention of red marks on the leg and her mother was fully dressed. The paramedics gave pain relief and were about to leave; the carers then took Ms Y to change her and one said '*you had better come and look at this*'.
 26. Ms X told us her mother's thigh looked similar to the photo below which she took later on the day of the incident.



27. The report by the paramedics said:
 - carers said they were mobilising Ms Y into the bathroom and her wrist slipped from the frame. There was no deformity and no obvious injury;
 - they (paramedics) gave pain relief;
 - district nurses were on the scene to assess pressure sores but they were now leaving as there were no pressure sores present; and
 - the crew transported Ms Y to Accident and Emergency as they had now discovered burns on her leg.
28. Ms Y's burns were treated in hospital and she was discharged home the same day. She received regular follow-up visits from district nurses and from the tissue viability service to monitor and dress her leg. The tissue viability nurse reviewed Ms Y's leg on 30 November. The tissue viability nurse's records noted linear burns to Ms Y's right hip ranging between 7 and 12.5 centimetres in length and 1 to 2 centimetres in width. The tissue viability nurse noted the wounds were red and inflamed and Ms Y complained of intermittent pain and had pain relief from her GP for this. The records indicated the wounds became infected and the tissue viability nurse contacted the GP for urgent antibiotics. Ms X told us the wounds

became septic requiring a hospital admission for specialist treatment. Ms Y was no longer mobile after the hospital admission and moved into a care home.

29. The Council received a referral from the hospital about the incident and opened a safeguarding investigation into allegations of neglect. The safeguarding referral noted Ms Y had right sided weakness with little to no feeling or sensation in her right side. There was a preliminary meeting in December and a safeguarding investigation meeting in January 2018. The Council acknowledges there was delay here and says it explained at the time that staff sickness had affected progress, though it says it should also have explained that within a short period of the incident it felt the Agency had provided a plausible explanation of what had happened.
30. Ms X attended both of these meetings, along with Council officers conducting the investigation. The minutes of the investigation meeting in January said the following.
 - One of the carers wrote in the diary notes (kept in Ms Y's home) at 08:00 to 09:00 that Ms Y had red marks on her leg. The Council did not have copies of the diary notes, but Ms X had the original notes and would make them available after the meeting.
 - Ms X asked why, when the Agency's diary notes had an entry about red marks on the leg at 08:00, did nobody think this might be the reason Ms Y was distressed? She also wondered why there was no further mention of the leg until the paramedics were about to leave.
 - The manager of the Agency could not say why the carers did not spot the injury or why Ms Y was complaining of pain in her arm.
 - Ms X asked why a risk assessment had not been done as the bathroom was small. She felt her mother must have been left on the commode for a long time.
 - One of the carers thought the incident happened when Ms Y was on the commode next to the radiator.
 - The Agency's manager apologised to Ms X and said disciplinary measures were being used on the carers.
 - The allegation was substantiated.
31. A statement from the Agency's manager said:
 - the two carers attending Ms Y did not notice the marks at the time, but had called the assessment manager to come back out because Ms Y was screaming because of pain which they thought was in her arm;
 - the assessment manager attended and noticed red marks on Ms Y's right leg but the carers could not recall anything about them;
 - one of the carers later said she thought the marks had occurred because the commode was placed next to the radiator. The commode did not have a side to it and would not stop Ms Y's legs touching the radiator. The bathroom was very small.
32. After the safeguarding meeting, the Agency held a 'lessons learned' meeting with the two carers and they were instructed to consider the position of radiators and assess whether there were any risks. If there were risks, an action plan would be put in place. The carers were told to have a more vigilant approach to observing their surroundings when completing tasks. The carers said they were trying to

protect Ms Y's dignity as the bathroom door would not shut if they had placed the commode by the sink. The carers said they would take the commode and washing facilities into the bedroom in future.

33. The Council's complaint response apologised for the shortcomings in the service to Ms Y. It also apologised for the delay in the safeguarding investigation and for the delay in following up the 'lessons learned' with the Agency. The complaint response said:

"ICare established the district nurses would be attending Ms Y that morning, after which the assessment manager left the property. ICare then had a call from the carers who said Ms Y was still distressed and upset. Due to this they felt they wouldn't like to leave her on her own and the assessment manager went back to sit with Ms Y. Whilst there, the carers assisted Ms Y off the commode, which is when the red marks were seen on her leg. Unfortunately, the carers could not be sure that the marks were not there when they had earlier assisted Ms Y to sit on the commode as they hadn't looked at her legs previously that morning..... after the paramedics arrived they completed an assessment of Ms Y's legs of which the medical information suggested that the marks had crusted over and were not fresh from that day".

34. The Council told us:
- it was very sorry for the incident and had already apologised to the family. Its correspondence about the issue led to confusion, rather than providing a clear outcome and summary of events to reassure the family;
 - the safeguarding meeting had to be postponed due to staff sickness and the Council had already apologised for the delay;
 - the care plan did not specify Ms Y had no feeling in her right side. It was not known that should Ms Y sustain an injury to her right side, she may experience symptoms of pain but be unable to identify the source. This information only became known to the Agency after the accident;
 - it accepted the risk assessment should have referred to the limited space in the bathroom;
 - the burns may have appeared at first as red areas on the skin and worsened through the morning. Carers may have mistaken them for pressure areas that required medical attention, but not urgent attention. It was only obvious with the benefit of hindsight that the reason for Ms Y's distress was not, as she was indicating to professionals, because of pain in her arm, but as a result of an accident which led to a series of burns. There is not enough evidence to say the carers knew there had been a serious injury and failed to report it when contacting the district nurse;
 - the recording of the incident lacked clarity, however this was a developing situation and carers prioritised supporting Ms Y over keeping a detailed running record;
 - where there were concerns from the family about inconsistencies, these should have been explored more fully at the time.

35. The Agency told us:

- the carers overheard the paramedics say the red marks were not fresh and were crusted over. It did not know why the paramedics did not mention this in their report;

-
- it did not know Ms Y had reduced feeling in her right side; and
 - Ms Y could communicate her needs.

Findings

Failure to complete adequate risk assessments or provide safe care

36. The Agency, which acted on behalf of the Council, was at fault because its staff did not deliver safe care in line with Regulation 12 of the 2014 Regulations. The fault caused Ms Y a serious injury and avoidable pain and distress. There was a failure to identify obvious environmental risks in Ms Y's home (small bathroom, hot radiator, proximity of commode to radiator) and to design a plan of care to minimise those risks. The Council accepts this fault. This was particularly important given Ms Y's vulnerabilities. We do not accept the Agency's assertion that Ms Y could always communicate her needs, because this contradicts her care plan which says she had dysphasia and sometimes had difficulty expressing herself. So, it was an additional risk that Ms Y might not be able to accurately communicate the source of any pain. We note the Agency's care plan did not mention Ms Y having reduced sensation down one side and the Council says this information only became known after the incident.

Failure to seek timely medical attention

37. The records indicate Ms Y was in pain and distress and was saying the pain was from her arm. It is of grave concern that the carers did not seek urgent medical help, so that Ms Y could have some pain relief quickly. We acknowledge the carers took some steps to report their concerns by calling the office and the district nurse for medical input, but what is not in dispute is Ms Y's pain and distress, whatever the cause and source of that pain. The appropriate response by the carers should have been to take immediate action to ensure she had pain relief. Urgent medical help was not sought for several hours and was fault by the Agency, which acted on behalf of the Council. We accept the Council's position that the red marks may have changed in their appearance during the course of the morning, that Ms Y's reduced pain sensation was not known at the time and that she was saying her arm hurt. But we do not consider this absolves the Agency from its responsibility to deliver safe care, part of which was ensuring there was no delay in Ms Y receiving pain relief.
38. The district nurse's records strongly suggest carers had told her they wanted her to look at Ms Y's 'pressure areas'. The paramedics too seem to have been informed of the weals just as they were leaving, rather than having been told about them on arrival. We reject the Council's position that there is insufficient evidence to conclude carers were not open and transparent about Ms Y having sustained a serious injury. We consider the carers should have been clear when calling medical assistance that: Ms Y had red weals on her leg; it was documented on her care plan that there was no known history of pressure sores; that she was complaining of pain in her arm and was distressed and that she had dysphasia. We consider the Agency and its care staff failed to act in line with Regulation 20 (the duty of candour) by suggesting Ms Y had pressure areas and not providing a full picture of Ms Y's condition. The failure to give full information meant there was a missed opportunity for the district nurse to give comprehensive advice based on possession of full information, and a missed opportunity for Ms Y to receive pain relief sooner. There was a delay of between two and three and a half hours in Ms Y getting pain relief as this was not administered until the paramedics attended after 11.30. The delay in seeking urgent medical help was a

failure to deliver safe care and work effectively with health professionals, as required by Regulation 12 of the 2014 Regulations and so was fault.

Failure to provide an accurate account of what happened

39. There are inconsistencies in the Agency's account of what was known about the injury and when. When interviewed by a manager of the Agency after the event, both carers said they did not notice anything at the time. This contradicts their contemporaneous record which noted red weals on Ms Y's leg at 08:00. And the Council's complaint response also said the carers did not know about the marks until they changed Ms Y's clothes when the assessment manager returned later in the morning. These cannot be accurate statements by the carers or the Council because, as set out above, the contemporaneous notes indicated both carers were aware of the red marks because of their initial entry in the case records. And the assessment manager must also have been aware of the red weals when she arrived at Ms Y's home because she would have seen the carer's entry at 08.00 referring to them, before writing her own notes. We are satisfied the available evidence suggests both carers and the assessment manager knew about the red weals earlier than the complaint correspondence suggests. And, we consider the complaint response was also misleading because it stated the paramedics thought the marks had crusted over and were not fresh from that day, suggesting the carers were not responsible. We note the Agency's position that the carers overheard the paramedics say the marks were not fresh. But the paramedics did not say this in their report and, as the paramedics' attendance notes are detailed, it is reasonable for us to conclude that they would have included this in the report. On balance, we find the statement from the Agency about the marks being not fresh, which is repeated in the Council's complaint response, as well as the suggestion that carers did not know about the marks until they changed Ms Y's clothes, to be misleading and a breach of the duty of candour and therefore fault.

Failure to complete a timely safeguarding investigation or consider and assess relevant evidence

40. During the safeguarding meeting, Ms X raised concerns about inconsistencies between the carers' contemporaneous records and their later accounts of what happened. Officers responsible for conducting the safeguarding investigation failed to examine the original records which had been retained by Ms X's sister who offered to provide them. This was fault.
41. We consider the Council missed an opportunity to follow up additional concerns that the carers did not seek prompt medical attention for Ms Y and so we do not regard the safeguarding enquiry to have been as thorough as it should have been. Statutory Guidance explains one of the purposes of a safeguarding investigation is to establish facts and address what has caused abuse or neglect. We do not see how this can be achieved without proper consideration of all the relevant evidence and so was fault. There was also delay in completing the safeguarding investigation, which the Council has acknowledged, and which was fault.

Agreed action

42. When a council commissions another organisation to provide services on its behalf, it remains responsible for those services and for the actions of the organisation providing them. So, although we found fault including in the actions of the Agency, our recommendations are for the Council.

-
43. The Council has already apologised for the delay in the safeguarding investigation and a manager from the Agency apologised to Ms X during the meeting. This is a partial remedy.
44. Ms X considers her mother suffered a significant loss of independence and a decline in her health due to the failings in care described above. She believes Ms Y would not be in residential care but for the Council and Agency's failings. We cannot be satisfied on a balance of probability that Ms Y would not have needed residential care in any event as her health was already seriously compromised before the incident described in this report.
45. The payments we recommend are not like the damages or compensation a court awards for a personal injury, but a reflection of avoidable distress as a result of fault. Our [Guidance on Remedies](#) suggests payments for distress of up to £1,500 where harm has occurred. But, in exceptional circumstances, such as where there was significant harm over a prolonged period, we may recommend a higher payment. We are satisfied this case is exceptional because the failings in Ms Y's care led to a serious burn causing pain and distress and a hospital admission that was directly attributable to the injury and subsequent complications when the wounds became infected. To reflect the avoidable distress, we recommend the Council apologises and pays:
- £5,000 to Ms Y; and
 - £500 to Ms X.
46. We also recommend the Council ensures in future that risk assessments completed by care agencies acting on its behalf identify obvious environmental hazards and care plans are put in place to minimise risks. The Council should also conduct regular quality assurance checks with the Agency to satisfy itself the Agency is implementing effective risk assessments to ensure clients are safe.
47. The Council has agreed to complete the recommendations in paragraph 45 within one month of this report. It has agreed to complete the recommendation in paragraph 46 within three months. We will require evidence it has done so.

Decision

48. Ms X complains for her mother Ms Y about burns to Ms Y's legs sustained during personal care at home. We uphold the complaint. Ms Y's care was neither safe nor in line with Regulation 12 of the Health and Social Care (Regulated Activities) Regulations 2014. The Council's safeguarding investigation was delayed and failed to consider relevant evidence. The Council and Agency have taken some appropriate action including an apology and a review with relevant staff. In addition, the Council will:
- apologise in writing for not following up relevant evidence that could have added to the safeguarding investigation;
 - make payments to Ms X and Ms Y to reflect their distress;
 - ensure its contractors complete adequate risk assessments; and
 - conduct regular quality monitoring of the Agency focusing on whether it is implementing effective risk assessments.
49. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full

Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

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Information about issuing public reports for Bodies in Jurisdiction

Public reports

All our investigation decisions are published on our website, except where we decide publishing is not in the interests of the people involved in the complaint. In some cases we will publish a detailed report of the investigation. We will promote these cases in the media and require the organisation involved to make a public announcement. Reports and decisions do not name the people involved but do name the organisation investigated.

Why do we issue public reports?

There are many reasons why we might issue a public report. The main reason is because we believe it is in the public interest to highlight particular issues or problems. We might also issue a public report because what went wrong is significant or because the impact on the person complaining is significant. We will always issue a public interest report if an organisation does not agree with our findings or recommendations, or put things right to our satisfaction.

