Blackpool Council

9 March 2021

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

The above members are requested to attend the:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Wednesday, 17 March 2021 at 6.00 pm
Via Zoom meeting

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 26 NOVEMBER 2020 (Pages 1 - 6)

To agree the minutes of the last meeting held on 26 November 2020 as a true and correct record.

3 PUBLIC SPEAKING

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

4 EXECUTIVE AND CABINET MEMBER DECISIONS (Pages 7 - 12)

To consider the Cabinet Member decision taken within the remit of the Adult Social Care and Health Scrutiny Committee since the previous meeting.

5 HEALTH SYSTEM: COVID-19 UPDATE AND IMPACTS (Pages 13 - 28)

To apprise members of the current position with the Covid-19 pandemic and associated impacts.

6 ADULT SERVICES OVERVIEW (Pages 29 - 40)

To provide an overview of the whole directorate including financial performance and impact of the pandemic.

7 PUBLIC HEALTH VERBAL UPDATE

To receive a verbal update from the Director of Public Health on the response to the pandemic and the impact of the pandemic on services.

8 SUPPORTED HOUSING SCRUTINY REVIEW INTERIM REPORT (Pages 41 - 46)

To set out the interim findings and recommendations of the Supported Housing Scrutiny Review.

9 SCRUTINY WORKPLAN (Pages 47 - 64)

To review the work of the Committee, the implementation of recommendations and note the update on the Fulfilling Lives informal meeting.

10 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as 1 July 2021 commencing at 6pm, subject to confirmation at Annual Council.

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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MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 26 NOVEMBER 2020

Present:

Councillor Burdess (in the Chair)

Councillors

G Coleman	Hunter	O'Hara	Stansfield
Critchley	Matthews	Mrs Scott	Wing

In Attendance:

Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

Mr Stephen Ashley, Chair of the Blackpool Safeguarding Adults Board
Ms Dianne Draper, Screening and Vaccine Lead for Lancashire and South Cumbria
Ms Sarah Keighley, Health Visiting Team Lead, Blackpool Teaching Hospitals NHS Foundation Trust (BTH)
Ms Liz McGladdery, Screening and Immunisations Manager, NHS England
Ms Nicola Parry, Head of Midwifery, BTH
Ms Liz Petch, Consultant, Public Health
Ms Pauline Tschobotko, Deputy Director of Operations, BTH

Mr John Greenbank, Senior Democratic Governance Adviser (Scrutiny)

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 17 SEPTEMBER 2020 AND THE SPECIAL MEETING HELD ON 19 OCTOBER 2020

The Committee agreed that the minutes of the last meeting held on 17 September 2020 and the special meeting held on 19 October 2020 be signed by the Chairman as a true and correct record.

3 PERINATAL AND INFANT MORTALITY

Ms Pauline Tschobotko, Deputy Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust (BTH), presented an overview of perinatal and infant mortality in Blackpool including the challenges caused by the Covid-19 pandemic.

Ms Nicola Parry, Head of Midwifery, BTH, informed Members that Blackpool faced significant challenges and was listed as having some of the most deprived areas in the country. This had necessitated close multi-agency working between partner organisations to improve the lives of children, place families at the centre of care work and minimise instance of infant mortality across Blackpool.

Ms Liz Petch, Public Health Consultant, Blackpool Council, provided detailed figures on

the levels of perinatal and infant mortality rates within Blackpool. Members were informed that the infant mortality rate was 6.4 per 1,000 between 2015 and 2017t compared with 3.9 per 1,000 across England and 4.3 per 1,000 in the North-West region. It was added however that although infant mortality rates as a proportion of the population in Blackpool were high, the actual numbers of infant deaths were low due to Blackpool's small population size. Ms Petch also added that most infant mortality cases had links to the baby's weight.

Ms Parry informed Members that BTH was good at identifying instances of low birth weight, however additional work was need to track other factors such as parental health and baby brain development. As part of this work a pre-term clinic had been established to monitor prenatal development through to a child's birth.

Although smoking during pregnancy, by both the mother and father, was a risk factor and an ongoing issue, Members were informed that instances were recorded as falling in Blackpool.

Ms Sarah Keighley, Health Visiting Team Leader, BTH, spoke to the Committee regarding the work of Health Visitors (HV) in addressing infant mortality. She stated that high levels of deprivation in Blackpool meant that many children were born into adverse circumstances that increased risk factors related to mortality. The HV team had therefore worked with Better Start to support parents and help them learn how to better engage with their baby. This included helping them understand how adverse circumstances affected a child's development and how they could be addressed.

The Committee was also advised of the impact of the Covid-19 pandemic on the work of partners to address perinatal and infant mortality. Ms Keighley explained that while face to face contacts had been reduced during the first national lockdown they had increased since the summer. Ms Parry added that BTH's Families Division had ensured that face-to-face contact had continued for all mothers at thirty-two weeks, which had continued into the ante-natal period.

Members of the Committee queried how a low baby birth rate was determined and asked for more details on the impact of drugs and alcohol during the perinatal period. Ms Parry replied that the median weight for a baby was based on the mother's size, height and weight. This would produce an individual median weight for each baby, with any falling below this being considered low weight. Ms Petch added that while there was strong evidence of the damage caused by smoking in the perinatal period on a baby there was less evidence for alcohol and drug abuse and more research was need into the specific impact of both alcohol and drugs.

Members also asked if there were any details regarding poor nutrition and its impact during the perinatal and antenatal periods. Ms Parry responded that there was limited understanding of the impact of poor nutrition on infant mortality, but that a link was recognised between nutrition and the mother's health, with some having either high body mass indexes or babies with low birth weight. Ms Petch added that the benefits of breastfeeding to ensure good baby nutrition was promoted as part of engagement with new mothers.

The Committee noted that Blackpool had an induced birth rate of 38.5% and queried how this compared nationally and if a link existed between this and infant mortality. Ms Parry replied that no national number existed for rates of induced births, however the Blackpool figure was comparable to those in Lancashire and South Cumbria. She added that inducted births were undertaken based on the individual need of a mother and that there was no known link between induced births and infant mortality, but this was monitored as a precaution. The majority of babies delivered by induced births were described as healthy.

Members asked if data existed for the levels of home births in Blackpool and what support existed for those who wished to give birth in this way. Ms Parry replied that around 4% of births in Blackpool took place at home. This compared with a rate of 2% nationally. In the case of each birth, engagement took place with families to determine their wants and needs so that appropriate advice and support could be provided to ensure mother and baby's health and safety.

The Committee queried what would happen if a family refused to engage with the support offered. Ms Keighley replied that people had a right to refuse the support offered and it was difficult when they did so. Therefore it was important that the widest range of support possible was offered and that the offer was sustained throughout the perinatal and antenatal period.

The impact on services and learning from the Covid-19 pandemic was also queried by the Committee. Ms Tschobotko, answered that there had been lots of learning for services during the pandemic. One of the most significant had been the increase in digital forms of communication, compared with 2019. This had included ensuring contact with service users addressed their needs and that their experience was positive despite not being face-to-face. Overall she felt that partners had shown great resilience in their response to the pandemic.

Ms Tschobotko also added that the physical effect of Covid-19 on children had been minimal, however the mental health impact of the isolation many experienced during lockdown was greater. The Committee requested that more information be provided on the impact of the Covid-19 lockdown on mental health and requested that a report be provided to a future meeting.

4 SCREENING AND VACCINATIONS REPORT 2020

Ms Dianne Draper, Screening and Vaccine Lead for Lancashire and South Cumbria, presented the Screening and Immunisation Report 2020 to the Committee. The report provided an overview of local immunisation programmes, the impact of Covid-19 and the recovery programme.

Ms Draper informed Members that local immunisation programmes were delivered under Section 7a of the NHS Public Health Functions Agreement. Under this there were twenty-eight local programmes for screening and immunisation for a wide variety conditions covering birth to old age.

In terms of overall vaccine uptake Blackpool was close to the national average, however

rates of booster uptake and those for the Measles, Mumps and Rubella (MMR) vaccine were lower. This was recognised as a national issue and ongoing work with GPs was being undertaken to improve the rates of uptake. Efforts to engage better included the production of easy to read literature, outlining the safety and benefits of vaccinations.

The Committee was also informed that the Seasonal Flu Campaign for 2020-2021 would be the largest that had been undertaken. This was because it had been expanded to include those vulnerable to Covid-19 as well as school aged children and the over fifties. It was also noted that take up for 2020-2021 was expected to be higher.

Ms Draper also provided details of the impact of Covid-19 on existing immunisation programmes. It was stated that take up had fallen at the start of March 2020 due to the national lockdown but had recovered. This was attributed to an effective communications strategy including the "NHS is Open" programme. Members noted however that some local programmes had been paused for all but high risk individuals during lockdown.

Members asked if there was a sufficient supply of the flu vaccine and what work was undertaken to combat the anti-vaccination messaging prevalent on social media. Ms Liz McGladdery, Screening and Immunisation Manager, NHS England, replied that it had been recognised that supply of flu vaccines had been insufficient in 2019, but that additional stocks had been purchased for GPs in 2020 and it was believed that these would be sufficient. Ms Draper added that a comprehensive communications plan was being developed to address anti-vaccination messaging on social media. Ms McGladdery also informed Members that evidence had shown that the use of NHS branding increased trust in the information and was therefore used in such communication.

The Committee noted that development for a vaccine for Covid-19 was near to completion and asked if once approved and rolled out a report could be brought to a future meeting detailing the plan for the programme and take-up. Ms Draper agreed that this could be provided and that Blackpool Council's Public Health would be able to contribute.

Members also queried the resources available once a Covid-19 vaccination programme had been implemented. Ms Draper responded that a recruitment campaign had been started to find individuals to help deliver the programme. Ms Liz Petch, Consultant, Public Health, added that the Council's Public Health team had been involved in identifying sites for vaccinations.

In response to a question, Ms Draper advised that details on vaccine trails being conducted globally were available online and that a link for Members could be provided. Members also asked if it was known which vaccine would be adopted for use in the UK. In reply Ms Draper stated that it was foreseen that a number of vaccines could be adopted, subject to regulatory approval.