Public reports are not intended as a way of sanctioning an organisation and we can issue a report even where we have found no fault. Reports are a vital tool in helping to ensure councils, and other organisations providing public services, remain accountable to people who use those services. By highlighting the learning from complaints we help to improve services for others. Our reports will acknowledge if an organisation has accepted our recommendations and any positive action taken in response to our findings.

What happens when we decide to issue a public report?

Before the report is issued, all parties involved in the complaint have the opportunity to see a draft version of the report and comment on it. We will usually give each party three weeks to provide any comments. We will consider giving a short extension in exceptional circumstances. If we do not receive a response we will proceed with issuing the report so it is important comments are received within the timescales given.

Once we have received all the comments and we have finalised the report, we will send it to the complainant and the organisation subject to the complaint at the same time. We anonymise reports so they do not include the complainant's details or the details of any officers, staff or anyone else involved in the events. We will generally use job titles to refer to senior council officers. However, there may be exceptional circumstances where we decide to name a third party if it is in the public interest to do so (e.g. a care home, care provider or contractor).

What happens when the final report is issued?

Our findings in the report are binding and can only be challenged by judicial review. This is not an appeal and the most a court can do, if successful, is to quash the Ombudsman's decision. The narrow grounds of challenge include illegality, irrationality or procedural flaws.

The organisation has three months from the date of the report to formally consider our findings and any recommendations we have made. Where a complaint is about a council, the report should be submitted to the full council (or committee if the council has delegated the authority to that committee). We may ask for evidence to show you have done this.

The organisation should send a formal written response to us explaining what steps it has taken or will take to comply with the recommendations in the report.

When we are satisfied with the actions an organisation has taken following a report, we will send a letter of satisfaction to you and the organisation explaining this. We then update our website to show we are satisfied with the outcome of the report.

What happens if an organisation does not comply with the recommendations?

Most organisations agree to our recommendations, often before we issue a report. However, if an organisation does not, we can issue a further report. A further report will explain that an organisation has not complied with our recommendations.

The organisation can also add its comments to the further report explaining why it decided not to comply. The organisation has three months to formally respond to the further report.

In the rare cases where an organisation fails to respond within the prescribed time or refuses to comply with recommendations in a further report we will ask the organisation to issue a statement of non-compliance. If an organisation does not agree to do so we can publish it on its behalf.

This statement explains why we are not satisfied with how an organisation has responded to a report or that it has refused to comply with our recommendations. The organisation can add a statement explaining why it has not complied, and the same rules apply about the press.

How is the report published?

Reports are published on our website. We will advise organisations of the earliest date the report will be published. This will be at least six working days after we send the final report to you and the organisation. You can find recent reports on our website in the “News” section.

We will usually send a copy of the report with a press release to the media. We often send out the press release in advance of the publishing date under an embargo. This means the media should withhold writing or broadcasting anything until after we have published the report.

The media will often ask to speak to complainants. We usually pass on details of interested media organisations to the complainants. We would not usually be directly involved in media contact between the complainant and a media organisation.

There are times when we cannot publish public reports (e.g. during an election period). We ask complainants not to speak to the media until we have published a final report.

If an organisation has any questions regarding how we deal with the media when a report is published it may contact the Investigator who can put it in contact with our policy and communications team.

How does the organisation publicise the report?

The organisation complained about must place two public notice announcements in local newspapers/ newspaper websites within two weeks of us publishing the report. The organisation should also make copies of the report available free of charge at one or more of its offices.

If there is no local newspaper we would expect an organisation to place a public notice in newspapers available in its area.

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Agenda Item 5

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Ms Sheralee Turner-Birchall, Engagement Manager, Healthwatch
Date of Meeting:	13 February 2019

HEALTHWATCH BLACKPOOL PROGRESS REPORT

1.0 Purpose of the report:

- 1.1 To provide an update on the work of Healthwatch Blackpool and determine how it can be used to better influence the Scrutiny Committee's workplan and how work undertaken by Healthwatch can provide an evidence source for the Committee.

2.0 Recommendation(s):

- 2.1 To consider the report and its appendices and identify areas for further scrutiny work and engagement.

3.0 Reasons for recommendation(s):

- 3.1 To better inform Members of the work of Healthwatch and use information provided by them in a more meaningful way.

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

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

4.0 Other alternative options to be considered:

- 4.1 None.

5.0 Council priority:

- 5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

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

- 6.2 Documents and reports including the Francis report have demonstrated the importance of the relationship between local authority health scrutiny and Healthwatch and in light of the Francis Report, health scrutiny must consider ways of independently verifying information provided by relevant NHS bodies and relevant health service providers – for example, by seeking the views of local Healthwatch.
- 6.3 As stated in the Department of Health's Local Health Scrutiny Guidance, local Healthwatch organisations and contractors have specific roles which complement those of health scrutiny bodies. For example, they can "enter and view" certain premises at which health and social care services are provided. This can enable local Healthwatch to act as the "eyes and ears" of patients and the public; to be a means for health scrutiny to supplement and triangulate information provided by service providers; and to gain an additional impression of quality of services, safety and issues of concern around specific services and provider institutions.
- 6.4 Health scrutiny bodies and local Healthwatch are likely each to benefit from regular contact and exchange of information about their work programmes. It may also be helpful in planning work programmes, to try to ensure that certain aspects are aligned. For example, if a health scrutiny body is planning a review of a certain service, it might be useful if local Healthwatch plans to visit the service in a timely way to inform the review.

The appendices to this report provide an overview of the recent work of Healthwatch.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

- 7.1 Appendix 5(a): Healthwatch Progress Report
Appendix 5(b): Healthwatch Annual Report 2017/2018
Appendix 5(c): Recent Healthwatch Newsletter

8.0 Legal considerations:

- 8.1 The duties of health scrutiny and Healthwatch are set out in legislation.

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.

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Report provided to: Blackpool Adult Social Care and Health Scrutiny Committee

Meeting date: 13th February 2019

Report provided by: Healthwatch Blackpool

Completed by: Sheralee Turner-Birchall, Engagement Manager

Date of completion: 15th January 2019

After a retender, on the 14th May 2018 the contract for Healthwatch Blackpool was awarded to Empowerment Charity, based at The Empowerment Base, 333 Bispham Road, Blackpool, FY2 0HH.

An overview of the work plan for 2018 – 19 is as follows:

- May 18 – May 19: 'Let's talk about health and social care' – engagement through care circles and pop ups at health, social care and community venues across Blackpool
- May 18 – May 19: 'Have your say' telephone and website generated feedback
- July 18 – April 19: Working with the local Healthwatch Collaborative (Healthwatch's Blackpool, Blackburn with Darwen, Cumbria and Lancashire)
 1. Women with Learning Difficulties accessing Cervical and Breast Screening project
 2. Digital Technologies for the future (part of the Healthier Lancashire & South Cumbria ICS)
 3. Redesign of children and young people's mental health services in line with THRIVE (The Care Partnership)
- October 18 – July 19: Peer Research Project – working with young people aged 11 – 18 who live day to day in households where domestic abuse is prevalent to create a 'lived experience' journal and needs assessment
- May 18 – May 19: Volunteer recruitment
- January 19 – May 19: Two focussed projects based on intelligence gathered as part of our 'Let's talk health and social care' engagement and 'Have your Say' to be determined.*
- August 2018 and December 2018 – February 2019 two projects enabling service users of publicly funded domiciliary care services to have a say in the commissioning of their providers.
- July 2018 and ongoing, concluding an in-depth story regarding a patient and spouse/carer experience of Lancashire Teaching Hospital and The Harbour

Note: Healthwatch Blackpool reports are available publicly and can be found at:

www.healthwatchblackpool.co.uk

In addition, we have:

- Supported the development of the Blackpool Self Neglect and Hoarding policy/procedure
- Undertaken engagement with the strategic leads for each local Healthwatch operating across Lancashire and South Cumbria to formalise working arrangements for the collaborative with regards to the NHS Long Term Plan, the Integrated Care System (STP) and Integrated Care Partnership of the Fylde Coast.
- Been working hard to create effective networks and partnerships with stakeholders across Blackpool.
- Recently appointed a volunteer Data Analyst who will gather, collate and present intelligence received from the people of Blackpool. This information will enable Healthwatch Blackpool and to identify trends and themes, which can be used as robust evidence to inform a wider programme of work* and to share with relevant stakeholders and within forums, including this committee

SUMMARY/RECOMMENDATIONS

The work of Healthwatch Blackpool focusses on undertaking engagement activities and projects that are likely to have a 'chance of change' (impact). As such we are currently working on the development of a monthly 'emerging trends/themes' report, pulling together data from all our activity each calendar month. We will present these reports to relevant stakeholders and forums, including Clinical Commissioning Groups, providers, regulators and the Lancashire and South Cumbria Quality Surveillance Group with a requirement that:

- The citizens of Blackpool are offered a response to the feedback they have shared with Healthwatch Blackpool
- Healthwatch Blackpool will engage with the relevant authorities as appropriate to ascertain the opportunities for collaboration with local citizens and Healthwatch Blackpool to bring about real and significant change to meet the needs of Blackpool people as patients and service users, in essence this will mean that Healthwatch Blackpool is to facilitate a genuine partnership between citizens and those that run, regulate and commission services in Blackpool.

Supporting materials attached:

- Healthwatch Blackpool 2017/18 Annual Report
- Healthwatch Blackpool Winter 2019 Newsletter

Contact details:

T: 0300 32 32 100 (option 4)

M: 07730 598 907

W: www.healthwatchblackpool.co.uk

E: Sheralee@healthwatchblackpool.co.uk

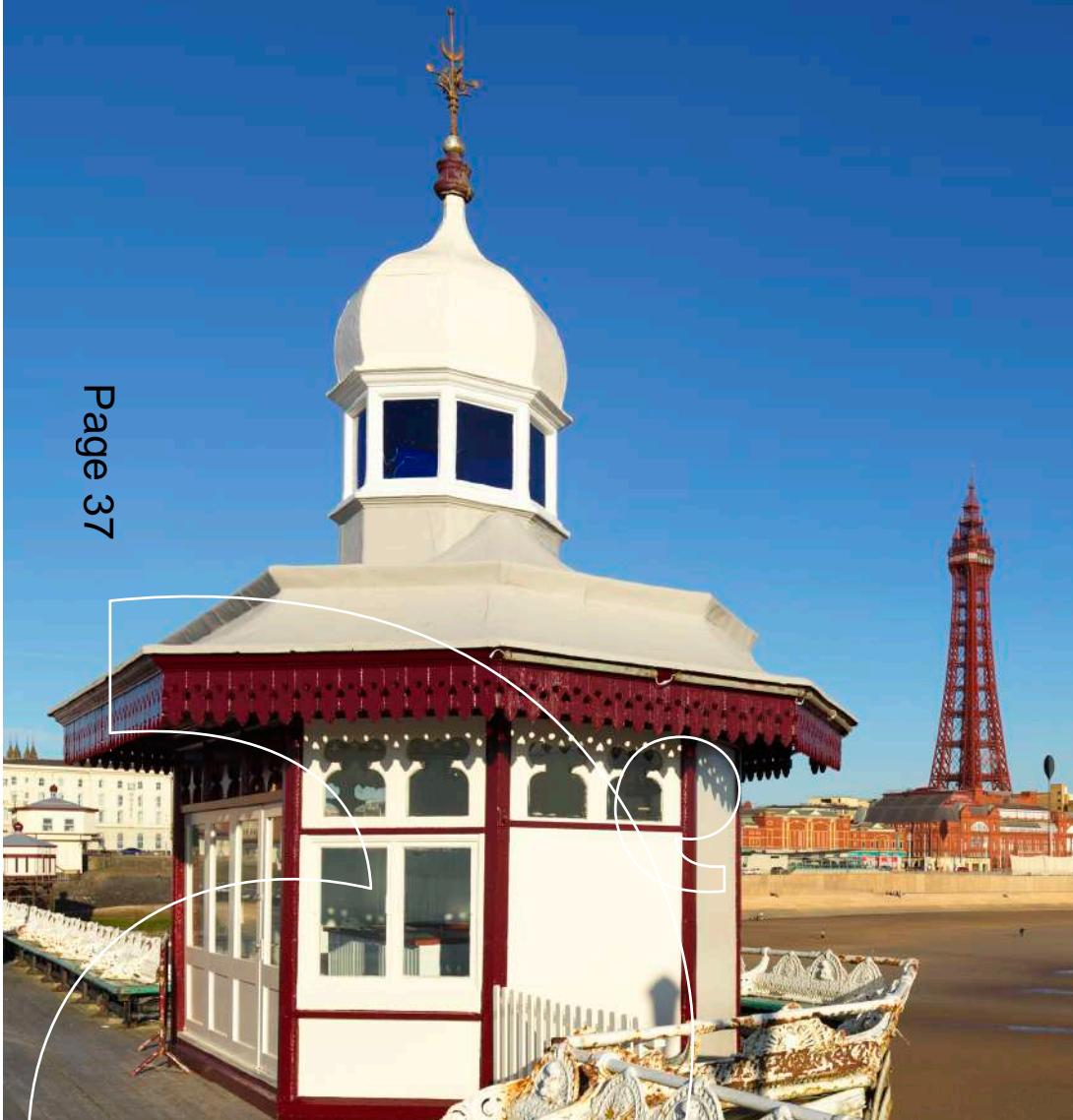
A: The Empowerment Base, 333 Bispham Road, Bispham, Blackpool, FY2 0HH

Appendix 5 (b)

Healthwatch Blackpool

Annual Report 2017/18

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It gives me great pleasure in presenting this annual report that describes our year and the work of our dedicated staff and volunteers.

During my time as Chief Executive, I have been privileged to be part of Healthwatch Blackpool and be part of supporting those people and communities who are 'seldom heard' and as such struggling to have their views listened to and acted upon. Through our engagement work we have been able to hear first-hand how the citizens of Blackpool experience their health and social care services. This year we have focussed on engaging with people using GP and Walk-in services, patients and families experiencing dementia who are patients of Blackpool Teaching Hospitals and have been given access to open visiting through the 'Johns Campaign'. We have also worked alongside our Healthwatch colleagues in Lancashire enabling the learning disability community to have their say on health and social care services and a project to highlight what children and young people think about the services they receive. Additionally, it has been important for us to understand peoples appetite to talk about their experiences of using health and social care services and this led us to undertaking our 'So What?' project. I am sure that you will find our reports extremely interesting and insightful and we will be continuing to represent the feedback we receive with decision makers who operate across Blackpool.

Continuing to work collaboratively, we have forged links with the three local Healthwatch of Blackpool with Darwen, Lancashire and Cumbria operating across the Lancashire and South Cumbria area on a number of projects to help represent the interests of patients as the new NHS 'Sustainability and Transformation Plan' for Lancashire and South Cumbria gathers momentum. This is really vital work as health and care continues to change and move in new directions.

I wish to express my thanks to all the members of our team, for their commitment to patients, service users, their families and the communities of Blackpool in gathering the views and stories that enable us to undertake our work.

A huge thank you to our volunteers who do a magnificent job in supporting all we do. Their commitment and dedication is crucial to the work of Healthwatch Blackpool.

I must also express my deepest gratitude to the Board of Healthwatch Lancashire Limited for their direction of our work, and for the knowledge, skills and experience they have bestowed on us over the past year.

Kindest regards



Message from our Chief Executive



Highlights from our year

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We published
22 reports.



Our **8** volunteers supported 48 activities across Blackpool. Giving us 190 hours of their support



We've undertaken
78 activities meeting people to hear about what matters most to them

3,908

This year we've reached 3,908 people through our website & social media



We've visited

30

Local health services



59

We've attended meetings across Blackpool and The Fylde Coast to represent the views of the those people we have spoken to



Who we are

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

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

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

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

Healthwatch Blackpool was established following the introduction of the Health and Social Care Act in 2012.

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

Between January 2017 and March 2018, the Healthwatch Blackpool contract was provided by Healthwatch Lancashire Limited.

In May 2018, the Healthwatch Blackpool contract was awarded to Empowerment, a Blackpool based charity.



Our Responsibilities

Healthwatch Blackpool's statutory responsibilities are:

1. To promote and support local people to be able to get involved in deciding what services should be paid for, where and when. We have to help local people examine the services for themselves.
2. To help local people check the standard of care on offer and whether the services can and should be improved.
3. To meet with local people and groups to gather information on your experiences of local care services and make your information known to the people who run, pay for and check these services.
4. To produce reports about how local care services can and should be improved.
5. To provide advice and information about how to access local care services so people in Blackpool can make their own choices.
6. To express the views of people in Blackpool to Healthwatch England.
7. To make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews and investigations when there may be concerns about a service. We also request that Healthwatch England publish reports about particular issues, to raise awareness nationally.
8. To provide Healthwatch England with the information and understanding it needs to perform effectively.



Our vision is for Healthwatch Blackpool to be the 'go to' organisation for all members of the public to share their experiences of health and social care.

Meet the 2017/18 staff team



Katie Taylor-Rossall

Senior Project Officer



Nick Colledge

Project Officer

Our Volunteers

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

Volunteers not only enrich the organisation by sharing their extensive local knowledge and intelligence but also support the operational team with our work by helping us to carry out our statutory responsibilities.

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During 2017 – 18 the Healthwatch Blackpool service contract was delivered by Healthwatch Lancashire Limited

Your views on health and care

Page 44

healthwatch
Blackpool

**Have you got
something to say about
health and social care
services in Blackpool?**

**If so, help make a
difference by contacting us at:**



0300 32 32 100 (option 4)
enquiries@healthwatchblackpool.co.uk
www.healthwatchblackpool.co.uk

Empowerment Base, 333 Bispham Road, Blackpool FY2 0HH

[f](#) [t](#) [@HealthwatchBpl](#)

Our work during 2017/18

Healthwatch Blackpool was involved in a number of public engagement activities throughout the year. These engagements provided an opportunity for local people to give feedback and have their say about health and social care services. We initially arranged to speak to members of the public at pop-up events (ad hoc engagement in public settings, such as shopping centres and libraries) and  (focus group engagement with existing community groups) at a variety of locations across Blackpool to identify and confirm a programme of engagement. Previous public engagement undertaken by Healthwatch Blackpool in 2016 had identified GP services as the biggest local concern, and as result of the findings from further engagement in April and May 2017 we were able to confirm this issue as the first engagement programme during this year.

Having your say - GP Surgeries in Blackpool

Through engagement with local communities, we were aware of some of the challenges that patients faced when

attempting to access health care within their GP Practices.

Between June and November 2017 we visited 12 GP practices across Blackpool and spoke to 571 patients who shared their experiences of using these services.

Our main objectives for this programme were to ensure that individuals and local communities had the opportunity to ‘have their say’ about services, to gain a better understanding of the main barriers to accessing quality health care and to identify what matters most to patients.

“We know that our residents rightly expect high quality, safe and accessible general practice services. We’re proud to have a very high standard of general practice across Blackpool. There is however always room for improvement and we are happy to acknowledge the themes raised within this report”.

Blackpool Clinical Commissioning Group Primary Care Commissioning Manager

For information visit our report at:

https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/2018_REPORT_HavingYourSayGPsinBlackpool.pdf

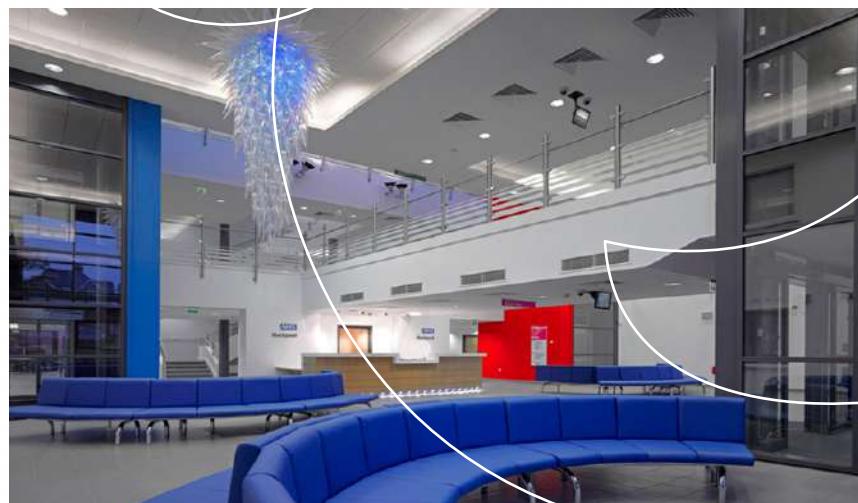
GP-Led Walk-In Centre, Whitegate Drive Health Centre - Patient Engagement Days

During our engagement visits to local GP practices patients spoke about attending the walk-in service as an alternative, when unable to access urgent appointments at their local practice. Following discussions with the GP-Led Walk-In Centre managers we undertook three Patient Engagement Day visits at Whitegate Drive Health Centre in December 2017.

We were interested in finding out about the experience of patients who visit the GP-led walk-in centre and how they use this service alongside other NHS services including their local GP practice.

104 patients shared their views and experiences of using the GP-led walk-in centre.

For information visit our report at:
https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/2018_REPORT_WhitegateDrive-.pdf



So what?

When we engage with members of the public we are often asked what will happen with the information they provide and what difference it will make? Healthwatch Blackpool wanted to identify and share the impact that Healthwatch in Blackpool had previously achieved.

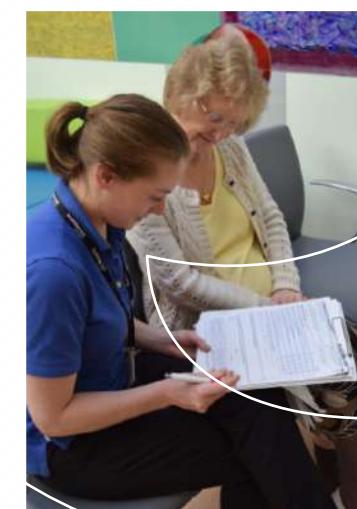
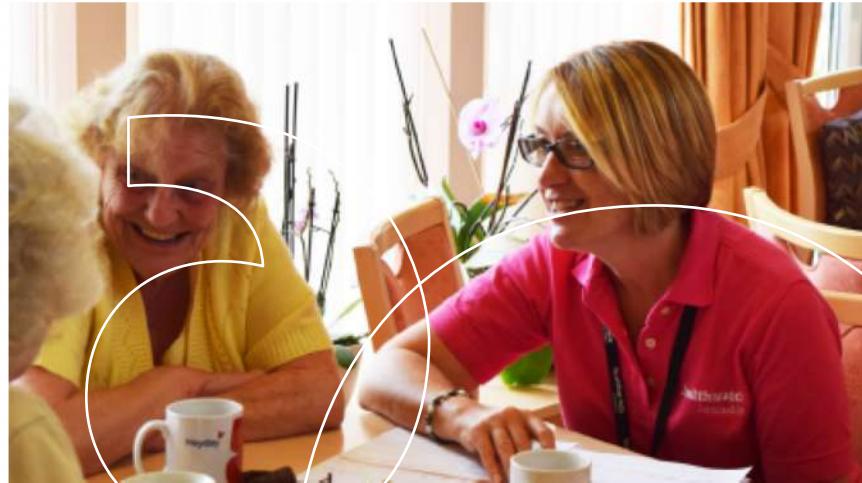
This project was undertaken in collaboration with Healthwatch Lancashire and reviewed the impact of joint programmes of work undertaken by these services in 2016-2017.

Page 4

This report explores and summarises our impact and how we empower the public voice to influence the design of, and improve upon, health and social care services.

For information visit our report at:

https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/REPORT_2018_SoWhat-1.pdf



Your voice: Pharmacies across Lancashire (focusing on Fylde Coast)

The aim of this project was to gather experiences from the public about pharmacy services across the Fylde Coast as part of a Lancashire-wide engagement programme. As a Healthwatch service we have received little independent feedback regarding public perceptions of pharmacy services. However, the public are increasingly encouraged to use pharmacy services for minor illnesses or ailments - partly to reduce pressures on primary or secondary care services including A&E. As such, the aim of our pharmacy project was to gather views and experiences from the public about pharmacy services at a local level.

63 people shared their views and experiences of pharmacy services across the Fylde Coast as part of this engagement programme.

"We are very grateful for the clear and informed picture Healthwatch have given us from the people who access our services, and we will be using the findings to identify what we can do differently to better meet their needs."
Irfan Tariq Chair, Community Pharmacy Lancashire

For information visit our report at:

https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/REPORT_pharmacies_fyldecoast-1.pdf

The full Lancashire report (including Fylde Coast findings) can be found at: https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/REPORT_2017_YourVoicePharmacies-1.pdf



Your voice: A&E Departments across Lancashire (focusing on Fylde Coast)

This report was aimed at exploring what impact ‘winter pressures’ have on the public when using A&E services and was based on the experiences of patients at Blackpool Victoria Hospital and other A&E Departments across the county.

153 people shared their experiences with us across each A&E department in Lancashire (including Blackpool).

Patients
44

Blackpool Teaching Hospitals would like to thank Healthwatch Blackpool and Lancashire for visiting our Emergency Department in January 2017. We are very pleased to receive the encouraging comments we have been given, and value the constructive feedback that has been raised. The report has been shared with the respective teams at The Blackpool Teaching Hospital and the actions taken.”

For information visit our report at:

https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/REPORT_YourVoice_AEsinLancashire-1.pdf



Accessing hospitals with a visual impairment

Working with Healthwatch Lancashire, Healthwatch Blackpool completed a Mystery Shopping activity to test the accessibility of hospitals across the county for people with a visual impairment.

This report summarises the experiences of a Healthwatch volunteer who has a visual impairment, this project was undertaken through simulated visits to eleven different eye clinic departments delivered in hospitals across Lancashire (including a visit to Blackpool Victoria Hospital).

For information visit our report at:
https://healthwatchlancashire.co.uk/wp-content/uploads/2014/06/REPORT_Mystery-Shopping_VisualImpairment-3.pdf



John's Campaign

John's Campaign was established to help NHS staff recognise the importance of working with family carers as equal partners in the care and support of people with a dementia who are in hospital. The aim of this project was to investigate people's views and experiences of new visiting arrangements - aligned to the recommendations of John's Campaign - recently launched and piloted at Blackpool Victoria Hospital and Clifton Hospital (Lytham St Annes).

20 people shared their views and experiences of the new open visiting arrangements.

This report summarises the feedback from family carers on their experience of the new visiting arrangements implemented at Blackpool Teaching Hospitals.

For information visit our report at:

https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/REPORT_2017_JohnsCampaign-1.pdf



Helping the public to understand changes in the NHS and social care

Healthwatch Blackpool, in collaboration with Healthwatch Lancashire, Healthwatch Blackburn with Darwen and Healthwatch Cumbria, planned a series of public events.

These events aimed to bring the leaders of the Lancashire and South Cumbria Sustainability and Transformation Partnership into our communities to inform users of services, patients and members of the public about the Change Programme, and to listen to comments, concerns and feedback raised by local citizens.