The Committee thanked Ms Draper for the report and expressed appreciation for all those involved in delivering screening and immunisation programmes.

5 BLACKPOOL SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Mr Stephen Ashley, Chair of the Blackpool Safeguarding Adults Board (BSAB), presented BSAB Annual Report to the Committee outlining its work, role, structure and priorities.

Mr Ashley informed Members that Covid-19 had had a disproportionate effect on vulnerable adults in Blackpool and that report showed how partners had undertaken lots of hard work to address the challenge. He added that the BSAB had praised the Council's Adult Social Care team for its work and not taking up the easements made available by Government, instead continuing to provide all of its services.

The Committee was also informed that Lancashire Constabulary had improved its ways of working with the inclusion of vulnerability experts on each working shift.

Domestic Abuse was reported as an ongoing area of concern with an increase in reports over the lockdown period. Partners had reacted well to this and it was noted that national recognition had been received for the use of Individual Domestic Violence Advisors to assist the Police in engaging with victims.

Mr Ashley also reported that the BSAB had continued the organisation of training for partners. As part of this the Fire and Rescue Service had taken over providing safeguarding training, as it had been recognised that the service was one of the most trusted partners of the BSAB.

Blackpool Coastal Housing Ltd was reported as having increased engagement with BSAB work. This had involved ensuring safeguarding training for its maintenance staff, which would help enable issues to be identified and referrals made.

It was also reported that lots of work had been undertaken to ensure local Deprivation of Liberty Safeguards (DoLS) had been properly assessed. This had resulted in there being no backlog of cases in Blackpool, which represented a better position than nationally.

The priorities for 2021 were also reported as being under consideration by the BSAB. Issues under consideration included; the restoration of services following Covid-19, the monitoring of Domestic Abuse and Mental Health referrals, improvement to self-neglect safeguarding and how to capture and make greater use of the voice of vulnerable people in safeguarding.

Mr Ashley informed Members that the report would be submitted to the BSAB Board and that a business case with greater detail on its priorities for 2021 was being developed. The Committee asked that more detail on Domestic Abuse, Mental Health and Self-Neglect be included in the business case going forward. Mr Ashley agreed that he would share a copy of the business case once it had been signed off by the Board with Members of the Committee.

The Committee asked if work had been planned on the issue of coercive control, which had been noted as an increasing problem. Mr Ashley replied that coercive control was a difficult area to identify and address. However a piece of work was underway to develop ways of addressing the issue including more training to help front line workers recognise

its signs. Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health, added that the local Domestic Abuse Group had restarted and would be picking up coercive control as an issue, including what services were available and if any gaps in provision existed.

The Committee also noted the 25% increase in cases of financial abuse in the report. Mr Ashley explained that the number of cases was relatively small and therefore even a small increase in cases could lead to a large percentage change. He would therefore ask that the raw data be shared with the Committee to better demonstrate the number of financial abuse cases.

6 SCRUTINY WORKPLAN

The Committee considered its Workplan for 2020-2021 and approved its contents subject to the inclusion of items identified during the course of the meeting.

7 DATE AND TIME OF NEXT MEETING

The Committee agreed the date and time of its next meeting as Thursday, 11 February 2021 at 6pm.

Chairman

(The meeting ended at 7.50 pm)

Any queries regarding these minutes, please contact:
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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager
Date of Meeting	17 March 2021

EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report:

1.1 To consider the Cabinet Member decision taken within the remit of the Adult Social Care and Health Scrutiny Committee since the previous meeting.

2.0 Recommendation:

2.1 Members will have the opportunity to question the relevant Member in relation to the decision taken.

3.0 Reasons for recommendation(s):

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

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

4.0 Other alternative options to be considered:

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

circulated to Members previously.

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

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

Witnesses/representatives

6.4 The following Member is responsible for the decision taken in this report and has been invited to attend the meeting:

- Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

Does the information submitted include any exempt information? No

7.0 List of Appendices:

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

8.0 Financial considerations.

8.1 None associated with this report. The implications of the decision are contained within the Executive report.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, Climate Change and environmental considerations:

12.1 None.

13.0 Internal/ External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
ADULT SOCIAL CARE FEES AND CHARGES 2021/22 The Cabinet Member agreed the recommendation as outlined above namely: To agree the 2021/22 proposed fees and charges for Adult Social Care services as set out in Appendix A to the Executive report (circulated by separate cover).	To recognise the increasing cost of providing services as a result of increases in the National Living Wage and other inflationary factors. To ensure the continued generation of income from assessed charges in order to support the provision of non-residential and residential care services in the context of reduced government funding. To continue to comply with the requirements of the Care Act 2014 and the statutory guidance issued by the Department of Health and Social Care.	PH16/2021	17 February 2021	Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Dr Neil Hartley-Smith, Roy Fisher, Beth Goodman, Kevin McGee and Peter Murphy
Date of Meeting:	17 March 2021

HEALTH SYSTEM: COVID-19 UPDATE AND IMPACTS

1.0 Purpose of the report:

1.1 To apprise members of the current position with the Covid-19 pandemic and associated impacts.

2.0 Recommendation(s):

2.1 The committee is asked to note this update.

3.0 Reasons for recommendation(s):

3.1 To ensure that the committee is apprised of developments, progress and future plans.

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 **Covid-19 Vaccine Rollout**

Vaccination of residents continues at pace across Lancashire and South Cumbria.

There are currently eight Primary Care Network (PCN) sites in operation across Blackpool, Fylde and Wyre; in addition to the Mass Vaccination Site at the Winter Gardens and the Staff Vaccination Centre at Blackpool Victoria Hospital.

Based on most recent data published by NHS Statistics, across the Fylde Coast 123,554 residents had received a first dose (up to and including 21 February 2021). Over 90% of over 65-year olds in both Blackpool and Fylde and Wyre CCGs have now received their first vaccination.

CCG of residence	1st Dose		% of 65+ Pop	2nd Dose		% of 65+ Pop	Total Vaccinations
	Under 65	65+		Under 65	65+		
Blackpool CCG	19,291	26,790	94.0%	337	812	2.8%	47,230
Fylde & Wyre CCG	24,370	50,127	93.2%	345	1,482	2.8%	76,324
Total	**43,661**	**76,917**	**93.5%**	**682**	**2,294**	**2.8%**	**123,554**

Source: National Immunisation Management Service (NIMS) database.

The current vaccination total (as at 23/02/21) for Lancashire and South Cumbria was **514,414**, with the following vaccine totals administered at the respective centres:

- Hospital Hubs: 74,098
- Local Vaccination Centres (PCNs): 392,824
- Vaccination Centres (e.g. Winter Gardens): 47,492

Blackpool Teaching Hospital Staff

Out of 7,167 substantive staff on roll at Blackpool Teaching Hospitals, 4,576 (63.8%) have received a first vaccination.

However, only 440 staff (43%) who have stated as from BAME background have received a vaccination.

Care Homes

100% of Fylde Coast care homes for the elderly on the Fylde Coast have had an initial vaccination visit. In Fylde and Wyre care homes, the staff vaccination total was 1,324 (81.4%) and the resident vaccination total was 1,178 (95.6%) as at 25 February 2021. The Blackpool Care home data was not readily available when this report was created.

ICP/MCP	Numbers of care homes	Covid-19 Confirmed staff numbers
Pennine East Lancs	166	Vaccination rate 67%
Central Lancs	115	Vaccination rate 65%
Fylde Coast	148	Vaccination rate 73%
The Bay and Partners	106	Vaccination rate 72%
West Lancs	29	Vaccination rate 69%

Work is ongoing with the ICS Immunisation lead and the Local Resilience Forum (LRF) Adult Social Care cell to put together myth busting sessions for Care Home managers to try and encourage increased uptake of the vaccination.

6.2 **Referrals and waiting times**

Fylde Coast referrals for April – December 2020 were 28% lower than the number seen in the same period of 2019, with the highest variances in orthopaedics, ophthalmology, ENT and gynaecology. Advice and Guidance was introduced in July 2020 and has had a direct impact on avoiding unnecessary hospital referrals.

Restoration of activity at Blackpool Teaching Hospitals (BTH) – April–December 2020

Activity restoration at BTH is progressing well for the main points of delivery with day case activity in December 2020 at 95% of the activity level in December 2019 and elective inpatient activity at 86% of the activity level in December 2019. Outpatient activity levels in December 2020 were 100% of the activity level in December 2019. To support this BTH is also undertaking virtual outpatient appointments wherever possible.

Waiting times

The position in December 2020 highlights the significant impact of the pandemic on elective waiting times. To support recovery of the elective backlog, BTH is working closely with the Independent Sector (IS) to ensure that those long waiting patients suitable for treatment in the IS are offered the option to transfer to Spire Fylde Coast or other suitable Providers. Elective recovery is being led at system level, by the Lancashire and South Cumbria Hospital Cell.

- **% of patients seen within 18 weeks** (BTH) was 64.7% in December, this is a slight improvement from 64.5% in November.
- **Total referral to treatment waiting list** (BTH-inpatients and outpatients) has reduced by 716 in December or 3.5%. Approximately half of the over 18 week waiters are in three key specialties; orthopaedics, general surgery and gynaecology. Where appropriate, long waiting patients are being offered a transfer over to the independent sector.
- **Number of over 52-week waiters**
  - At BTH there were 1,301 patients waiting more than 52 weeks at the end of December 2020, an increase of 176 since November 2020 (or 16%) with notable increases in orthopaedics, general surgery and ophthalmology.
  - At Spire, there were 648 patients waiting more than 52 weeks at the end of December 2020, which was a marked increase of 165 or 34% since November 2020.
- **Diagnostics** % waiting greater than 6 weeks (BTH)– was 25.1% in December and the full diagnostics waiting list also increased slightly, up to 5,418. There has been a slight reduction in the number of long waiters for key tests including colonoscopy, flexi sigmoidoscopy and gastroscopy. Additional capacity has been put in place where possible although restrictions linked to COVID are impacting on throughput. Long waiting patients are triaged weekly to ensure those at highest risk are prioritised, Independent Sector (IS) capacity is considered where feasible.