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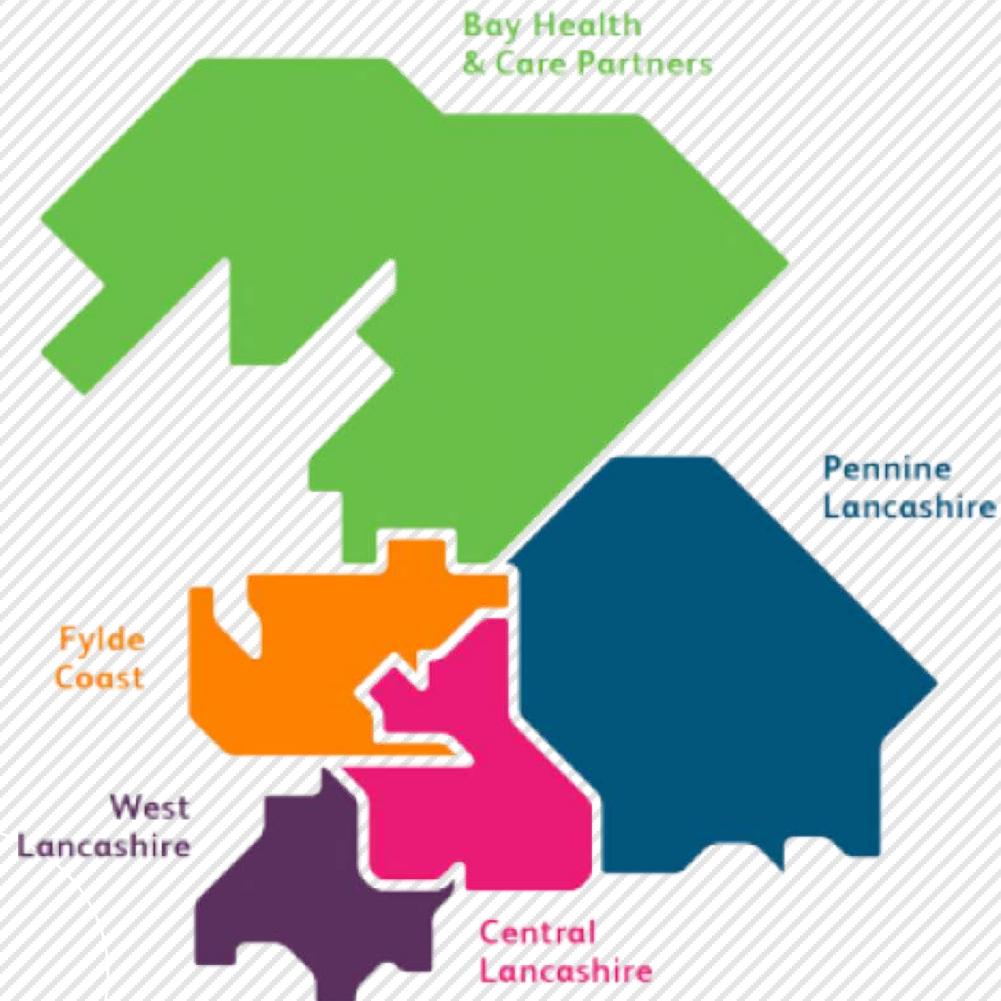
This report details the event held by Healthwatch Blackpool at the South Shore Community Centre in Blackpool on the 26th September 2017 from 6pm to 8pm.

For information visit our report at:

https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/REPORT_2018_UnderstandingChangesintheNHSEvents.pdf



Your local Healthwatch across Lancashire & South Cumbria working together



During 2017/18, Healthwatch Blackpool worked collaboratively with Healthwatch Lancashire on three major engagement projects.

Learning Disabilities

The Learning Disability Project - undertaken in partnership with Healthwatch Lancashire - highlights the feedback from 330 people with learning disabilities about their health and social care experiences.



The aim of this project was to hear the views of those who consider themselves to have a learning disability or autism, their families, carers and those who know them well, to find out what's important to them in terms of their health and social care, with a specific focus on hospital passports.

The most common theme for both individuals with learning disabilities or autism, as well as those who support those people, were issues around communication and awareness of learning disabilities.

Our findings included issues with pre-appointment communication, such as letters and communication during appointments. Many people mentioned the need for additional staff training in learning disabilities and autism, including learning to use Makaton, and promoting the use of hospital passports.

Findings in the report also highlight that the majority of people we spoke to do not have, or were unsure whether they had a hospital passport (58%).

From those who did hold a hospital passport, 63% said it was either not used or they were unsure if it was used.

Despite this, 69% of the individuals with a learning disability or autism said they found staff to be 'excellent' or 'good'.

An 'easy-read' version of the report is available on our website.

https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/REPORT_2018_learningdisabilityreport.pdf

https://healthwatchblackpool.co.uk/wp-content/uploads/2017/08/REPORT_2018_LearningDisability_EASYREAD.pdf



Children and Young People

The main aim of this project was to ensure that children and young people (13 - 25 years) in Lancashire and Blackpool have the opportunity to voice their opinions on health and wellbeing. Young people helped to design a questionnaire and we carried out interactive focus group sessions to gain feedback.

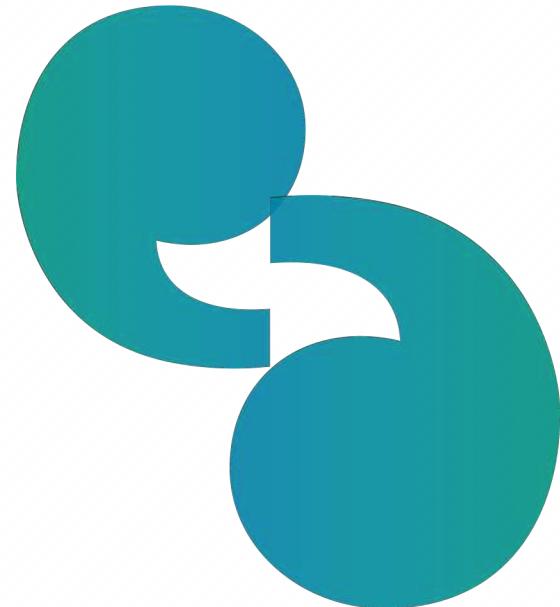
We engaged with 3614 children and young people (306 in Blackpool), the majority between the ages of 16-18 years. The engagement took place over 100 different places across Lancashire and Blackpool from August to December 2017.

The most important health and wellbeing issues identified by children and young people were mental health, self-harm, self-image/body image and taking drugs.

‘Am I Bothered?’

Working in partnership with Healthwatch Lancashire, the ‘Am I Bothered?’ project was aimed at exploring the public’s appetite to share feedback and engage with health and social care services. We wanted to understand why members of the public do not provide feedback to health and social care services such as GPs, hospitals and care homes etc., and to identify what would encourage people to provide feedback to service providers.

585 people (44 from Blackpool) shared their views and experiences about feeding back to health and social care services.



Our plans for next year

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Empowerment Chief Executive Officer Introduction

I am delighted to be given the opportunity to write a short piece for the Healthwatch Blackpool Annual Report 2017-2018. The last year has certainly been one of hard work, dedication and passion for improving the health and wellbeing of those people who live and work in Blackpool. I would particularly like to thank Healthwatch Lancashire Ltd., for their outstanding work throughout the year.

However, the main reason why I am writing is to look forward to the next year, 2018-2019, when Empowerment will have the great privilege and responsibility for the provision of Healthwatch Blackpool. Empowerment is a Blackpool based charity, whose sole purpose is to give a voice to those who are seldom listened to and who are denied the very best in health and social care services. Empowerment is also a charity which places local people with their own experiences and expertise at the heart of everything we do.

Healthwatch Blackpool has excellent foundations to build upon, and we are looking forward to getting out there and empowering all people irrespective of their background to have their voice heard and their rights respected. Blackpool is a fantastic place to live and work, our commitment is to work in collaboration with anyone who shares our ambitious aim to have the best health and social care services in Blackpool!



What next?

As of the 14th May 2018 the Healthwatch Blackpool service contract will be delivered by Empowerment Charity (Registered Charity No. 1155897), operating out of the Empowerment Base, 333 Bispham Road, Blackpool, FY2 0HH.

This exciting development means that Healthwatch Blackpool will work more closely with professional local services and community organisations, which will ultimately increase the flow of vital information about health and social care services within Blackpool. Already we have identified a range of topics that matter most to people living in the town and this will inform our programme of work for the future.

The change in contract will see new additions to the staff and volunteering team and we would welcome people to drop into our offices should you wish to share your experiences and/or find out more about Healthwatch Blackpool and about volunteering with us.



Our top priorities for next year

1. Continue to engage with people where they are using services and in community venues across Blackpool to find out what matters most to them about the health and social care they receive from services in Blackpool.
2. Explore how social care in Blackpool looks and feels and enable local people to have their say on developing social care services for the future.
3. Increase our volunteer involvement in all aspects of our work.
4. Build on our relationships with the decision makers to ensure they hear what matters to people and communities and that they demonstrate what they are to do to ensure services meet the needs of the people and communities of Blackpool.
5. A dedicated project to shine a spotlight on the principles and values of involving mental health patients in decisions affecting them and the care they and their families, carers and advocates receive.



Our people

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The Board

During 2017/18 Healthwatch Blackpool was delivered by Healthwatch Lancashire Ltd. This meant the infrastructure and governance for the service was supported by a number of operational staff and Non-Executive Directors of Healthwatch Lancashire Ltd.

As of the 31st March 2018, the Healthwatch Lancashire Limited Non-Executive Directors on the board were:

Paul Howes (Acting Chair)
John Fell (Chair of Audit Committee)
Davina Hanlon (Chair of HR Committee)
Alex Rocke
Helen Fairweather
Adrian Leather
Naz Zaman
Gail Godson
Karen Cooper
Steve Rigby

Our Volunteers

Healthwatch Blackpool recognises the benefit from engaging a cohort of local volunteers who are skilled and experienced in engaging with members of the public. Volunteers not only enrich the organisation by sharing their extensive local knowledge and intelligence but also support the operational team with our work by helping us to carry out our statutory responsibilities.

As of 31st March 2018 Healthwatch Blackpool has been supported by a cohort of volunteers from Blackpool and the Fylde Coast.

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

Our finances

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Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	70,173
Additional income	9,134
Total Income	£79,307
Expenditure	£
Operational costs	15,699
Staffing costs	42,467
Office costs	6,222
Total expenditure	£64,388
Balance brought forward	£14,919



Its great being part of Healthwatch Blackpool, I get the opportunity to meet people from all walks of life, talking to and listening to their stories and views about their experiences of using services across Blackpool. I find it interesting meeting people at different health and social care places, such as care homes, hospitals, GP surgeries and in community spaces such as colleges, libraries, shopping malls etc.

Having the opportunity to volunteer on a flexible basis, on the days and times that suits me to fit in with my lifestyle is really important and Healthwatch Blackpool enables me to do this.

I feel that the information we gather and the reports produced are important to help those who make decisions about services, consider that they are meeting the needs of Blackpool residents.

Kim Rushton, Volunteer



Contact us

Our registered office and details of the organisation holding the Healthwatch Blackpool contract with Blackpool Council as of 31st March 2018 is:

Empowerment Charity

(Registered Charity No.1155897)

The Empowerment Base, 333 Bispham Road
Blackpool
FY2 0HH

To get in touch:

Address:

The Empowerment Base, 333 Bispham Road
Blackpool
FY2 0HH

Phone number: **0300 32 32 100 (option4)**

Email: enquiries@healthwatchblackpool.co.uk

Website: www.healthwatchblackpool.co.uk

Twitter: [@HealthwatchBPL](https://twitter.com/HealthwatchBPL)

Our annual report will be publicly available on our website.

We will also be sharing our annual report with Healthwatch England, Care Quality Commission (CQC), NHS England, Blackpool Clinical Commissioning Group, The Overview and Scrutiny Committee/s, and Blackpool Council.

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

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

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healthwatch Blackpool

Healthwatch Blackpool
at The Empowerment Base
333 Bispham Road
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FY2 0HH

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fb: facebook.com/HealthwatchBlackpool

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Welcome to this festive edition of our Winter 2018 newsletter.



Healthwatch Blackpool returns to its roots

In May 2018, Blackpool Council awarded the contract for Healthwatch Blackpool to Empowerment, operating from the charity's base on Bispham Road.

Healthwatch Blackpool welcomes a new team: Sheralee Turner-Birchall to the position of Engagement Manager and Sarah Thornley as Project Officer.

Healthwatch Blackpool benefits from the much welcome appointments of new volunteers, Kim Rushton, James Page, Mike Verity and Dean Beswick.



Sheralee Turner-Birchall
Engagement Manager



Sarah Thornley
Project Officer

Let's talk health and social care

Healthwatch Blackpool has the responsibility of meeting with local people and groups to gather information about peoples' experience of using health and social care services, whether this be a hospital, community services such as dentists, GP's, pharmacies, care homes, day care centres or care delivered in the home.

It is important that we reach out and speak with people where they feel most comfortable, we do this through our 'Pop Ups' at places such as libraries, shopping malls, community venues,

youth clubs, bus stations etc. and we also enjoy sitting down and having 'a cuppa' at our 'Care Circles' where we meet with groups of people.

We share the feedback we receive with the people who make the decisions about our health and social care services, with the intention of highlighting issues, sharing of great practice and that this information advises how services should be designed, improved and run in the future.

If you are a community group and would like us to come along to your group or you

would like to share your own experience with us, please give us a call on 0300 32 32100 (option 4).

Alternatively, you can share your experience with us by visiting our website: www.healthwatchblackpool.co.uk/have-your-say/your-experience/

e **your**
voice

Local groups have their say on Digital Technology for the future

Members of Blind Veterans UK, staff and volunteers from Blackpool Fulfilling Lives and the workforce from Empowerment Charity engaged with Healthwatch Blackpool and the Healthier Lancashire and South Cumbria Integrated Care System to share their views, understanding and appetite in using digital technologies to support managing their own health and social care.

The events held in Blackpool

during November were part of a wider project operating across Lancashire and South Cumbria with other local Healthwatch's Blackburn with Darwen, Cumbria and Lancashire holding similar events. The aim of these events is to inform a strategy for empowering people to help shape the future use of digital technology within health and social care.

For more information about our digital future: www.healthierlsc.co.uk/digitalfuture



Young people doing it for themselves!

In October a group of young people aged 11 to 17 commenced their journey as Peer Researchers.

The young people who are members of The Den, part of the Children's Independent Domestic Violence Advisory service are working alongside Healthwatch Blackpool on a project to gain insight into the key issues experienced by young people affected by Domestic Abuse.

The young people are currently undergoing training to enable them to set up and deliver a research project that will see them reaching out to their peers through the use of surveys and interviews.

The information they gather will be presented in a published report that will be presented to the decision makers of children and young people's services in Blackpool and the Fylde.

Looking to volunteer?

Healthwatch Blackpool is seeking **Community Engagement Volunteers** to help us reach out and speak with more people from across Blackpool and listen to their experiences and views and record the feedback.

We are also seeking a **Volunteer Coordinator** to support the administration and **management of our volunteers**.

If you are an individual or a company seeking volunteering opportunities for your workforce, we would love to hear from you.

For more information on volunteering for Healthwatch Blackpool
www.healthwatchblackpool.co.uk/volunteer/volunteers/

You can also contact us by phone or by email volunteering@healthwatchblackpool.co.uk

NHS and local Healthwatch collaborate with children and young people to improve their mental health services

A report entitled "Thrive: Healthy young minds" has been published, highlighting the views of children and young people and their families, regarding child and adolescent mental health services (CAMHS) in Lancashire and South Cumbria.

The four Healthwatch, including Healthwatch Blackpool, operating across Lancashire and South Cumbria teamed up with the Children and Young People's Transformation Board to learn how the NHS can improve child and adolescent mental health services.

During May and June 2018, local Healthwatch teams organised seven events across Lancashire and South Cumbria and invited children, young people, family members, carers

and health professionals to hear their views about CAMHS services.

Each event focused on an aspect of child and adolescent mental health care and was designed to be highly participative. The workshops focused on crisis support, access to services, transition to adult services, the role that digital technology can play to support young people, addressing the stigma of using mental health services, care of the most vulnerable, and ensuring that services are run as an integrated 'one stop shop'. Over 250 children, young people, family, carers and professionals attended the events and told the Healthwatch teams about their experiences and views.

At the events, participants were



asked "what are the top things to fix?" for child and adolescent mental health services. The newly published report can be found on our website www.healthwatchblackpool.co.uk/wp-content/uploads/2018/10/Thrive-report-FV.pdf

The next phase for the NHS is to work with children and young people on a plan to improve child and adolescent mental health services for the future.

Healthwatch supporting women with learning difficulties to access breast and cervical screening services

Working with our Healthwatch colleagues in Blackburn with Darwen, Cumbria and Lancashire, Healthwatch Blackpool have obtained funding from the NHS to support women with learning disabilities in accessing breast and cervical screening. Phase one of the project involved local Healthwatch speaking with women, their parents, carers and local professionals about their awareness, experience including the barriers they experience in accessing screening services across Lancashire and South Cumbria. In Blackpool we held a coffee morning at the Empowerment Base, attended a social event at the

Wainwright Club and an on line survey.

The next phase will involve the four local Healthwatch working with women with learning disabilities, families, carers and professional to develop a local toolkit to support appropriate communication for professionals with the aim of encouraging greater take up of breast and cervical screening.



Service users supporting improvements of home care services for the future in Blackpool

In August, Healthwatch Blackpool carried out a project to assist Blackpool Council and Blackpool Clinical Commissioning Group to understand what matters most to people about the care service they receive in their own homes, also known as domiciliary care.

Healthwatch Blackpool spent time speaking with people who currently receive care in their homes to gain feedback on their current care experiences and to find out what questions they would wish the council and clinical commissioning group to ask care providers during the selection of home care service providers across Blackpool in the future.

Jo Humphries, Divisional Commissioning Manager (Adults) at Blackpool Council responded to our project,

"The council commissioning team have positively received and acted on the feedback collated by Healthwatch Blackpool and have been able to take views of the service user into account within the design of the service, and in the consideration of applications from prospective provider organisations."



Merry Christmas from Healthwatch Blackpool!

We would like to wish everyone a very Merry Christmas and a Happy New Year for 2019.

Contact the team

Helpline: 0300 32 32 100 (option 4)

Email:
enquiries@healthwatchblackpool.co.uk

By Post:
Healthwatch Blackpool
The Empowerment Base
333 Bispham Road,
Bispham,
Blackpool,
FY2 0HH

To keep up to date with the work of Healthwatch Blackpool visit our website:
www.healthwatchblackpool.co.uk

Thank you

Healthwatch Blackpool would like to thank the following organisations and groups who have supported our work during the past few months, without you we would not have been able to reach out to those people who are seldom or never heard.

- Blackpool Fulfilling Lives and the Lived Experience Team
- The Wainwright Club
- Warren Manor Day Care Centre
- Highfield Day Care Centre
- Blackpool Carers Centre
- Streetlife
- Glenroyd Medical Centre

- Whitegate Drive Medical Centre
- Dementia Group @ Empowerment
- Empowerment Charity
- Blackpool College
- Speak Out Forum
- Langdale Independent Living Centre
- Coopers Way Residential Home
- Blackpool Council Independent Living Centre
- N-Vision
- Blind Veterans UK
- Meet 'n' Match

Agenda Item 6

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Dave Rigby, Sector Manager West Sector, North West Ambulance Service
Date of Meeting:	13 February 2019

NORTH WEST AMBULANCE SERVICE PERFORMANCE REPORT

1.0 Purpose of the report:

- 1.1 To update the committee on the performance and activity of North West Ambulance Service NHS Trust in the Blackpool area.

2.0 Recommendation(s):

- 2.1 To consider the report and challenge the performance of the Trust, identifying any areas for further scrutiny work and engagement.

3.0 Reasons for recommendation(s):

- 3.1 That the committee is fully informed as to the performance, activity and initiatives being undertaken by North West Ambulance Service and satisfied with 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? Yes

4.0 Other alternative options to be considered:

- 4.1 None.

5.0 Council priority:

- 5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

- 6.1 North West Ambulance Service NHS trust was formed in 2006 following the merger of Lancashire, Merseyside, Cumbria and Greater Manchester ambulance services.

6.2 The trust has five stations which serve the Blackpool area: Blackpool, Fleetwood, Thornton, Wesham and Lytham.

These stations are bases for 20 emergency ambulances, five rapid response vehicles, 16 senior/advanced paramedics, 51 paramedics, 14 student paramedics, 73 emergency medical technicians and three urgent care staff.

6.3 Performance

In August 2017 the Government changed the ambulance performance targets, introducing new categories and measures.

The targets are as follows:

Category 1 (C1) (purple) life-threatening: - 7 minute mean response time, and 15 minute response 9 out of 10 times (90th percentile)

Category 2 (C2) (amber) Emergency: - 18 minute mean response time and 40 minute response 9 out of 10 times (90th percentile)

Category 3 (C3) (yellow) Urgent: two hour response time 9 out of 10 times (90th percentile)

Category 4 (C4) (green) Less urgent: three hour response time 9 out of 10 times (90th percentile)

The performance for the Fylde area, including Blackpool is as follows.

	C1 Mean 7 mins	C1 90 th 15 mins	C2 Mean 18 mins	C2 90 th 40 mins	C3 Mean 60 mins	C3 90th 120 min	C4 90th 180 min
Morecambe Bay	08:11	14:51	17:10	36:50	00:36:02	01:26:22	02:13:14
Fylde	07:31	13:19	22:04	48:55	00:56:16	02:19:38	03:17:12
South Lancashire	08:49	15:19	25:36	54:32	01:06:02	02:31:00	03:31:03
East Lancashire	08:26	14:51	22:15	46:30	01:00:17	02:23:33	03:05:18

6.4 Activity in the Fylde

- Total Calls Received = 65,000
- Calls Sourced by 111 = 10,039
- Calls with F2F Response = 46,102
 - See and Treat Year to Date = 13,686 (27.8%)
 - Hear and Treat Year to Date = 3,122 (6.34%)

6.5 Performance Improvement Plan:

- Increase numbers of double crew ambulances
- Increase see and treat, and hear and treat
- Reduce ratio of responding vehicles
- More clinicians in our control centres
- Early identification of most life threatening calls by use of key words
- More informed dispatch for other calls.
- Work with partners to enhanced turnaround target of 30 minutes
- Fylde Coast – 4 new 12hr emergency ambulances, 7 days per week

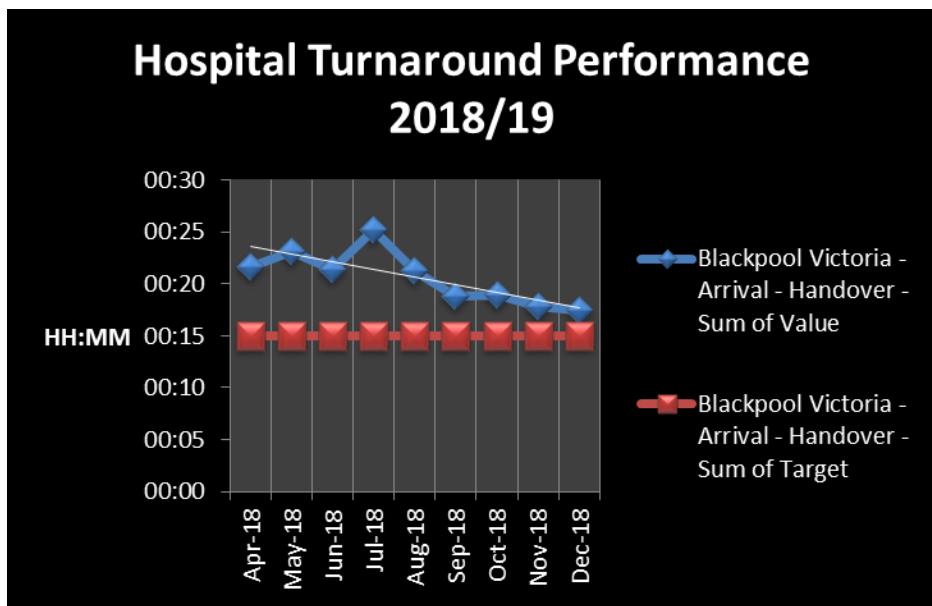
6.6 Blackpool CCG Initiatives:

- Introduction of mental health tri-service response model
- Low risk chest pain pathway
- 90 day turnaround programme
- Extension of Night Safe Haven
- Community Access

6.7 Hospital Handover

Hospital handover is the time it takes for an ambulance crew to transfer the care of the patient from NWAS to the receiving hospital. The target is 15 minutes. Achieving this target is crucial to enable NWAS to respond to patients in the community in a timely manner – while ambulances are waiting at hospital Accident and Emergency departments to handover a patient, they are not in the community responding which can mean patients being left waiting longer than they should be.

A great deal of work has been undertaken with regard to Blackpool Victoria handover times in recent months and this is now having positive results with times greatly improving since July 2018. We will continue to work with our NHS colleagues to maintain this improvement, particularly through these challenging winter months.



Summary

The Trust continues to work within the commissioning governance framework, with CCGs, Acute Trusts, and other providers to assist in continuing to develop & improve provision of urgent and emergency care thereby ensuring 'Right care, at the right time, in the right place'.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

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.

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Date of Meeting:	13 February 2019

HEALTHY WEIGHT UPDATE

1.0 Purpose of the report:

- 1.1 To provide an update on the progress made since the Council signed up to the Local Declaration on Healthy Weight in 2016.

2.0 Recommendation:

- 2.1 The Committee is asked to note the content of the report and highlight any areas for further scrutiny which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

- 3.1 To ensure constructive and robust scrutiny of the implementation of the healthy weight strategy.

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

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

3.3 Other alternative options to be considered: None

4.0 Council Priority:

- 4.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

5.0 Background information

5.1 Healthy weight

- 5.1.1 Obesity has a significant impact on health and is a key priority for Public Health. The

Blackpool data for the 2017/2018 National Child Measurement Programme reported that 27% of reception and 37.8% of Year 6 children are overweight or obese. The reception figure is the highest it has ever been and highlights the need to focus work on targeting the 0-4 year olds to reduce the number of children starting school overweight. However, the Year 6 figure is higher than last year (34.3%) but has not increased to the previous high of 40%. In 2016/2017 it was reported that 66.4% of adults experience excess weight.

- 5.1.2 In January 2016 the Council made a commitment to promote healthy weight and improve the health and well-being of the local population by signing a Local Declaration on Healthy Weight. Since the signing of this declaration the Public Health Team have been working with partners to develop a range of interventions and actions to tackle the issue of obesity in Blackpool.

5.2 **Public Health**

Detailed below are the range of actions undertaken within the Public Health Team.

- 5.2.1 **Healthier Choices Award** – Since 2017, 110 businesses including Chinese takeaways, fish and chip shops, schools, nurseries, play centres and children's centres have received the award for providing healthy options. The scheme continues to run with new businesses coming on board and ensuring existing award holders maintain the require standard.
- 5.2.2 **Junior Healthier Choices Award** – This is a new catering scheme which is due to be launched which will encourage businesses to support infant feeding, complimentary feeding and offering free water and milk to children. The nutritionist is currently working with the Children's Centres to encourage them to achieve the award before it is launched to local businesses.
- 5.2.3 **Refill** – working in partnership with Love my Beach Public Health is encouraging businesses to offer a free water refill service. This has also been incorporate into the Healthier Choices Award to encourage sign up to the scheme. At the current time Sports Blackpool and @The Grange have signed up to be part of the scheme as well as a number of local businesses across the town.
- 5.2.4 **Give Up Loving Pop (GULP)** – since 2015 a range of campaigns have been run to reduce the amount of sugary drinks children drink. There have been two campaigns in secondary schools, two campaigns in primary schools and there is an early years campaign currently running which is focused on dental cavities and decay with diet and nutrition being a secondary outcome. Public Health has also worked with Further Education establishments to run campaigns, and one of the colleges does not sell energy drinks on any of its campuses. This year Fit2Go ran the challenge for every Year 4 and 5 pupils across 32 Primary schools encouraging the children to take the 21

day challenge to give up drinking fizzy drinks and switch to water or milk. In total there were 10,564 fizzy and sugary drink free days for children involved in the challenge.