6.3 **Primary and community pressures**

BTH Community Services are currently supporting the c-19 vaccine delivery programme and are focussing on care home residents and housebound patients on behalf of the primary care

networks. The initial phase of first dose of vaccine has been completed and planning is underway for second doses. In order to support the vaccine programme, a number of routine elements of various community services have been scaled back to ensure resources are focussed on the vaccine delivery. Services remain in place but focus on urgent requests only.

Across community services there are significant staffing pressures within the Neighbourhood Care Teams in Lytham and North. Capacity is reviewed on a regular basis to allow resources from across the Fylde Coast to be directed to areas of need.

6.4 **Covid Virtual Ward/Pulse Oximetry**

1 Introduction and Background

As part of the Covid Response, the National Incident Response Board agreed a Business Case for Clinical Commissioning Groups to locally commission a Covid Oximetry at Home Service (CO@HS).

The CO@HS was designed to reduce the risk of covid positive patients deteriorating as a result of silent hypoxia, through the monitoring of their oxygen saturation levels. Silent hypoxia is a condition when oxygen levels in the body drop abnormally low and in turn can irreparably damage vital organs if gone undetected for too long. Despite experiencing dangerously low levels of oxygen, many people infected with severe cases of COVID-19 sometimes show no symptoms of shortness of breath or difficulty breathing. Hypoxia's ability to quietly inflict damage is why it's been coined "silent." In coronavirus patients, it's thought that the infection first damages the lungs, rendering parts of them incapable of functioning properly. Those tissues lose oxygen and stop working, no longer infusing the blood stream with oxygen, causing silent hypoxia.

2 Fylde Coast Model

The COVID Oximetry at Home Service (CO@HS) is provided / delivered by Lead Provider FCMS (Fylde Coast Medical Services) working alongside system partners Blackpool Teaching Hospital Trust and Primary Care Clinicians.

FCMS provides a monitoring service, specifically to monitor a patient's oxygen saturation levels where they are at moderate risk of deterioration/hospital admission. The service is provided virtually i.e. using a digital telephony solution (Docobo) and telephone contact, but where patients remain in their own homes (or usual residence eg Care Home).

The CO@HS receives referrals (defined as Step Up) from GP Practices in the Fylde Coast and from Consultants at Blackpool Hospital Teaching Trust (defined as Step Down) to a Covid Virtual Ward. These services are integrated and provided by one service provider and patients are monitored in the same way.

3 Step Up: GPs will triage, risk stratify and clinically assess patients who have tested positive for Covid-19 and determine the risk:

- High Risk: Dial 999 / Call for an Ambulance
- Moderate Risk: Patients will then be referred to the CO@HS for monitoring
- Low Risk: Patients advised to Self-Monitor

4 Step Down: Hospital consultants will identify patients who are Covid-19 positive but are well enough for discharge but require their oxygen saturation levels monitoring. Patients will then be referred into the Covid Virtual Ward as part of the discharge planning process.

5 Current Position

The CO@HS on the Fylde Coast was initially commissioned for 6 months and commenced on 16 November 2020 with an initial agreement to operate until 31st March 2021
To date we have received 460 referrals:

- 96.1% General Practice
- 1.5% Care Homes
- 2.5% Secondary Care / Covid Virtual Ward

6.5 **Long COVID**

The long COVID service for the Fylde Coast at BTH is now live and accepting patients. Patients are screened for illness by primary care. The patient is then referred to the clinic at BTH.

The long COVID service utilises a holistic approach - occupational health, psychological health, and medical input. The patient is provided with a personalised recovery plan via the 'Your COVID Recovery' website.

6.6 **Blackpool Teaching Hospitals NHS Foundation Trust Pandemic Response**

The Trust has been actively responding to the COVID-19 pandemic since 27 January 2020 and has moved through different phases of response based on guidance issued from Government and across the Health System.

From the 5 November 2020, the NHS major incident level returned to level 4 which means COVID is being managed at a national level. The majority of the incident has been managed as a national incident at level 4, which was originally declared 30 January 2020.

Incident Command and Control

The Trust established a formal Incident Coordination Centre (ICC) on the 6 March 2020 with plans in place to operate the ICC until 30 June 2021, which has held regular meetings with all divisions, key service areas and partners (e.g. Fylde Coast Medical Services (FCMS)) to ensure a coordinated and informed response, with links to the CCGs and wider health system.

The ICC provides a physical presence at the Blackpool Victoria Hospital (BVH) site and is staffed by the following: -

- Incident Manager (Tactical Command)
- Emergency Preparedness, Resilience and Response Officer
- Administrative Support
- With support from an Incident Director (Strategic Command)
- And operational commanders linked in virtually by a 12noon telephone call

Following the escalation of the NHS Major incident to Level 4 on 5 November 2020, the ICC is operational 08:00-20:00 seven days per week.

6.7 **Governance**

A range of governance processes were developed to capture and record changes. The Change Oversight Process was developed as a mechanism for ensuring changes such as pauses, and any redesign or transformation of services are documented, reviewed, signed off and logged by the Medical Director, Director of Operations or Director of Nursing. The ICC has processed 179 change requests during the pandemic response.

In addition, a COVID related expenditure process was developed to log financial spending and is reviewed and approved by the Strategic Incident Director. All COVID spend has been clearly documented and monitored and is currently being reviewed to understand the impact in 2021/22.

A daily Trust wide Incident Co-ordination meeting takes place, which includes operational leads from all clinical divisions, corporate leads, and key functions such as Infection Prevention and Control, and Procurement.

Fylde Coast CCG provided co-ordination across the providers, input, and support with primary care services, assisted responses within secondary care settings. They also established an ICC and a twice-weekly Fylde Coast System Teleconference.

The Integrated Care System established command and control structures which assisted with mutual aid requests and co-ordination of messages from NHS England and NHS Improvement and the Department of Health and Social care, which was expanded further through the establishment of a Winter Gold Command Room. Alongside a single point of contact for the region an In Hospital and Out of Hospital cell was created. These teams continue to support with response and restoration.

6.8 **Significant Changes since September 2020**

Significant changes implemented during the first six months of the pandemic were reported in the previous paper to this Committee on 17 September 2020.

Since that date, a number of further changes have been delivered including: -

- A second “all staff testing” exercise undertaken via the Pillar 2 testing service at the request of the Department for Health and Social Care in October 2020. 5,500 staff were tested over a 14-day period with a 3% positivity rate.

- The Trust was a pilot site for weekly testing of asymptomatic staff using LAMP testing technology. Testing commenced on 11 December 2020 and to date (1 March 2021) over 11,600 tests have been conducted with 25 positive results. LAMP testing is now being rolled out across the rest of the NHS to replace lateral flow testing which was originally adopted in other Trusts.

- Vaccinations: the Trust was a Wave 1 Hospital Hub, equipped to store the Pfizer vaccine at ultra-low temperatures and one of only 50 sites to commence vaccinations on Tuesday 8 December 2020 – the first day that Covid vaccinations were administered outside of clinical trials anywhere in the world. To date (1 March 2021) 16,900 vaccinations have been delivered including 8,300 to healthcare workers and 5,700 to care home and other social care staff.

- The Trust was also one of the partners who supported the setting up and operation of the mass vaccination site at Blackpool Winter Gardens.

- Investment in a *Neumodx* analyser allowed Covid swabs to be analysed on site at Blackpool Victoria Hospital with a much faster turnaround rather than being sent away to other Trusts.

- Development of Point of Care Testing hot labs to deliver fast turnaround test results for patients in A&E prior to admission.

- The drive-through swabbing service (for symptomatic staff and pre-operative patients) was relocated from Blackpool Stadium to Blackpool Victoria Hospital site and temporary cabins and structures provided to enhance weather proofing. An online booking and resulting process has been introduced to allow staff to book their own appointment (usually on a same-day basis) and speed up results being returned to staff. (Note: this has since temporarily moved back to the stadium for the duration of building works at the BVH site).

- Plans were put in place to identify and segregate patients who had recently returned from Denmark and South Africa in line with PHE guidance.

- The impact of EU Exit was also managed with oversight through the ICC and the established incident management processes.

As the second and third waves of the pandemic progressed the impact on Trust inpatient services was managed through: -

- Flexing high and medium risk ward areas to ensure appropriate inpatient capacity was available to accommodate confirmed Covid patients, and non-Covid patients admitted non-electively.

- Segregation of elective pathways to protect patients admitted for elective procedures who had self-isolated and tested negative prior to admission.

- Escalation of General ITU and HDU from 16 beds to 32 beds. This was achieved without affecting Cardiac ITU (20 beds) to avoid any impact on Lancashire Cardiac Centre activity

The Adult Community Services and Long-Term Conditions Division has supported care homes throughout the COVID pandemic, providing advice and support to homes that had staffing issues or Covid-19 outbreaks. Essential community services continued to be provided in line with National guidance outlined in the 'Prioritisation of Community Services' document and some staff have been re-deployed from community services to acute hospital services where appropriate and possible. In line with instruction from NHS England and the Chief Dental Officer for England the dental service ceased all routine care but has maintained urgent care services observing Covid-19 guidance. The Community Nursing Teams have reviewed caseloads, identified vulnerable patients, and prioritised care provision, including providing Covid vaccinations to care home residents.

The Trust's Clinical Research Centre has participated in a number of high-profile trials supporting the Covid-19 effort including: -

- Participating in the trial of steroid treatments for seriously ill hospital patients which was proven to significantly reduce the risk of death, and informed changes to treatment o Covid patients worldwide.

- Participating in clinical trials for the Novavax vaccine with Layton Medical Centre, as part of an international clinical trial which demonstrated 95.6% efficacy.

- Participation in Public Health England's Siren Study which has informed developing policy and been quoted on issues such as immunity and vaccine effectiveness.

From the outset of the pandemic, the Trust has supported staff in several ways: -

- Free parking
- Home working where possible

- Wobble rooms
- 1st Class lounge
- Health and wellbeing support, including regular Trust updates
- Online mental health support
- Access via Occupational Health 7 days a week

The Trust has invested in staff to manage the COVID response and undertaken creative solutions such as using third year nursing students through the National scheme to support the wards, bringing back retired staff, early access to medics in training. This has been a great benefit.

6.9 **Care Home and Community Vaccination**

The Covid-19 vaccination programme supporting 162 care homes across the Fylde Coast began in late December 2020.

The Adult Community Services and Long-Term Conditions Division (ALTC) repurposed existing staff and delivered on the target to ensure all care home residents that could receive the vaccine were offered their first vaccination by 30 January 2021.

In total 4,589 vaccines were delivered during this period to residents and staff in care homes.

On 2 March 2021 care home residents and staff across Fylde Coast started to receive their second doses.

From January to March 2021 housebound patients across the Fylde Coast were offered their first vaccination in line with the Joint Committee on Vaccination and Immunisation cohorts, which have included anyone over the age of 65 and those who are clinically extremely vulnerable.

This work continues and to date 1,757 first vaccinations have been administered to those unable to leave their homes. It is anticipated this initial phase will be complete by 12 March 2021.

The Division has continued to work closely with partners to support care homes during this time. They have offered training on infection prevention and vital signs monitoring. During outbreaks of infection in homes, the community teams have been part of the taskforce to ensure residents and staff are supported and those at risk of deterioration are identified early.

6.10 **Staff Testing and Vaccination**

Lateral flow asymptomatic testing commenced during Q4 2020/21 for staff who undertake patient facing contact. Lateral flow has been replaced by LAMP testing across the majority of

ALTC and Families divisions.

All staff (including non-patient facing) will undertake weekly asymptomatic testing.

Staff within the division have been provided with the opportunity to receive the Covid vaccination as part of the Trust programme.

6.11 **Localities**

The community nursing teams have maintained a review of caseloads to identify and prioritise vulnerable patients. Self-care advice has continued for patients requiring low-level interventions where appropriate and safe to do so.

Significant staff pressures associated with Covid and winter have led to the prioritisation of urgent planned and unplanned work. The winter period has also seen a rise in reported skin and tissue damage being admitted onto the caseload.

The Rapid Response service has been required to take on increased responsibility with patients not having been assessed face to face prior to referral by senior Primary Care staff.

The Early Supported Discharge service has secured additional resources over winter to increase capacity for new referrals from 6 to 8 per week. As at 1 March 2021 the service is operating at an ongoing caseload size of 48.

The Pulmonary Rehab service has reduced waiting lists by delivering consultations virtually rather than face to face and patients are now admitted onto a programme within 2 weeks.

6.12 **Therapies**

The number of referrals received by the therapies service between April and December cumulatively has reduced in 2020/21 in line with reduction in primary and secondary care activity.

All services have continued throughout the pandemic through rapid adoption of virtual consultations in lieu of the reduced face to face contacts. Dynamic risk assessments are undertaken for each patient to determine the most appropriate consultation methodology.

Community based therapy staff have at times been deployed to the acute hospital to support the area of greatest need during peaks in the pandemic.

6.13 **Single Point of Discharge/Home First**

The Single Point of Discharge is a joint health and social care venture where Trust staff work in an integrated manner alongside Blackpool Council social care staff and the Lancashire County Council ICAT service, to provide a single point of discharge.

6.14 **Community Dental Service**

The volume of routine care provided by Community Dental Services has been very limited since the beginning of the pandemic in line with a directive from the national Chief Dental Officer and local commissioners.

Community Dental Services have been required to provide urgent care to: COVID positive patients, suspected positive patients and patients on shielding / vulnerable lists.

6.15 **Sexual Health Service**

Sexual Health Services have maintained provision of services and provided telephone triage initially with face to face appointments if clinically indicated.

All sexual health main hubs are operational with local service plans to reinstate some 'spoke' clinics suspended due to current lockdown.

6.16 **Mental Health and Learning Disability**

Throughout the pandemic, the Intermediate Primary Health Team, Supporting Minds, and the Community Learning Disability Service have continued to provide a service prioritised to their client groups in terms of risk and need.

There has been a need to reduce face to face contact and alternative ways of working have been adapted by the teams e.g. virtual consultations and online access to support. Additional online groups have been developed and are now ready for piloting.

The service will be delivering the following group interventions online:

- Stress Control
- Mindfulness Based Cognitive Therapy Group
- Psychological Well Being Course for Chronic Pain
- Wellbeing group with the Stroke Association
- LTC Diabetes support group
- Compassion Focused Therapy Group

Face to face consultations have continued for those deemed at risk of serious harm or significant impact on functioning.

6.17 **Extensive Care Service**

Over the winter months, the Extensive Care Service planned and provided adequate capacity to deal with a potential increase in referrals for patients discharged from hospital and/or

those patients who may require a priority appointment.

The main impact on the service was releasing six members of staff to support the Covid-19 Care Home Vaccination Programme from Monday 21 December 2020 to Monday 15 February 2021.

The impact of the reduced staffing included an increase in waiting times for an initial assessment and reduced face to face contact. The service has now resumed full activity and cleared the waiting list that this 2-month pause in activity created.

6.18 **Emergency Department**

October 2020 to Present
The impact of the pandemic on performance continues to affect the Emergency Department (ED) between October 2020 to February 2021. ED attendances continued to remain low totalling 24,897 for the previous 5 months which is down by 5,236 attendances on the previous year's comparison. This equates to an average of 34 fewer attendances a day.

ED type 1 performance improved over this period in comparison to the previous year however remained a challenge due to the capacity challenges in department to maintain safe social distancing and the reconfiguration of the department to allow for the covid / non-covid presentations to remain separated, there was also medical bed capacity issues within the Trust resulting in longer length of stays for medical patients.

The department unfortunately had 269 12-hour DTA breaches in the previous 5x months. 240 of these were due to lack of medical bed capacity highlighting the challenges the trust faced with high acuity and long length of stays for medical patients.

2020 / 21
ED attendances for the financial year so far have remained significantly lower than predicted due to the pandemic. The department saw 51,347 attendances in total for this period.

Type 1 performance was a challenge initially in the year due to the complex, high acuity presentations the department treated however once attendances increased capacity challenges and lack of medical beds continued to impact on performance

For the financial year so far, there have been 286 12-hour DTA breaches. Mental health capacity was a challenge for the first 6 months of the year whilst medical attendances remained low and the Trust had medical bed capacity. As capacity reduced and medical presentations increased to the ED, the medical DTA breaches significantly increased.

Emergency Village
As part of the Emergency village project the accelerated works have been completed and Assessment B was opened with a new waiting room in February 2021. This can be used as an

isolation area if required in the future but the current pathway into this unit is to assess ambulatory ED patients. the larger waiting room will now help with social distancing within the department.

6.19 **NHS 111**

Activity August 2020 to January 2021

ED activity Aug		Sept	Oct	Nov	Dec	Jan	Total
Number of ED appointments booked - where the patient arrived and stayed in ED	94	292	258	249	350	276	1519
Number of patients who DNA or cancelled their ED appointment	10	14	12	8	8	4	56
Number of patients booked into an ED appointment who were then streamed into co-located UTC.	49	70	66	51	91	108	435
Number of patients advised to attend ED by 111 but had no appointment made	6	55	56	56	6	17	196
UTC Activity							
Number of patients booked into the UTC and arrived	30	315	325	193	271	221	1355
Number of patients who DNA or cancelled their UTC appointments	1	19	10	4	4	2	40
CAS Activity							
Number of Patient assessed via local CAS (clinical validation)	77	338	383	299	314	335	1746
Completed by CAS	73	262	285	227	155	181	1183
Cancelled	0	27	24	12	24	8	95
Referred to speciality	2	14	22	22	31	26	117
Referred to ED	2	35	52	38	40	48	215

6.20 **Key learning**

Leadership

- Critical to ensure project teams are linked to regional work streams for up to date information, guidance, and support in defining and progressing local requirements
- Well established local project meetings and subgroups to keep momentum
- Clinical buy in will drive progress and keep both patients and staff safe
- Engagement of DoS lead throughout the process is essential
- Clear focus on patient and digital pathways help different teams come together towards a common goal

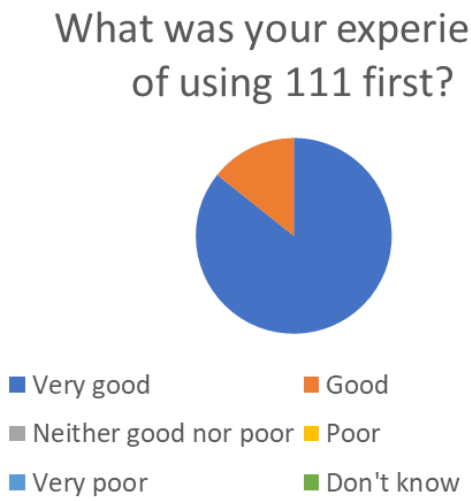
Communications and Engagement

- Ongoing stakeholder engagement is critical
- Early targeted messaging for hard to reach groups e.g. homeless, tourism sector
- Clear line of sight on the impacts of communications on the whole UEC system – e.g. pressure on NHS 111, impact on patient experience

- Understand the terminology used by the local population so that messaging is recognisable to them

Monitoring and Evaluation

- Clear understanding of how data is collected, monitored and evaluated
- Ongoing monitoring of daily figures, understanding and recognising issues and possible consequences so that these can be resolved quickly
- Identify clinical governance processes, supported by operational teams who understand the detail behind NHS Pathways and the DoS to ensure profiles are correct
- CAS has closed an average of 77% of cases with only 11.5% referred to ED



Next Steps

Development of the CAS

- Develop the CAS to include specialities
- Continue to increase APAS code sets into CAS once established referral pathways with specialities
- Develop hot clinics
- Direct booking from GP practice into ED diary

Monitor and evaluate

- With the expected increase in numbers, monitor activity coming into the ED appointment diary to inform capacity requirements
- Ensure coding/outcomes of cases are recorded correctly and uniformed to enable us to evaluate rich data
- Patient Feedback – this is only captured in ED now; field needs to be widened to include feedback from CAS and UTC patients.