- 5.2.5 In November 2018, in partnership with Better Start an Early Years GULP campaign was launched 'Be Kind to Teeth'. The primary focus of the campaign was to target dental caries with a secondary outcome on diet and nutrition. As part the campaign we were encouraging parents to swap the baby bottle for a cup and encourage the children to drink only water and milk. The campaign engaged with Children's Centres, GP Practices, Dental Practices, Women's Unit at the Hospital, Nurseries, Child minders and children's social care. The campaign is currently being reviewed to understand the impact.
- 5.2.6 **Children and Families weight management** – This programme is provided by Blackpool Council Leisure Services and targets Primary School age (4-11 years) who are above a healthy weight. It is mandatory that a parent/carer of each child should attend each session of the programme. The aim of the service it to improve knowledge and skills around healthy eating and physical activity, to enable them to use these skills to make and sustain healthy lifestyle choices. A full breakdown of the performance is shown in Appendix 7(a).
- 5.2.7 **Fit2Go project** – A programme which is being delivered to every Year 4 primary school in Blackpool by the Blackpool Football Community Trust. This healthy lifestyle project is operated over six weeks and looks at healthy eating, physical activity and how to live a well-balanced lifestyle. The programme has been operating for seven years and over the past year 96% of participants increased their understanding of a healthy lifestyle and 83% now eat more fruit.
- 5.2.8 **Family Fit2Go** – This programme follows on from the School based Fit2Go programme which looks to work with the whole family over three weeks, to support parents to make healthier choices for the whole household and the benefits this brings to the family. The project worked with 526 families during the course of 2017/2018.
- 5.2.9 **Better Start Fit2Go** – This programme focuses on working with families with children aged between new born and four years of age, to support parents to give their children the best start in life. The project focuses on supporting the family to understand what a child's diet should include and strategies to live a healthier lifestyle. In 2017/2018 the project has worked with 82 families.
- 5.2.10 **Walk to Project** – In Blackpool there are currently 28 primary schools involved in the Living Streets programme which encourages school children to walk to school. In addition to this there are five secondary schools involved in the scheme and the co-ordinator is also working with the business community to engage active travel across the town.

5.2.11 **Healthy lunch boxes** - Over the past 12 months the Public Health nutritionist has been working with our primary schools to develop healthy packed lunch guidance to support parents with making healthy packed lunches. Following consultation and running a number of workshops to promote healthy packed lunches resources have now been developed to help support and guide parents. Partners from Fit2Go will deliver sessions within the primary schools to promote the use of the resources.

5.2.12 **Healthy Breakfast** – This is a collaboration between the Public Health team and Lancashire Constabulary. As part of the normal community engagement role a Community Support Officer (PCSO) has been visiting Blackpool Primary Schools talking to children about the importance of a healthy breakfast. The PCSO has visited parents evenings and during assemblies explained how breakfast can help improve mental performance, concentration and mood. The Officer has helped to make sense of the traffic light labelling on breakfast cereal boxes and encouraged the choice of wholegrain varieties whenever possible to ensure a good fibre intake. Children were also given a leaflet to take home outlining the myths and realities of the Free School Breakfast, provided every day to all thirty three Primary Schools by Blackpool Council. At the present time the Officer has planned 6 Primary School assemblies and five Parent Evenings to talk about the resources.

5.2.13 **Planning**

Where we live has a key role to play in tackling obesity and the local authority has a clear challenge in balancing healthier environments and the demand for thriving and vibrant high streets. In particular the food environment plays an important role in promoting a healthy diet including an individual's proximity to food retail outlets and the type food available. The food environment is constantly evolving with a wide range of choice of what to eat and when to eat. Whilst not all fast food is unhealthy, it is typically high in saturated fat, salt, sugar and calories. Maintaining choice is important but we need to support our residents to easily identify healthy options.

5.2.14 Public Health has been working with planning colleagues to look at how to tackle the ever growing fast food takeaways. Blackpool has decided to include the restriction on fast food takeaways as part of the Planning Local Plan. The evidence has been submitted and the councilors are supportive of including this within the plan. The proposal is to prevent the development of A5 uses in or within 400m of Wards where this is more than 15% of the Year 6 pupils or 10% of reception pupils classified as very overweight. The local plan is currently out to consultation and due to close on the 21 February 2019.

5.2.15 **Other initiatives**

- Universal free school breakfast scheme for all primary school children
- Supporting all Change for life campaigns

- Development of vending machine guidelines
- Allotments and Community growing schemes
- Implementation of healthy catering guidance

5.2.16 Future Actions

- Development of a street trading policy to manage street trading/food stalls and ice cream vans
- Working with Blackpool Transport to look at advertising on the local buses and trams
- Work with Visit Blackpool to look at advertising on bus shelters
- Maternal weight and diet and nutrition in early years
- Evaluation of the commitments to consider future actions
- Undertake whole systems mapping work to identify the gaps

5.3 Leisure Services

5.3.1 Leisure Services provide a broad range of facilities, activities, programmes and interventions that support and promote a healthy lifestyle, including weight loss. The service attracts over one million visits per year and provides a range of free and subsidised programmes to engage local residents and promote a sustainable approach to leading a healthy lifestyle. An overview of a number of programmes and facilities, which support weight loss and a healthy lifestyle, are outlined below;

5.3.2 **Active Blackpool** The Active Blackpool programme is an open-ended health referral programme aimed at individuals who would benefit from additional support to lead a more active lifestyle. Traditionally, the programme has accepted referrals from health practitioners, with a particular focus on GP surgeries, however over the last two years there has been a focus on increasing the referral partners to other health practitioners and partners, which has resulted in a growth in the programme as, demonstrated in the table below:

Active Blackpool Facilities Patronage	
2012/13	24,126
2013/14	36,959
2014/15	56,641
2015/16	74,494
2016/17	75,160
2017/18	80,306

5.3.3 The Active Blackpool programme has seen a 117% increase in participation over the last five years, with the success in the programme linked to the long term retention of participants. Active Blackpool customers remain engaged in the programme for an

average of 30 months.

- 5.3.4 The programme is open ended, allowing customers to access the service for life. There is an ongoing cost for customers from the start of the programme, giving them the opportunity to 'pay as you go' or pay for a membership via a monthly direct debit (£20/month).
- 5.3.5 The service has a very strong partnership with the Cardiac Rehabilitation Service ran by Blackpool Victoria Teaching Hospital, who work in partnership to deliver a cardiac rehabilitation programme for clients who have a cardiac condition, including heart failure, from the leisure facilities
- 5.3.6 The team have received in excess of 1,300 referrals in the previous 12 months with customers being offered a broad range of activities including wellbeing circuits, chair-based exercise, cardiac rehabilitation classes, heart failure classes, swimming, gym ,table tennis, cycling, walking netball, nutrition classes, pilates, respiratory classes, Swimtag, indoor cycling, golf, Nordic walking and a range of exercise classes.
- 5.3.7 **Steps to Health** - The Steps to Health programme has been established for 15 years, providing seven walks each week, delivered by a range of qualified volunteers. The programme has engaged 204 individuals over the previous 12 months, with 6,434 attendances over the same period.
- 5.3.8 **Feel Good Factory** - Leisure Services operate two Feel Good Factory's at Palatine leisure Centre and Moor Park Health and Leisure Centre. The facilities are open to both men and women, but have traditionally been targeted at women who are deconditioned and would not consider exercising in a more traditional gym environment. The programme promotes a sociable and relaxed exercise option, focusing on inch loss rather than weight loss and encouraging customers to attend three times per week to see maximum benefit.
- 5.3.9 Over the previous 12 months, the facilities have engaged 1,213 individuals with 71,100 attendances over the same period. Customers are encouraged to be measured on a regular basis to record inch loss and whilst not all customers opt for this, the facility has seen 6,490 inches lost over the previous 12 months – that is 165 meters!
- 5.3.10 **Health and Fitness** - The leisure facilities offer local residents subsidised access to three large fitness facilities across Moor Park Health & Leisure Centre, Blackpool Sports Centre & Palatine Leisure Centre. New customers are provided with a health review when they first start to use the gym. This involves sitting down with a qualified instructor to discuss their current lifestyle, completing a Boditrax scan, which provides a number of readings including weight, visceral fat score and fat and muscle percentages. The instructor will also develop a programme that will help the

customer achieve their goals. Customers are supported through regular review meetings, which monitor their progress and review their goals as required.

- 5.3.11 Furthermore, local residents have access to a broad range of exercise classes, which encourage an active lifestyle and support weight loss. Across the Leisure Services health and fitness provision, there were over 254,000 attendances in the previous 12 months (January 2018 – December 2018).
- 5.3.12 **Aquatics**- Leisure Services are committed to providing the young people of Blackpool with life skills that enable them to lead an active and independent life. This includes providing school swimming lessons for KS2 pupils, with 1,569 pupils attending school swimming lessons each week with over 61,000 attendances in the 2017/18 academic year. Half of these pupils are complete non-swimmers at the start of school swimming, with over 72% being able to swim by the end of the lessons.
- 5.3.13 Furthermore, an afterschool learn to swim programme is provided, with over 44,000 attendances over the previous 12 months. Whilst learning to swim is a vital life skill, it is also a great way for children to be active. To support this beyond lessons, Leisure Services provide free swimming for anyone under 16 years old throughout all school holidays, with over 18,500 young people taking advantage of this in 2018.
- 5.3.14 **Bikeability** - Leisure Services also deliver the Bikeability programme, teaching primary school children to ride their bikes safely, giving them the confidence and skills to use their bikes for active travel. Between April and December 2018, 605 children took part in the level 1 and level 2 Bikeability programme.
- 5.3.15 **Sport4Champions** - The Sport4Champions programme is a 6 week programme delivered to Year 6 children in partnership with Blackpool Catering Services, promoting and encouraging both healthy eating and physical activity, supporting participants to identify their strengths and opportunities to join local activities outside of school to help develop lifelong physical activity habits. The programme was delivered in 15 primary schools in 2018 with 489 pupils engaged in the programme.
- 5.3.16 **School Games** - The School Games Programme is a national initiative aimed at improving physical activity levels and providing competitive sporting opportunities in educational settings. During 2017/18 academic year, the initiative engaged 31 primary, eight secondary and three special school, educational diversity and two colleges, with over 20,700 attendances across the same period. The programme provides an opportunity for students to experience 26 different sports, to highlight and promote the range of physical activity opportunities available to them outside of the mainstream sports traditionally provided by schools.
- 5.3.17 **Man V Fat** - Man V Fat is a new initiative that Leisure Services are delivering in partnership with Man V Fat, aimed at engaging men who are overweight to increase

their physical activity levels. The 16 week initiative brings together a five-a-side league combined with weigh-in sessions in an all-male environment to encourage men to discuss the challenges they face and work as a team to score goals and lose weight to win the league.

- 5.3.18 The first programme, which ended in December saw 106 individuals register and 76 take part in the 16 week programme. The league saw a combined weight loss of 392kg. Whilst the initiative was open to all, 72% of men that attended were from the top 2 most deprived areas of Blackpool, with 91% of those completing the programme loosing weight.

6.0 **Clinical Commissioning Group**

6.1 **NHS Diabetes Prevention Programme (NDPP)**

This programme is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, evidence based behavioural interventions for individuals identified as being at high risk of developing Type 2 diabetes.

- 6.1.2 It is known that many cases of Type 2 diabetes are preventable and there is strong international evidence that behavioural interventions can significantly reduce the risk of developing the condition, through reducing weight, increasing physical activity and improving the diet of those at high risk.
- 6.1.3 The long-term aims of the NHS DPP are:
- To reduce the incidence of Type 2 diabetes;
 - To reduce the incidence of complications associated with diabetes - heart, stroke, kidney, eye and foot problems related to diabetes; and
 - Over the longer term, to reduce health inequalities associated with incidence of diabetes.
- 6.1.4 In the short-term it is recognised that a stronger focus on identifying people who are at risk of diabetes is likely to increase incidence of diabetes as more undiagnosed cases are uncovered.
- 6.1.5 Individuals going through the programme will reduce their risk of a range of conditions related to being overweight and obese, poor nutrition and a sedentary lifestyle.
- 6.1.6 NDPP in the local area is provided by *Reed Momenta* with local connections, insight and facilitation coming from a local Steering Group which is made up of representatives from CCG's, Primary Care and Local Government. This Steering Group also monitors provider performance and delivery.

Whilst models between providers vary slightly, the programme must be made up of at least 13 sessions, with at least 16 hours face to face contact time, spread across a minimum of nine months, with each session lasting between one and two hours. People will be supported to set and achieve goals and make positive changes to their lifestyle in order to reduce their risk of developing Type 2 diabetes. Sessions will be delivered predominantly in face to face groups.

- 6.1.7 Individuals eligible for inclusion have ‘non-diabetic hyperglycaemia’ (NDH), defined as having an HbA1c 42 – 47 mmol/mol (6.0 – 6.4%) or a fasting plasma glucose (FPG) of 5.5 – 6.9 mmol/l. The blood result indicating NDH must be within the last 12 months to be eligible for referral and only the most recent blood reading can be used. Only individuals aged 18 years or over are eligible for the intervention.
- 6.1.8 Whilst the first phase of the NDPP locally has been on a detect and refer basis (identifying patients who meet the above criteria as identified from GP Practice registers); it is thought that the majority of future referrals will come from patients attending their NHS Health Check.
- 6.1.9 In Blackpool to date there have been 683 referrals into the Programme. The number of individuals who have taken up the Programme is 455 which equates to 68%. 53 individuals have so far completed the course.
- 6.1.10 Work continues to encourage more referrals from Primary Care into the service. The two year contact with the current Provider finishes at the end of July, hence we are currently in the midst of a tendering process to ascertain whether our Provider will remain the same or not from this time forward.

6.1.11 Specialist Weight Management Service

The service support individuals through a local specialist obesity service commonly known as Tier 3. The service provides a wide range of weight management interventions and support including 1:1, group session and pre-bariatric engagement for those patients identified as needing weight management. The programme undertakes a thorough assessment of the patient referred to the service, develops a personal plan and sets targets, and provides access to a range of evidence based interventions of morbidly obese adults. The current performance of the services is shown in Appendix 7(b).