6.21 **Infection Prevention**

The Trust continues to adhere to national Infection Prevention and Control (IPC) guidance which has been developed or endorsed by Public Health England (PHE) and NHS England and NHS Improvement (NHSE&I). This guidance changes periodically in line with community COVID-19 transmission rates, latest research findings and new and emerging variants.

New variants of concern have prompted the British Medical Association and the Royal College of Nursing to call for higher grades of Personal Protective Equipment (PPE), namely FFP3 respirators, to be used by staff caring for patients with COVID-19 instead of surgical facemasks. As yet however the national PPE guidance remains unchanged. The Trust is monitoring this situation closely and has been advised by the Lancashire Procurement Cluster (LPC) that adequate stock of all PPE including respirators is readily available should this national guidance change. This assurance differs greatly from the situation faced by the Trust and indeed the NHS in March 2020 where national concerns were raised about the availability of PPE.

Much has changed over the past year in relation to patient pathways at both Blackpool Victoria and Clifton Hospital since the pandemic began. All patients admitted to the Trust are now tested for COVID-19 immediately on arrival and are not moved from the Emergency Department or other Assessment areas until their test results are known. Advances in testing technology means that these rapid in-house test results can be obtained in 15-20 minutes whereas test results took 24 -48 hours at the start of the pandemic.

Patients are then allocated to the correct pathway (i.e. High, Medium, or Low risk). Negative patients and are retested again on day 3 and day 5 of admission in line with national guidance. Thereafter, negative patients are retested every 5 days throughout their admission so that positive cases are identified as soon as possible to limit cross infection. Trust staff are now also tested regularly via a new testing technique called LAMP testing. This helps protect patients and co-workers as it can detect asymptomatic carriage.

The Trust has robust governance processes in place in regard to IPC and has received positive feedback from the CQC and NHSE&I following visits to the Trust on January 11th and 22nd respectively.

6.22 Does the information submitted include any exempt information? No

7.0 List of Appendices:

None.

8.0 Financial considerations:

8.1 Not applicable.

9.0 Legal considerations:

9.1 Not applicable.

10.0 Risk management considerations:

10.1 Not applicable.

11.0 Equalities considerations:

11.1 Not applicable.

12.0 Sustainability, climate change and environmental considerations:

12.1 Not applicable.

13.0 Internal/external consultation undertaken:

13.1 Not applicable.

14.0 Background papers:

14.1 None.

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting:	17 March 2021

ADULT SERVICES OVERVIEW

1.0 Purpose of the report:

1.1 To provide an overview of the whole directorate including financial performance and impact of the pandemic.

2.0 Recommendation(s):

2.1 To consider the update provided, comment upon progress, propose potential improvement and highlight any areas for further scrutiny which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

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

3.2	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 <u>Introduction</u>

Since March 2020 the way in which services in Adult Social Care (ASC) were organised,

located and delivered changed. The restrictions as part of the response to COVID-19 meant real time changes were implemented without the luxury of modelling, testing or piloting. In the midst of this the needs of people who receive either commissioned or directly delivered services and support were still there and had to be met. Added to this came the extra responsibilities arising as a direct consequence of the pandemic or social restrictions arising as a result of it, such as shielding.

The account below updates the report from September 2020, and as in that report captures some of the across the board impact, and then breaks down into some of the team/service area specific impacts and how these have been dealt with over the last six months.

6.2 Staffing

Adult social care staff, both operational and business support, are still reconfigured as reported in September 2020, enabling large swathes of staff to work from a home base with a core remaining in the office observing the social distancing guidance. These arrangements described in the previous report have not changed. Similarly, those not able to come into the office continue to be supported by regular contact with their line managers to ensure that they receive the support needed, as well as allocating work and supervising staff in their work. Whilst numbers in the office remain relatively low, there has been a rise in demand from staff to come back to the workplace, with a smaller number reluctant to do so for a range of reasons.

Staff numbers affected by being clinically extremely vulnerable (shielded) remain low, and the recent expansion of this list has only meant single figure additions to this list in ASC. Guidance regarding working from home remains in place and is adhered to by those staff affected, who undertake work that can be done from a home setting.

Hospital based pressures meant that increased working hours in ASC were necessary to ensure flow, alternatives to admission and avoiding delays to discharge were addressed. A number of staff agreed to work extended hours over weekdays and weekends to help deliver this, which certainly contributed to the avoidance of some of the more traumatic scenes witnessed in the international media. There is still a very limited amount of extra weekend working being undertaken, specifically to assist with hospital discharges, but we anticipate that this will cease once the team that does this work is fully recruited to.

Vaccinations for frontline staff have been available since January 2021, and in ASC take-up has been good.

The recently published health check staff survey indicates that staff are generally well supported and happy with the arrangements that have been put in place demonstrating higher levels of satisfaction that many of our comparator authorities.

6.3 Service Delivery

Some face to face work has continued, albeit at a reduced level. People have still been assessed under the Mental Health Act, (it now having been established that undertaking this via video conference would not meet the legal criteria of an assessment), some people still need assessing at home whilst considering the need to go into a care setting or how their needs at home could be met in keeping them safe. Safeguarding concerns have still on occasion needed enquiries making which have only been possible face to face. There is a growing recognition, especially in relation to the care home sector, that in person visits are crucial in recognising when standards fall below acceptable levels and people are harmed or are at risk of harm. Whilst we have been able to carry out some of our Care Act Reviews and Assessments remotely, some have needed face to face work, for reasons which include cognitive difficulties, lack of IT in the service user's home etc.

Assessing for deprivation of liberty has been a significantly impacted area, due to the restrictions of visiting to care homes. However, this has been mitigated by the use of video and audio technology by both medical staff and Best Interest Assessors so there has been no backlog of work accruing over the lockdown period, and this remains the case.

Business activity has reflected to an extent the impact of the restrictions that have been imposed under the national lockdowns. Whilst there was a decline in assessments during the first three months last year, as things opened again we experienced a rise in the three summer months above the numbers for the same period the previous year. Again, as restrictions were imposed in October, assessments reduced and we expect to see a consequent rise as things open up again following the recent roadmap declarations.

Safeguarding in the care home sector have shown a recent increase, and this rise may continue further as increases in access to these settings occurs.

The number of hours of domiciliary care commissioned in January was more than 2000 hours per week higher than the same time last year, for which there are a variety of reasons. Although we do not have a clear understanding of all the factors contributing to this, we suspect that these include the accelerated discharges from hospital, and increased caution in considering moving to a residential setting.

The numbers of people on the shielded list, (those people in Blackpool deemed to be clinically extremely vulnerable) given the original criteria, settled around the 6,500 -7,000 mark. However the latest expansion of the criteria have added an extra 2,300 people under 70, and there will be a further tranche of those over 70 added at the end of February, probably in the order of 2-3,000.

The logistics of managing the contacts with those on the new list(s) will benefit from our experience of the first wave arrangements. Again this will involve the Corona Kindness Hubs, the Police, and a dedicated team from the Tourism Service. Care providers continue to be

sent daily reports of people in their care who are shielded or who share a household with a shielded person, to highlight the need for appropriate PPE.

6.4 Service Users and Carers

Obviously a major impact has been on the people who use and need our services. Day centres are mainly closed, respite care opportunities reduced, visiting almost stopped in care homes, supportive visits from Social Workers and Support Workers limited. Planning has already started for how we can re-start these following the relaxations in respect of social contact that are due to start in March, and progress onwards over time.

Services continue to work hard to try and mitigate some of the above through alternative provision and alternative means of providing support, and this extends to some of our commissioned Providers, for example day services doing shopping for people, providing sitting services, personal activity programmes etc.

6.5 Hospital and Health Based Teams

The arrangements described in September 2020 remain largely in place. The restrictions on hospital/ward based activities together with the lack of socially distant space in community health settings means we continue to need to accommodate more of these staff in Bickerstaffe House, together with using home based working arrangements. Some of the operational changes have moved what were normally health based assessment activities into community settings. There has been a backlog of some assessments in relation to Decision Support Tool completion, (as part of assessing for continuing health care), which are now being addressed. Services are on target to meet the national target for completing all the CHC assessments by the end of March, together with our CCG colleagues.

6.6 Adult and Older Adult Mental Health Teams

Office space has reduced the numbers of staff able to work in an office setting below what would have been preferable. Some staff groups, notably Support Workers, have seen a greater reduction in their activity based on it being under normal circumstances face to face work. After a brief decline in the early weeks their statutory work has rebounded, including undertaking Mental Health Act statutory work, with all the pressures that involves including bed unavailability.

Due to a lack of a Covid secure risk assessment we had to move staff from their normal office base in the Gateway in to Bickerstaffe House, but were easily able to accommodate them due to the reduced numbers in the building. The issues at the Gateway have now been resolved so a return that building and to co-locating with their NHS colleagues is presently underway.

6.7 Integrated Learning Disability Team

The team has had to provide a greater level of support to those service users and their

families affected by the closure of day services and limited respite services, including commissioning alternatives, such as 1-1 support to people in their own homes. Staff have been in the office, on their rota, from the start of the pandemic. The situation remains unchanged.

6.8 Adult Social Care Initial Contact Team and North and South Teams

As reported in September 2020, the three teams have effectively had to operate more as one team due to the logistical issues arising from home working, shielding and demand. Despite this they have managed to ensure that work flow has continued without the need to resort to queues in allocation, continuing to visit people in their homes and in the community where necessary.

6.9 Business Support Team.

Similarly, this team, comprising of the Social Care Purchasing Unit, Quality Assurance, Direct Payments and Personal Health Budgets, have maintained a constant presence in Bickerstaffe. They continue to deliver all their normal services alongside overseeing the PPE in house support, and to personal assistants. Coordinating incoming and outgoing post, this extends beyond the service to include other teams who would usually occupy the 4th floor, in their absence.

The team still manage the additional financial support care providers are offered to support the CV19 challenges they face, making all payments on time. They also record and track every placement and care package made that is CV19 related to ensure accurate invoices can be submitted to the CCG.

6.10 Quality Assurance and Support for Providers

The Quality Assurance Team continues to work closely with providers across the sector (in residential, nursing, day care and care at home) to provide “high support and high challenge” on behalf of our service users. Regular welfare calls explore with providers whether support is needed with staffing, PPE, advice and guidance, and our provider forums work well to enable providers to share issues, solutions and good practice with each other using their significant expertise. Where concerns are raised by or about providers understanding of or compliance with Covid Secure approaches to delivering safe care, the team work collaboratively to explore these issues and support the provider in finding a resolution. We have an Emergency Workforce Team who provide practical help to providers to secure experienced staff in times of crisis, where normal contingency plans are insufficient to ensure safe working. The QMO team have supported providers to access vaccinations for all of their staff and this has been welcomed by the market and we have seen a positive uptake across providers with staff keen to protect their vulnerable service users. Where there have been pockets of vaccination reluctance, the Council is working in partnership with health and the providers to explore the concerns of individuals and ensure they have been provided with the

relevant trusted information to support their decision.

6.11 ARC (Assessment and Rehabilitation Centre)

The ARC has been registered with the Care Quality Commission (CQC) as a Designated Setting for COVID-19 positive discharges from hospital. The service has adapted quickly to the changing climate and able to flex the number of beds in response to demand for both covid and non-covid related intermediate care. During this time the ARC has also achieved a rating of **GOOD** from the Care Quality Commission after a comprehensive inspection in the latter part of 2020. ARC continues to be an integral part of the overall health and social care system in Blackpool delivering critical, essential and flexible services to the most vulnerable residents of the town. ARC has also responded to the new demand for hospital discharges at weekends, this has reduced the length of time that people stay in hospital and enabled then to embark on their recovery and rehabilitation journey earlier than would have been only 6 months ago.

6.12 Coopers Way Respite and Short Breaks Service for Adults with Learning Disabilities

Coopers Way has now returned to normal levels of service delivery and have remained open throughout the pandemic. The service has continued to maintain its position of no-one using the service contracting COVID-19. This is testament to the exemplary work from the staff team in delivering high quality and safe care in accordance with infection prevention and control standards. The building work on the new Coopers Way Respite and Short Breaks Service at Mereside has been re-started and is due for opening in October 2021. This is an understandable delay from the original date of May 2021 due to the pandemic.

6.13 Home Care

There has been and upward surge of referrals during the second lockdown as community covid infections have risen and more people have been admitted to hospital. This has not only been impactful in terms of service users being admitted but their family members who would ordinarily care for them. The Home Care service has been able to adapt flexibly to the different request for care and support to ensure people have either remained safely at home or have been safely discharged from hospital. This is evident in the contribution the service has continued to make to the Home First and Discharge to Assess pathways. This has resulted in discharges from hospital over a seven day period and with a new emphasis on weekend discharges. The Home Care service has responded positively to this new demand and is now starting to develop plans to adapt further to the changing demands that are coming through from the health and social care system.

6.14 Keats Day Service for People Living with Dementia

Keats day service re-opened in October 2020 with low numbers attending over the course of the week to ensure social distancing and adequate infection prevention and control

standards. Unfortunately when we entered the second lockdown in January Keats day service had to close. The staff kept in contact with families and delivered outreach support to that's that needed additional support to help them continue to care for their loved one. Keats day service is now working up the plan to re-open in April 2021 and hopefully building up to full delivery by the end of June 2021, dependent upon the development of the pandemic. Keats day service staff have been supporting the response to covid by working in different areas, this has enabled then to develop new skills and sharing new experiences.

6.15 New Langdale Day Service for Adults with Learning Disabilities

Langdale day service remained closed until January 2021. The service has provided support to service users and their carers during its closure and this continues now that the service has started to provider day care once again. The support offered includes:

- Regular contact with service users and their carers to check on their welfare and if any additional support is needed. This information was shared with the Learning Disability Team so that support could be considered.
- Outreach support to service users and their carers. This included 'pop in' visits and also longer care visits to enable the carers to have a break or for them to go shopping.
- Digital sessions via Zoom for service users.
- Online baking sessions.

Langdale is now supporting some service users across both of its service locations in a covid secure manner. The service is planning to increase the numbers of people who can be supported in line with the governments timetable for lifting restrictions, but this will be done cautiously and ensuring that the infection prevention and control standards continue to be adhered to. The 'Green Team' volunteers will be stepping back out to the green spaces in Blackpool over the coming months.

6.16 Day services for older adults and some younger adults with Learning Disabilities

Services are delivered via Warren Manor and Warren Hub. These services are now operational and providing services to people wishing to attend a day service. For buildings based services, this is the Warren Manor site, with those who would usually attend Highfield Day Centre also attending that site. Covid secure measures have been put in place. This service also offers a meals delivery service on a commercial basis.

6.17 Autism Initiative's Day Services

These have continued throughout the pandemic, due to the adverse impact on adults with autism of standing down the service, compared to the covid risks.

6.18 Phoenix Mental Health Crisis Support and Extra Support (Supported Living)

Although during the first lockdown there was a decrease in people using the Phoenix service. This changed as we approached winter and continued when the second lockdown started. It was evident that people welcomed the support from the service at a time when they were experiencing difficulty adjusting to the second lockdown and greater isolation. The Extra Support service continued to deliver support to people who needed to use the 'crisis apartments' working alongside other care providers to ensure service users remained safe. Staff from both services also supported the covid response and helped in other areas.

6.19 Shared Lives

Shared Lives continued to support longer term placements with additional support from other shared lives carers to assist with short breaks to enable carers to have a break. Some of the team were deployed to the Provider Support HUB and these have now returned to Shared Lives. Plans are being developed to re-start the day care and respite elements of the service in line with the government's timetable to lift restrictions. Regular contact with shared lives carers continues and home visits will resume in due course. New shared lives carers have applied to the service during the pandemic and these are now working through the assessment process.

6.20 Social Care Volunteers

Volunteer services ceased when lockdown occurred as the main support was in people's homes and a lot of people were shielding as were a number of volunteers. This has continued through the second lockdown. Plans are being developed to re-start some of the volunteer services over the coming months in line with the government's timetable for lifting restrictions. The volunteer drivers have been invaluable supporting the divisional workforce who have been shielding at home by delivering work to them to complete. This has kept our staff motivated and enhancing their wellbeing through what has been a difficult period. Our volunteer drivers have also helped to deliver PPE to care homes and other providers.

6.21 Vitaline (Technology Enabled Care)

Vitaline went in to their usual emergency response mode at the start of the pandemic and this has continued throughout. The service has been making calls to the most vulnerable residents, signposting families to additional support services and even following up with GP's where required if concerns have been noted. The Vitaline Team have delivered food parcels to vulnerable residents over a weekend and in emergencies overnight. The team have continued to work with North West Ambulance Service to deliver a 'falls pick up service' which has ensured the ambulance services has been able to focus on responding to the most serious of calls, safe in the knowledge that Vitaline was dealing with some of the 'falls pick ups' that they would have ordinarily needed to respond to. Vitaline also lost a valued and loved member of their team due to covid, this was a difficult period for the team but they

continued to deliver an exemplary service to Blackpool residents and felt that this was the best way to pay tribute to their colleague, as that is exactly what they would have done.

6.22 Provider Peer Support and Resilience HUB

The Provider Support HUB has continued to offer practical assistance to the social care providers in Blackpool throughout the pandemic. The services has taken all the learning from delivering this type of support and the Provider Support HUB will become part of the Care and Support Division going forwards beyond covid. The HUB has been well received by providers and has benefitted from significant interagency cooperation. There have been substantial contributions to its work taken from the Quality Monitoring Team, NHS CCG Continuing Healthcare Team, Public Health Blackpool, CQC, Provider Services and Adult Social Care. Each provider continues to receive a regular 'welfare call' and the HUB also support with PPE and the provision of an Emergency Workforce to assist when the provider is experiencing difficulties with staffing due to covid or other operational pressures. The Emergency Workforce has supported over 40 care homes over the last few months. This is a workforce made up of several providers working in collaboration to deliver a partnership delivery model to the social care market across Blackpool.

6.23 Supporting our Shielding Residents

There has been a sharp increase in the number of people who are identified as "clinically extremely vulnerable" from 6,700 people to just over 11,500 across Blackpool. This has happened as a result of the introduction of a new algorithm which has been brought in nationally to ensure that those people with a range of risk factors can access support to help them to stay safe and are able to access the vaccination programme, if they have not done so already. We have been proactively contacting our shielded population throughout the lockdown periods, with those known to social care being contacted by adult social care, and a range of staff from across the Council contacting those not otherwise known to adult services. We have had incredibly positive feedback from those people who have been contacted, who have welcomed the call to check on their welfare. Very few people contacted have required support, but where this has been required the Corona Kindness support network has been used to enable this, with a range of services including befriending for those people who are feeling particularly isolated in current circumstances. People identified as clinically extremely vulnerable can also use an online national system to ask for contact and support from the local authority and this is routed through to us, with calls being made daily to ensure that people are able to navigate the range of support available to them and find the right solution to meet their needs. Our thanks go in particular to the Customer First and Tourist Information Teams who have been responsive, professional and most of all kind in all of their interactions with our shielding residents. The demand coming in to Corona Kindness, through the telephone helpline, email and online form, continues to be low. However, much of the long term support that people accessed in the initial lockdown has

continued to be in place for people who needed it, with many people receiving weekly calls from trained befriending volunteers, accessing regular shopping services and support from various community groups in their area to help them to stay safe and well.

6.24 Final Comments

Despite the ongoing CV19 related circumstances over the last six months the service has continued to deliver wherever possible the necessary service to the people of Blackpool. How well this has been done will become a matter for future analysis and enhanced understanding – of what we did well and what we did not do well. Hopefully, the vaccination programme and management of community transmission and morbidity will see a return to a more normal world over the next 3-6 months. As we move towards a more normalised way of working we will have the opportunity to better understand what we got right, and what we didn't get right.

Whether we will build into our service delivery some of the operational changes made, e.g. home working, once restrictions no longer apply, is still under active consideration, and will have to include some cost benefit analysis, advantages vs disadvantages, and staff consultation. Given the nature of the work we do in ASC, the team based approach to organising our work, the need to learn and share from/with each other, the reactions of staff of having to work from a home base and some actively wanting to return to work in an office base, are all factors to take into consideration.