6.2 Blackpool Teaching Hospitals Foundation NHS Trust

- 6.2.1 Blackpool Teaching Hospitals NHS Trust (BTH) is keen to support the town of Blackpool it is ambition to tackle obesity and to support patients, staff and visitors to access healthier options and information on what they can do to improve their own health and wellbeing.

- 6.2.2 In 2017, BTB was the first NHS Trust to sign a healthy weight declaration which showed the commitment of the Trust to help reduce unhealthy weight in our establishments and to protect the health and wellbeing of our staff, patients and visitors. The Trust has spent some time reviewing the food and drink offer, ensuring the healthier choice is more convenient and affordable through price promotions and product placement in both the restaurant and in the food outlets. Staff and visitors who chose to eat at the restaurant will notice the menu utilises the “traffic lights” system to inform them of the healthier options and will notice a greater variety of healthier options including salads, sandwiches and wraps from the deli bar and fruit. The Trust has also signed the sugar sweetened beverage commitment and is monitoring the volume and availability of sugar sweetened beverages across all food outlets (including shops, vending machines and restaurants) striving to achieve the target.
- 6.2.3 In line with the above declaration the Trust continues to promote the importance of healthy eating and being active by actively supporting events in the public health calendar including; nutrition and hydration week, walking month and bike to work week promoting the importance of being physically active. The Trust also hosts their own events throughout the year across multiple sites delivering health check events for staff and volunteers which include blood pressure testing, blood cholesterol testing and BMI measurements. During these events community organisations who focus on healthy eating, boosting physical activity, stopping smoking, looking after your mental wellbeing and alcohol intake are invited to come along and speak with staff about their offer and are encouraged to sign staff up to their services to offer additional support. These events are extremely successful and have led to a number of influential changes amongst staff.
- 6.2.4 With regards to boosting physical activity, promotions throughout the year focus on encouraging staff to meet the recommended physical activity guidelines. Over the last 12 months the Trust have introduced in partnership with Living Streets Charity and the Council a number of walking routes that are visible outside on large boards and inside by picking up walking route maps. These maps have been extremely popular with staff and visitors alike and have contributed to people doing more physical activity throughout the day. Recently they have been used to promote “meditation walks” a programme delivered internally as part of our mental wellbeing offer to staff. The Trust has also delivered an NHS 70 or 700 mile challenge in line with the NHS 70th Birthday which encouraged staff to complete either 70 miles or 700 miles by walking, swimming, running or cycling, as an individual or a team in a given time. Over 150 participants have taken part in this challenge and achieved the milestones.
- 6.2.5 In addition to the above the Trust has created a food and drink strategy with an assigned three year action plan which looks to further improve the food and drink

offering to staff, patients and visitors. This strategy is in line with the recommendations set out in the Hospital Food Standards Report.

6.2.6 The above shows some of the progress that has been made over the last two years to support the ambition of creating a healthier Blackpool. The Trusts healthier weight declaration was reviewed in January 2019 at the Trusts Healthier Workforce Meeting and a status report is currently being drawn up and will be delivered to the Board to reflect the progress that has been made and to set out some new areas of focus over the coming years.

6.3 Does the information submitted include any exempt information? No

7.0 List of Appendices:

Appendix 7(a): Performance data for the Children and Family Weight Management Service

Appendix 7(b): Performance data for the Specialist Weight Management Service

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 None.

Children and Family Weight Management – Making Changes**Completion and Follow-up Performance Data**

Indicator	Targets	2017 (Jan-Dec)	2018 (Jan–Nov)
Total child annual completions	n/a	44	129
% of child starters successfully completing the intervention	75%	No data	70%
Total adult annual completions	n/a	40	118
% of child starters successfully completing the intervention	75%	No data	72%
3 month Follow up (children attending)	n/a	10	14
3 month follow-up (% children maintaining / improving BMI)	70%	100%	44.4%
3 month follow-up (% children maintaining / improving waist circumference)	70%	No data	44.4%
3 month follow-up (% children maintaining / improving sedentary behaviour/screen time)	70%	No data	100%
3 month Follow up (adults attending)	n/a	9	10
3 month follow up (% of adults maintaining / improving BMI)	70%	No data	83.3%
3 month follow up (% of adults maintaining / improving waist circumference)	70%	No data	66.6%
3 month follow up (% of adults maintaining / improving sedentary behaviour/screen time)	70%	No data	100%
6 month Follow up (children attending)	n/a	0	1
6 month follow-up (% children maintaining / improving BMI)	60%	No data	100%
6 month follow-up (% children maintaining / improving waist circumference)	60%	No data	100%
6 month follow-up (% children maintaining / improving sedentary behaviour/screen time)	60%	No data	100%
6 month Follow up (adults attending)	n/a	0	1
6 month follow up (% of adults maintaining / improving BMI)	60%	No data	100%
6 month follow up (% of adults maintaining / improving waist circumference)	60%	No data	100%
6 month follow up (% of adults maintaining / improving sedentary behaviour/screen time)	60%	No data	100%
9 month Follow up (children attending)	n/a	0	4
9 month follow-up (% children maintaining / improving BMI)	50%	No data	75%
9 month follow-up (% children maintaining / improving waist circumference)	50%	No data	50%
9 month follow-up (% children maintaining / improving sedentary behaviour/screen time)	50%	No data	100%
9 month Follow up (adults attending)	n/a	0	3

Indicator	Targets	2017 (Jan-Dec)	2018 (Jan–Nov)
9 month follow up (% of adults maintaining / improving BMI)	50%	No data	66.6%
9 month follow up (% of adults maintaining / improving waist circumference)	50%	No data	66.6%
9 month follow up (% of adults maintaining / improving sedentary behaviour/screen time)	50%	No data	100%
12 month Follow up (children attending)	n/a	0	0
12 month Follow up (adults attending)	n/a	0	0

Performance Data

Performance indicator	Target threshold	2018 performance figures					2017 Total
		Jan-Mar actual	Apr-Jun actual	Jul-Sep actual	Oct-Nov actual	2018 Total Yr to Date	
Numbers of referrals received	monitored only	104	70	36	20	230	104
Numbers of new child starters	Year1 - 129 Year 2 - 145	52	80	32	12	176	64
Number of adult starters	Year 1- 129 Year 2 - 145	50	83	28	11	172	63
Numbers of new child starters classed as overweight	monitored only	10	16	8	3	37	19
Numbers of new child starters classed as obese	monitored only	16	23	16	5	60	42
Numbers of service users on the waiting list	monitored only	59	23	4	24	130	36
% of service users waiting six weeks or less from referral to starting programme	85%	97.5%	100%	90%	87.5%	93.75%	100%
Number of children successfully completing the intervention	monitored only	5	63	37	24	129	44
% of child starters successfully completing the intervention	75%	83.5%	83.4%	100%	100%	91%	No data
% of child completers with reduced BMI z-score	90%	0%	65.25%	63%	63%	48%	64%
% of child completers with reduced waist circumference	90%	100%	79%	73.25%	78.5%	82.7%	93%
% of child completers with increased fitness levels	80%	100%	100%	100%	100%	100%	100%
% of child completers reporting reduced sedentary behaviour/screen time	80%	100%	100%	100%	100%	100%	100%
% of completer families reporting increased fruit+veg eaten daily	85%	100%	100%	100%	100%	100%	100%
% of completer families reporting an increased number of home cooked meals eaten as a family per week	80%	100%	100%	100%	100%	100%	100%

Appendix 7(b)

Specialist Weight Management Service – Performance Data

FW.BTH.53 - Specialist Weight Management Service															
FW.BTH.53.SWM01	Percentage of referrals received that are accepted into the service (All Dietetics)	18/19 Information	84.0%	71.0%	81.0%	81.0%	83.0%	79.0%	85.0%	78.0%					80.3%
			17/18	82.0%	91.0%	84.0%	86.0%	90.0%	87.0%	92.0%	89.0%	84.0%	82.0%	86.0%	97.0%
Service ref: F & W CCG	Indicator Description	Goals	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End Forecast
FW.BTH.53.SWM02	Percentage of all accepted referrals that complete treatment (LSOS)	18/19 Information	63.0%	56.0%	50.0%	57.0%	0.0%	57.0%	75.0%	67.0%					53.1%
			17/18	80.0%	73.0%	60.0%	36.0%	50.0%	38.0%	33.0%	30.0%	88.0%	17.0%	40.0%	33.0%
FW.BTH.53.SWM03	Percentage of all accepted referrals referred for bariatric surgery	18/19 Information	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					0.1%
			17/18	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.1%
FW.BTH.53.SWM04	Percentage of referrals with an improved score on the Warwick Edinburgh Wellbeing Scale at completion compared to acceptance	18/19 Information	20.0%	22.0%	43.0%	25.0%	33.0%	43.0%	13.0%	17.0%					
			17/18	0.0%	80.0%	25.0%	20.0%	17.0%	27.0%	0.0%	0.0%	67.0%	50.0%	40.0%	27.2%
FW.BTH.53.SWM05	Percentage of referrals referred to Y Active	18/19 Information	7.4%	3.6%	0.9%	2.4%	1.8%	0.0%	0.0%	0.0%					2.0%
			17/18	1.2%	9.0%	3.8%	0.0%	3.7%	2.4%	2.3%	5.6%	2.0%	0.8%	1.6%	3.3%

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Agenda Item 8

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Date of Meeting:	13 February 2019

SUICIDE PREVENTION UPDATE

1.0 Purpose of the report:

- 1.1 To receive an update on the ongoing work regarding suicide prevention following a previous recommendation of the Committee that a 'zero' suicide target should be adopted in Blackpool.

2.0 Recommendation(s):

- 2.1 The Committee is asked to note the content of the report and highlight any areas for further scrutiny which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

- 3.1 The Committee is asked to note the content of the report and highlight any areas for further scrutiny which will be reported back as appropriate.

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

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

4.0 Other alternative options to be considered:

- 4.1 None.

5.0 Council priority:

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

6.0 Background information

6.0 Public Health Directorate updates

6.1 Suicide Prevention Update

- 6.1.1 Locally, the suicide rate has come down - 14.0 per 100,000 for the period 2015-17 which equates to 51 deaths (previously 15.9 per 100,000 for the period 2014-16, which equates to 57 deaths).
- 6.1.2 It is worth noting that there has been a change to how verdicts are recorded at inquests. The High Court recently ruled that the civil standard of proof (on the balance of probabilities) should now be used by coroners in reaching a conclusion of suicide at inquest, rather than using the criminal standard (beyond all reasonable doubt). This has been welcomed by organisations such as the Samaritans and Papyrus. The new ruling means that there will be more deaths recorded as suicides, which will provide a more accurate picture of the numbers of people taking their own lives. Our overall rate may not necessarily increase as the current data captures the mortality rate from suicide and 'injury of undetermined intent'. The Office for National Statistics definition of suicide includes deaths given an underlying cause of intentional self-harm or an injury/poisoning of undetermined intent. The assumption is already made that most injuries and poisonings of undetermined intent are cases where the harm was self-inflicted but there was insufficient evidence to prove that the deceased deliberately intended to kill themselves.
- 6.1.3 Suicide prevention work is progressing under the Lancashire and South Cumbria Integrated Care System (ICS) Suicide Prevention Logic Model. The main aims of the plan are reduction in suicides, reduction in levels of self-harm and improved outcomes for those affected by suicide. Local Authority Public Health teams are leading on the prevention strand of the plan. NHS England monies have been awarded to fund elements of the plan.
- 6.1.4 Key progress to date:
- Since 2016, approximately 600 people living or working in Blackpool have been trained in an evidence-based suicide prevention programme (Applied Suicide Intervention Skills Training) NHS England monies will fund further training in education, community and workplace settings;
 - Sign-up to Zero Suicide Alliance – formal application has been completed by ICS suicide prevention programme lead and awaiting confirmation;
 - Bereaved by suicide pathway – service mapping, gap analysis and consultation with people with lived experience has been completed and a draft pathway is now in development;

- Scoping work and consultation has begun to look at better pathways for people with both mental health and substance misuse issues. A dual diagnosis summit was held in November 2018, with Lancashire Care Foundation Trust and other mental health and substance misuse treatment providers across the ICS footprint represented;
- Task and finish group established to scope accredited debt advice services across the area and identify gaps;
- Lancaster University Beacon Technology (Computer Science) solutions are being explored to target high risk locations and a Computer Science researcher has been allocated to support the project, with match funded by the ICS Digital Health Workstream;
- Offender MH Pathway Task and Finish established to review the current pathway for offenders entering custody and on release to ensure a smooth transition and continued care;
- Self-harm care and suicide prevention workshop planned for February – will look at establishing robust care pathways for ;
- Real-time surveillance is being implemented and a post-incident response policy has been developed, with training planed for public health and other relevant agencies. Previous suicide audits in Blackpool have identified public places where a person has taken their own life. Signage with the Samaritans helpline has been introduced at a number of sites, for example, Talbot multi-storey car park, West St Car Park and along the parts of the promenade;
- Street Therapy - therapist now employed through Blackpool Fulfilling Lives and building therapeutic relationships with vulnerable people out on the street
- Time to Change – the national anti-stigma campaign is being implemented locally. A number of campaign activities have been delivered by champions with lived experience of mental ill health. Ninety-one champions living or working in Blackpool have registered. Six organisations have signed the employers pledge and 2 are pending;
- GET VOCAL campaign was launched in October 2018 and is currently being rolled-out. The aim of the campaign is to raise awareness of evidence-based ways of improving personal wellbeing;
- Joint post with Better Start developing interventions to improve male mental

health, for example, Men's Sheds. Post holder is now in place and a men's health consultation event is planned, which will consider what can be done to improve the physical and mental health inequalities experienced by men in Blackpool. The results of this will feed into a men's health conference planned for June.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

8.0 Legal considerations:

8.1 None.

9.0 Human resources considerations:

9.1 Not Applicable.

10.0 Equalities considerations:

10.1 Not Applicable.

11.0 Financial considerations:

11.1 None.

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 Not Applicable.