Recognition must go to staff who have continued to deliver a service within the restrictions imposed, with a willingness and enthusiasm that reflects the qualities that underpin what a public service can deliver, and which can only give confidence in what the future can look like. The government's proposals for a solution by the end of the year to the future of adult social care funding will hopefully recognise and build on that.

6.25 **Adult Services - COVID support, Costs and Funding**

Description	**Full Year Forecast**
	£
Guaranteed Minimum Payment Levels	1,003,638
Rate uplift to care providers	4,621,727
Overtime/Increased hours Internal staff	310,510
PPE	2,200,000
Increased Hospital Discharges	2,225,842
Emergency Workforce	450,000
Provider Hub	113,000

7 day Social Work Pattern	126,666
Home Care Additional capability	365,219
Increased Costs to Care Providers	298,354
Infection Control Funding - 75% provider element	1,645,348
Infection Control Funding - 80% provider element	1,766,643
Lateral Flow Testing Grant	542,707
Additional Workforce Capacity	451,842
Infection Control Funding - 20% discretionary element	441,661
	16,563,157

The above has been covered through a combination of government grants, Infection Control monies and gener
(tranche 1-4) EHD/CCG funding.

6.26 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

8.0 Financial considerations:

8.1 Contained within the report.

9.0 Legal considerations:

9.1 Contained within the report.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None specifically associated with the report.

12.0 Sustainability, climate change and environmental considerations:

12.1 None specifically associated with the report.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager
Date of Meeting:	17 March 2021

SUPPORTED HOUSING SCRUTINY REVIEW INTERIM REPORT

1.0 Purpose of the report:

1.1 To set out the interim findings and recommendations of the Supported Housing Scrutiny Review.

2.0 Recommendation(s):

2.1 To recommend to the Executive that Blackpool Council establishes its own standards for what supported housing should look like in the town and that scrutiny plays an active role in developing these standards.

2.2 To recommend to the Executive that the Council writes a letter to the local MPs setting out the key issues relating to supported housing in the town and requests that they lobby Government for new legislation that allows for more control over the sector.

2.3 That the Scrutiny Panel reconvenes in due course to consider the issue of 'out of area placements' further.

3.0 Reasons for recommendation(s):

3.1 The recommendations aim to improve provision of supported accommodation in the town.

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 The Adult Social Care and Health Scrutiny Committee first received a report on the provision of supported housing on 7 January 2020. The report provided an overview of supported housing in the town, defining supported housing as any housing scheme where accommodation is provided alongside care (not necessarily commissioned social care), support or supervision to help people live as independently as possible in the community. This includes:

- Older people with support needs
- People with learning and physical disabilities
- Individuals and families at risk of or recovering from homelessness
- People recovering from drug or alcohol dependency
- Offenders and ex-offenders
- Vulnerable young people (such as care leavers or teenage parents)
- People with mental ill health
- People at risk of domestic abuse.

6.2 The Committee learnt during the course of the meeting that supported housing was funded through housing benefit, that there had been an increase in the number of supported accommodation schemes in the area over the previous few years, that due to the nature of the schemes they could attract very high rents and service charges which landlords expected to be met through housing benefit and that schemes did not always attract full subsidy from the Department of Work and Pensions and could therefore be costly to the local authority.

6.3 Key concerns raised during the meeting included the cost of supported housing, with the average weekly rent per tenant varying between £79.90 and £355.58 per week; the lack of regulation of providers – although national standards for supported housing had been produced they were guidance and not legally enforceable; and that vulnerable people with mixed and sometimes conflicting needs were often placed together with support that was not appropriate to meet their needs. The Committee therefore determined that a scrutiny review be established to further investigate supported housing.

6.4 The Review Panel was established comprising Members of the Adult Social Care and Health Scrutiny Committee and three Members of the Tourism, Economy and Community Scrutiny Committee due to the cross-cutting nature of the issue. It was originally scheduled to meet during March 2020, however, due to the Covid-19 pandemic the meeting was postponed and the Review Panel eventually held its first meeting in November 2020. At this first meeting, Members were informed that the Council had successfully bid to participate in a pilot scheme related to supported housing with the Ministry of Communities, Housing and Local Government. As part of the pilot, the authority would be looking to use the existing tools, powers and regulations in order to try and influence supported housing developments and

gain some control over the support provided to residents and where the provision was located. This would then create an evidence base to be submitted to Government to allow them to see what worked and what might need changing in order to gain control of the issue.

6.5 During the first Panel meeting Members delved deeper into the concerns raised that vulnerable people were not receiving the support they needed and it was considered that the pilot scheme would offer an increased level of scrutiny on quality standards. Concern was also raised regarding the high levels of supported housing in some wards where former, large holiday accommodation was situated. The prevalence on some particular roads or areas often resulted in high levels of anti-social behaviour which affected local residents and could have a detrimental impact on the wider population and it was noted that the pilot aimed to address this issue. Planning and legal advice over the control and location of supported housing was also being considered as a key part of the pilot.

6.6 The Review Panel met for a second time in March 2021 to consider a number of aspects of supported housing in more detail including the existing thresholds and current criteria to be met, how risks and vulnerabilities of people in the accommodation were identified, the cost to the Council and the current and potential future roles of the Council.

6.7 Key areas of discussion during the meeting included the difference between matched and unmatched supported accommodation, the extent to which tenants were known to Adult Social Care, the potential exploitation of vulnerable adults, an update on the pilot scheme and the large number of people placed in supported accommodation from outside of the Blackpool area.

6.8 Members considered that despite the fact that they would currently be unenforceable, work should begin on the Blackpool standards for supported accommodation. The Blackpool standards could go over and above the national standards as appropriate to set out the Council's aspiration for support and accommodation in the town. There could be separate standards dependent on the tenant and support required. It was noted that during the pilot process, it had been suggested that local standards would be appropriate and the Panel considered that Scrutiny should have an active involvement in the development of the standards.

6.9 It was considered that the key change required to ensure improvement in support housing provision was for stronger legislation to be introduced in order to allow the Council to take action on providers to make improvements and compel them to engage with the Council more thoroughly in order to identify whether the scheme was appropriate for the town in the first instance. Stronger legislation could give the Council more influence over location, type as well as quality of provision.

6.10 A final key area of concern identified during the meeting was the high number of vulnerable people being brought in from out of area by providers in order to take places within supported housing in the town. Concern was raised that some other local authorities might

be aware of the practice and appointed agencies to locate vulnerable and difficult to place adults in Blackpool, resulting in a person outside of their home town with no local connections and therefore increasing their vulnerability. It was noted that in 2018, 84% of new housing benefit claimants for this type of location in Blackpool had been made by adults from out of the area. Members considered that this issue required further investigation to determine whether any action could be taken in order to influence future placements.

6.11 The Review Panel agreed that in order to progress with the recommendations identified as quickly as possible that an interim report of the Panel be submitted for consideration by the Executive with a further meeting established in due course to consider the outstanding issues. Following approval by the Adult Social Care and Health Scrutiny Committee, a summary report will be provided to the Executive for approval.

6.12 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

8.0 Financial considerations:

8.1 The recommendations can be implemented within existing resources.

9.0 Legal considerations:

9.1 The Blackpool standards referred to in the recommendation at 2.1 would not be legally enforceable without a change to legislation.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting:	17 March 2021

SCRUTINY WORKPLAN

1.0 Purpose of the report:

1.1 To review the work of the Committee, the implementation of recommendations and note the update on the Fulfilling Lives informal meeting.

2.0 Recommendations:

2.1 To approve the Committee Workplan, taking into account any suggestions for amendment or addition.

2.2 To monitor the implementation of the Committee's recommendations/actions.

2.3 To note the recommendations of the Blackpool Fulfilling Lives informal meeting.

2.4 To consider the update on support provided to new mothers and determine if anything further is required.

3.0 Reasons for recommendations:

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

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	N/A

4.0 Other alternative options to be considered:

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 **Scrutiny Workplan**

The Committee's Workplan is attached at Appendix 9(a) and was developed following a workplanning workshop with the Committee in July 2020. The Workplan is a flexible document that sets out the work that will be undertaken by the Committee over the course of the year, both through scrutiny review and committee meetings. It has recently been amended to take account of the pandemic and the impact on the workload of public health in particular.

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

6.2 **Implementation of Recommendations/Actions**

The table attached at Appendix 9(c) has been developed to assist the Committee in effectively ensuring that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

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

6.3 **Supported Housing Scrutiny Review**

The Review Panel held its second meeting on 3 March 2021 and has produced an interim report and recommendations included for consideration at Item 8 on this agenda.

6.4 **Healthy Weight Scrutiny Panel Action Plan**

The Committee had been scheduled to receive an update on the implementation of the recommendations of the Healthy Weight Scrutiny Panel. However, the majority

of the recommendations were to be led by Public Health. The recommendations of the Panel were approved almost immediately before the country went into its first lockdown and therefore the recommendations have not been able to be implemented as planned. A full report on the implementation of the recommendations will be provided as soon as practicable.

6.5 **Blackpool Fulfilling Lives Informal Meeting**

The Committee met informally on 11 February 2021 to consider the Blackpool Fulfilling Lives project. A report and recommendations are attached at Appendix 9(d) for approval.

6.6 **Support for new mothers**

During its workplanning workshop in July 2020, Members identified support for new mothers and breastfeeding support as a topic for consideration. The item was originally due to be considered in November 2020 and then February 2021 at the formal scheduled Committee meetings. However, due to the pressure on the Public Health team during the pandemic, it was agreed that the item be considered outside of the Committee meetings. The topic was also briefly discussed with colleagues from Blackpool Teaching Hospitals NHS Foundation Trust during the item on 'Perinatal and Infant Mortality' in November 2020.

Nicky Dennison, Consultant in Public Health provided the following information to the Committee in December 2020 for review and questioning electronically:

The Health Visiting Service continues to be delivered in a COVID secure way, and now implementing their restoration plan. Face to face visits now take place for antenatal visits, New-born up to 14 days, and the 6-8 week check, patients with a clinical need, safeguarding or someone identified at risk. Baby clinics have been reinstated on an appointment basis. Plans are in place to start the 3 year visit from December 2020 to ensure children are prepared for schools.