Agenda Item 9

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting:	13 February 2019

SCRUTINY WORKPLAN

1.0 Purpose of the report:

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

2.0 Recommendations:

- 2.1 To approve the Committee Workplan, taking into account any suggestions for amendment or addition.
- 2.2 To monitor the implementation of the Committee's recommendations/actions.
- 2.3 To record the outcomes from the work on the Green and Blue Infrastructure Strategy.

3.0 Reasons for recommendations:

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

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

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

- 3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

- 4.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

5.0 Background Information

5.1 Scrutiny Workplan

- 5.1.1 The Scrutiny Committee Workplan is attached at Appendix 9(a). The Workplan is a flexible document that sets out the work that the Committee will undertake over the course of the year.
- 5.1.2 Committee Members are invited, either now or in the future, to suggest topics that might be suitable for scrutiny in order that they be added to the Workplan.

5.2 Scrutiny Review Checklist

- 5.2.1 The Scrutiny Review Checklist is attached at Appendix 9(b). The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny.

5.3 Implementation of Recommendations/Actions

- 5.3.1 The table attached to Appendix 9(c) has been developed to assist the Committee to effectively ensure that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.
- 5.3.2 Members are requested to consider the updates provided in the table and follow up questions as appropriate.

5.4 Adult Services Dashboard

Members of the Committee are scheduled to meet with Karen Smith, Director of Adult Services prior to the Committee meeting to initiate the development of a dashboard.

5.5 Green and Blue Infrastructure Strategy

During 2018, the Council's three Scrutiny Committees considered the draft Green and Blue Infrastructure Strategy and agreed to establish a task and finish group to study the draft strategy and action plan in more detail in order to feed into its development.

The comments of the task and finish group and the response from Officers and the Cabinet Member are attached at Appendix 9(d).

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 9(a): Adult Social Care and Health Scrutiny Committee Workplan

Appendix 9(b): Scrutiny Review Checklist

Appendix 9(c): Implementation of Recommendations/Actions

Appendix 9(d): Green and Blue Infrastructure Strategy

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2018/2019	
10 October 2018	<ol style="list-style-type: none"> 1. Proposals for Council Plan Performance Reporting Arrangements 2. Health and Social Care Integration Progress to focus on Integrated Care Partnerships and Sustainability Transformation Plans 3. Lancashire Care Foundation Trust - Improvement Plan tbc 4. Director of Public Health's Annual Report
28 November 2018	<ol style="list-style-type: none"> 1 Blackpool Safeguarding Adults Board Annual Report 2017/2018 including 2018/2019 priorities 2 Blackpool Clinical Commissioning Group Mid-Year Performance Report 3 GP Appointments to include number available, duration and waiting times 4 Adult Services Overview Report including Transforming Care for Adults with Learning Disabilities progress and key performance reporting 5 Green and Blue Strategy
Special Meeting 24 January 2019	<ol style="list-style-type: none"> 1 LCFT Improvement Update including a look at CQC action plans, improvement plans 2 Whole System Transfers of Care Scrutiny Report to approve the final report for submission to the Executive
13 February 2019	<ol style="list-style-type: none"> 1 Healthwatch Progress Report 2017/2018 including 2018/2019 update 2 Public Health Overview Report including key performance reporting and an update on the provision of breastfeeding and infant support services 3 North West Ambulance Service annual update on performance 4 Obesity – to receive an update on action taken to reduce obesity from Public Health and the CCG and impact to date 5 Green and Blue Infrastructure Strategy Scrutiny feedback from scrutiny work
April 2019 (Period for comments)	<p>Responses to draft quality accounts</p> <ul style="list-style-type: none"> • <i>Lancashire Care Foundation Trust</i> • <i>Blackpool Teaching Hospitals NHS Foundation Trust</i> • <i>North West Ambulance Service</i>
July 2019 (Subject to confirmation at Annual Council, May 2019)	<ol style="list-style-type: none"> 1 Lancashire Care Foundation Trust update on progress 2 Blackpool Clinical Commissioning Group Performance Report - End of Year 2018/2019 including an update on recommendations previously made 3 Annual Council Plan Performance report on relevant Priority Two projects, complete with 'Blackpool Outcomes' 4 Blackpool Teaching Hospitals NHS Foundation Trust, income and expenditure plan, financial performance, transitional themes, efficiency savings and impact of savings upon patients 5 Health and Social Care Integration, focussing on progress, impact and the Sustainability Transformation Plan 6 Whole System Transfers of Care Scrutiny Report review of recommendation implementation
October 2019	<ol style="list-style-type: none"> 1 Adult Services Overview Report, including key performance reporting 2 Public Health Overview Report, including key performance reporting and the Director of Public Health's Annual Report

	<p>3 Lancashire Care Foundation Trust, annual update on improvement planning 4 Tbc</p>
December 2019	<p>1 Blackpool Safeguarding Adults Board Annual Report 2018/2019 including 2019/2020 priorities 2 Healthwatch Progress Report 2018/2019, including 2019/2020 priorities 3 Blackpool Clinical Commissioning Group Mid-Year Performance Report 4 Blackpool Teaching Hospitals NHS Foundation Trust, tbc</p>

SCRUTINY SELECTION CHECKLIST

Title of proposed Scrutiny:

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

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

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

Please give any further details on the proposed review:

Completed by:

Date:

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MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	28.11.18	That the CCG be requested to investigate ways in which to improve signposting to extended access appointments through the Patient Access App and by GP practice receptionists and to report back to the Committee with the outcomes in July 2019.	July 2019	David Bonson	Not yet due.	
2	28.11.18	That the CCG be requested to undertake a mystery shopper exercise in relation to the offer of extended access appointments to report back to the Committee on the outcomes in July 2019.	July 2019	David Bonson	Not yet due.	
3	28.11.18	That the CCG investigate whether transport was offered to patients to attend referrals for breast cancer appointments outside of the area and report back to the Committee. To be recommended that transport be provided in future similar situations if it did not happen.	July 2019	David Bonson	Not yet due.	
4	28.11.18	That the CCG report back to the Committee in July 2019 with the main areas of concern	July 2019	David Bonson	Not yet due.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		in relation to succession planning and an approach to be taken.				
5	28.11.18	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.	July 2019	David Bonson	Not yet due.	
6	28.11.18	To request that the BSAB consider increasing expected attendance at meetings to 100%.	February 2019	Sarah Rahmat	It was raised at the BSAB Business Management Group and the group considered and agreed that <u>organisation</u> attendance is expected to be 100%, and <u>nominated</u> (regular) representative attendance expectation is 75%. This will be reflected in future annual reports.	Green
7	28.11.18	To request through Karen Smith, Director of Adult Services that the domestic abuse Facebook campaign be reopened.	February 2019	Karen Smith	This issue is currently being investigated.	
8	28.11.18	The Committee agreed to receive a report at its next meeting highlighting the reasons for delayed discharges from Karen Smith, Director of Adult Services.	February 2019	Karen Smith		

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
9	28.11.18	The Committee agreed to establish a task and finish group to further contribute to the Strategy with the other two Scrutiny Committee and nominated Councillors Callow, Mrs Callow, Humphreys and Hutton to participate in the review.	December 2018	Scrutiny Manager	The final report of the task and finish group is attached to the agenda.	Green
10	24.01.19	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.	Immediately to report back July 2019	Chief Officers of LCFT	Not yet due.	
11	24.01.19	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%.	Immediately to report back July 2019.	Chief Officers of LCFT	Not yet due.	
12	24.01.19	That all representatives be requested to attend a further meeting of the Committee in approximately six months to further update on progress	July 2019	Chief Officers of LCFT	Not yet due.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		<p>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. 				

WHOLE SYSTEM TRANSFERS OF CARE SCRUTINY REVIEW RECOMMENDATION MONITORING

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	24.01.19	That Blackpool Hospitals NHS Foundation Trust consider introducing a policy to limit the number of family and friends attending the emergency department to one/two associates at a time as per the policy on Wards at the hospital in order to	July 2019	Wendy Swift	Not yet due.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		reduce the appearance of a full department and to free up seating for patients.				
2	24.01.19	That Blackpool Clinical Commissioning Group review extended access appointments to look at usage, the reasons why the service is not more widely used and how to improve use of appointments to report back to the Adult Social Care and Health Scrutiny Committee in July 2019.	July 2019	David Bonson	Not yet due.	
3	24.01.19	Blackpool Teaching Hospitals NHS Foundation Trust to explore the impact of delayed receipt of prescriptions from the pharmacy on discharges 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.	July 2019	Wendy Swift	Not yet due.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
4	24.01.19	That Blackpool Teaching Hospitals NHS Foundation Trust identify ways to offer facilitated parking for discharge staff (either Council or NHS), to report back at the meeting in July 2019.	July 2019	Wendy Swift	Not yet due.	
5	24.01.19	That Blackpool Teaching Hospitals NHS Foundation Trust work with all relevant partners to review discharge processes and ensure they 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.	July 2019	Wendy Swift Karen Smith	Not yet due.	
6	24.01.19	That Blackpool Teaching Hospitals NHS Foundation Trust work to improve relationships and communications with care homes. To report back to the Committee meeting in July 2019.	July 2019	Wendy Swift	Not yet due.	
7	24.01.19	That all partners use social	July 2019	Wendy Swift	Not yet due.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		media to send out alerts relating to accident and emergency waiting times, walk in centre waiting times and available GP appointments on a day. Each partner organisation to assist the others in disseminating the information.		David Bonson Karen Smith		
8	24.01.19	That Blackpool Teaching Hospitals NHS Foundation Trust install signage at an appropriate point prior to the car park entrance alerting people to current waiting times.	July 2019	Wendy Swift	Not yet due.	
9	24.01.19	That Blackpool Teaching Hospitals NHS Foundation Trust consider offering parking refunds to patients attending accident and emergency inappropriately to leave again, preventing having paid for parking being the only reason why a person would wait and not try an alternative, more appropriate avenue.	July 2019	Wendy Swift	Not yet due.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
10	24.01.19	That Blackpool Council consider how available marketing signage around the town can be used to promote positive NHS messages.	July 2019	Arif Rajpura	Not yet due.	

Green and Blue Infrastructure: Scrutiny Input into Strategy Development

The three Scrutiny Committees considered the draft Green and Blue Infrastructure Strategy and agreed to establish a task and finish group to study the draft strategy and action plan in more detail in order to feed into its development.

Members were very supportive of the Strategy and recognised the importance of introducing more green spaces within Blackpool, noting that the town was one of the most urban towns in the country. The benefits in relation to health and wellbeing were also considered in detail.

Councillors Galley, Humphries, Hutton, O'Hara and Mrs Scott attended the meeting of the task and finish group, which was supported by John Blackledge, Director of Community and Environmental Services, Judith Mills, Consultant in Public Health, Sharon Davis, Scrutiny Manager and John Greenbank, Senior Democratic Governance Adviser.

The following key points were raised by the Committees and the task and finish group and Members requested that the Director of Community and Environmental Services and Cabinet Secretary (Resilient Communities) consider incorporating them within the final strategy. The Cabinet Secretary and Director have provided a response to each of the suggestions made as follows:

Scrutiny Recommendation	Cabinet Member/Director Response
The green and blue implications of all decisions taken must be considered and clearly set out in reports in order to place green and blue at the heart of decision making.	Included in action plan.
That the Council must ensure that other policies are not contravened in the bid to create an attractive setting e.g. tree skirts must not be sponsored by premises selling alcohol.	Agreed as this would break our ethical policy.
Children as young as nursery age should be included in the strategy in order to embed the importance of a green environment.	Included within the Better Start actions in the plan.
Ensuring that developers building new large scale developments including the Central Leisure Quarter are aware of the Strategy and take account of it when designing developments, including those that are currently ongoing such as the Conference Centre.	Included in action plan.

The importance of ensuring the road and rail gateways to the town such as Train Stations have green areas in them and establishing the necessary links to Network Rail to do so.	Included in action plan.
To consider the potential to allow paid leave for employees to volunteer on green and blue projects in order to lead from the front as a Council and inspire businesses.	Included in the action plan for consideration and exploration.
<p>Targeting socially isolated people to engage them in activities:</p> <ul style="list-style-type: none"> • To consider how to provide street drinkers with opportunity to be involved and play a part in the green agenda. • To set up a scheme to allow disabled and less physically abled residents to contribute, such as a growing plants in their own garden which could then be passed to businesses or other residents to plant around the town. 	Included in action plan.
The importance of fostering a 'can do' attitude amongst Parks staff. It was considered that saying 'no' to ideas too often was often seen as a lack of support amongst volunteers.	Consideration of joining Leisure and Parks Development together to form a new unit and team which is focussed on making things happen in relation to leisure, sport and parks development.
To consider installing green, living bus shelters.	This requires greater thought and understanding in terms of how this could be developed.
That the Strategy include an action to issue guidance to residents of the importance of having a garden and how to look after their own green space.	Included in action plan and linked to Blackpool in Bloom.
To consider if it would be possible to ensure that roofs were south facing to allow installation of solar panels, if economically viable.	Flagged as an option to the strategic planning team.
To consider entering Britain in Bloom's small neighbourhood award scheme to give direction and opportunity.	Included in action plan and linked to Blackpool in Bloom.

To request that consideration be given to establishing an Urban Community Group to lead on supporting green space across the town centre.	To be discussed with Blackpool's existing Open Spaces Network.
To continue to make improvements to Stanley Park, whilst not neglecting any other green space in the town.	Highlighted in action plan.
To amend the wording in the action plan around hedgerows noting that they can often be an area prone to anti-social behaviour and a barrier to linking a green space to a community.	Hedgerows replaced by shrubs in the action plan.
To engage with the Chamber of Commerce in order to obtain the backing of more businesses.	The implementation of the plan would include engagement with business including the Chamber of Commerce.

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