The Health Visiting service continues to prioritise vulnerable children and have been undertaking the appropriate assessments, and attend the multi-agency meetings, core groups, child in need meetings strategy meetings and case conferences via video conferencing platforms. All families have a risk assessment undertaken by the Health Visitor at the Antenatal visit, new birth or transfer visit. This is used to assess risks and vulnerabilities within the family and helps the Health Visitor identify which programme or input the family require i.e. Universal, Universal Plus, and Universal Partnership Plus. This continued during the pandemic and these clients were all offered face to face contact for antenatal, new birth and transfer in.

The Health Visitors continued to use the agenda matching tool which identified the

help and support families required. This is jointly agreed by the family and the health professional. This is about empowering the family to make the decisions about what support they require, rather than telling them. The number of phone calls to families has increased and improved engagement of the families with the service. The baby steps programme has moved to group work on a virtual basis, but families who don't have the technology will continue to receive one to one support.

In partnership with Better Start we are on a journey to understand the UP and UPP contacts. Two years ago this data wasn't collected, but with the development of new templates and new recording processes, the Health Visitors are now accurately recording the activity for UP/UPP contacts. Through data quality monitoring the inputting of the data has improved and provides the platform for developing the outcomes. Case studies are collected as part of the contract monitoring process to demonstrate the outcomes from UP/UPP contacts. The case studies provide quality information about cases where families have required increased number of visits due to the vulnerability of the mum or child. It provides details of what actions have been taken and the outcome for the family. Public Health have worked with the Provider to develop a framework which demonstrates the early intervention work undertaken by the service, the outputs that are delivered and agreed the outcomes that need to be measured and have these in place by the end of January 2021.

Does the information submitted include any exempt information? No

7.0 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): Blackpool Fulfilling Lives informal meeting update.

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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Adult Social Care And Health Scrutiny Committee Work Plan 2020-2021 / 2021-2022	
19 October 2020	SPECIAL MEETING: Mental Health Services to continue to monitor and evaluate the impact of changes in mental health service provision. To also include impact of pandemic on service provision. Integrated Care Partnership/System attendance requested.
26 November 2020	1. **Infant mortality and Maternity Services** covering preventable baby deaths 2. **Screening and Vaccination Uptake** to request NHS England attendance to consider uptake levels in Blackpool and the impact on the pandemic and recovery planning. 3. **Blackpool Safeguarding Adults Board Annual Report**
11 February 2021 - informal meeting	1. **Fulfilling Lives** what is going to be in place to take forward, what alternatives have been identified.
17 March 2021	1. **Adult Services Report** – complete service overview, performance, financial position and strategy. 2. **CCG Overview report** including ongoing impact of pandemic on hospital and other services, update on roll out of Covid-19 vaccine – take up, barriers etc. tbc and 111 Pilot Scheme impact of the pilot on winter resilience, patient experience. 3. **Public Health Service Overview** verbal update on impact of pandemic
Tbc 26 May 2021	SPECIAL MEETING: Mental Health Services to continue to monitor and evaluate the impact of changes in mental health service provision. To also include impact of pandemic on service provision. Integrated Care Partnership/System attendance requested. Including specific updates on the recommendations of the previous meeting. To be extended to include specific reference to mental health of new mums (Pauline Tschobotko).
Tbc 7 July 2021	1. **CCG End of Year performance** 2. **BTH Inspection update** 3. **Dementia –** Provision of services/dementia friendly, impact of increasing diagnosis, support services on offer, long term impact of pandemic (dementia groups to be invited). *4.* **Avoidable Readmissions –** a whole system report into readmissions to hospital, the reasons for the readmissions and an analysis of whether they could be avoided. *5.* **Healthy Weight Scrutiny Review** update on progress of recommendations and impact of the pandemic on the issues identified in the report.
TBC 14 October 2021	1. **Delayed discharges** – current levels of delays, causes for delays and review of ongoing measures in place to review. 2. **Adult Services** – complete service overview 3. **Smoking cessation** new model application and impact. 4. **Dentistry and oral health** ensuring adequate and accessible provision in the town. Care during the pandemic and impact on provision. Recovery. 5. **Sexual Health Services** (to be moved to next meeting).

Scrutiny Review Work	
Informal review - ongoing	**Support for new mums during pandemic including health visiting and breastfeeding support (pre and post pandemic)** – including recovery programmes – what offer has been put in place to support them such as call backs etc. Covered to degree in discussions with BTH representatives at 26 November 2020 meeting. Also received an email update from PH on 4 December 2020 for review and questions.
26 January 2021	Drug Strategy – review of revised strategy
26 January 2021	Scrutiny review of **Drug Related Early Deaths.** Numbers have increased in both young and older people that misuse substances. To also look at preventing drug use. Scope to be increased to look at lessons learned during the pandemic
Commenced November 2020 Next meeting 3 March 2021	Scrutiny review of **Supported Housing** following agreement at the Committee meeting in January 2020.
TBC 24 March 2021	**'Meals on Wheels'** as agreed in notice of motion at Council.
TBC April 2021	**Adult Services Medium Term Financial Strategy**
November/December 2021	Consideration of financial performance of Adult Services and Public Health.
TBC	Scrutiny review of **one key theme identified from the ICP five year strategy**. Possible items include population health management, health inequalities, planned care and urgent and emergency care.
TBC	Proposed joint piece of work with Children and Young People's Scrutiny Committee: **Child and Adolescent Mental Health** to include prevalence, performance of CAMHS, emotional health, looked after children and additional educational needs. Initial meeting to consider service redesign has been held. Request to come back 12 months after implementation for progress update. Mid 2021?

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	16.10.19	To receive a further report on mental health services in six months.	March 2020	Caroline Donovan, CEO, LCFT Sharon Davis, Scrutiny Manager	Meeting Held 19 October 2020.	Green
2	07.01.20	Supported Housing - Members were very concerned by the issues raised in the meeting and agreed to establish a review panel meeting to consider the issues further. It was noted that the Tourism, Economy and Communities Committee must be involved due to the cross-cutting nature of the issue and that the discussions at this meeting should be forwarded to the ongoing Housing and Homelessness Scrutiny Review Panel in order	Tbc	Sharon Davis, Scrutiny Manager	A scoping document for the review is attached in the Workplan item for approval. The Housing and Homelessness Review has been informed as agreed. Tourism, Economy and Communities Committee has been informed and invited to identify representatives to attend the meeting. An initial meeting was held on 10 November and the review will be completed in the New Year.	Green.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		to avoid any duplication of work.				
3	06.02.20	The Committee agreed that a further report on the conclusion of the Fulfilling Lives project be received in approximately 12 months alongside a report from the Council detailing services to be put in place to fill the gap left by the end of the project.	February 2021	Ian Treasure/Arif Rajpura	Meeting was held 11 February, report attached to agenda for consideration.	Green
4	06.02.20	The Committee considered that the current approach was not working and queried whether a new model could be put in place. It was reported that work was already ongoing to review smoking cessation services and it was agreed that the new model be presented to Members in	February 2021	Arif Rajpura	Item delayed due to focus on the pandemic.	Not yet due.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		approximately 12 months.				
5	06.02.20	The Committee agreed to receive the final ICP strategy and operational planning documents in addition to the plan for commissioning reform in due course.	Tbc	David Bonson	Item delayed due to the pandemic.	Not yet due
6	06.02.20	That an item on dementia be added to the workplan.	Tbc	Sharon Davis	To be added to workplan.	Not yet due
7	19.09.20	To receive the Drug Strategy for further review following its revision.	January 2021	Judith Mills	The Drug Strategy was considered at an informal meeting on 26 January 2021.	Green
8	19.09.20	The Committee requested, and Dr Gardner agreed, that progress regarding the outstanding CQC inspection actions would be shared with the Committee prior to the end of December 2020 when it was expected that	End December 2020	Jim Gardner, BTH	Email sent to Dr Gardner for update 23.11.20.	Red

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		all actions would be completed.				
9	19.09.20	To receive the data from the initial findings of the trials regarding discharges on the two wards when completed.	Tbc	Jim Gardner, BTH	Email sent to Dr Gardner for update 23.11.20.	Not yet due
10	19.09.20	To receive a whole system report on avoidable readmissions to a future meeting.	Tbc	Tbc	To be added to workplan.	Not yet due
11	19.09.20	To receive a report on delayed discharges in approximately 12 months to review improvement.	September 2020	Tbc	To be added to workplan.	Not yet due

Adult Social Care and Health Scrutiny Committee

Informal meeting: 11 February 2021

Blackpool Fulfilling Lives Briefing

In attendance: Councillors Burdess (in the Chair), Hunter, Hutton, O'Hara, Mrs Scott and Wing.

Ian Treasure, Partnership Manager, Blackpool Fulfilling Lives Legacy Board

Nicola Plumb, Lived Experience Team Manager

Steven Brown, Lived Experience Team

James Devereux, Data and Evaluation Team Manager

Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

Sharon Davis, Scrutiny Manager

Ian Treasure introduced the Blackpool Fulfilling Lives (BFL) Evaluation report and noted that 529 beneficiaries had been helped during the lifetime of the project. It had been estimated that significant cost savings (identified as an average of £10k per client) to the wider health economy had been made due to the impact of the project. The funding from the lottery had allowed those involved in project to become ambassadors for system change. Assessment of the success of the project had been based on speaking to those involved about the impact that project had had on their lives. The project would end on 31 March 2021 with all work with continuing clients wound up by end December 2021.

Mr Treasure considered that the project had been successful due to the way in which it had interacted with its beneficiaries. Instead of expecting them to access services in the same way as everyone else, Fulfilling Lives went to where they were. A rapport had been built with the clients slowly and by asking questions in a different way ('what matters to you?'). The key aspects of success had been identified as better outcomes for service users, system change, a co-ordinated approach to therapeutic activities and empowering service users.

With services due to close during the year, a close down plan had been written and it was being determined what services could continue in other forms. For example, the Lived Experience Team would be transferred to the new ADDER project for continuation.

Members discussed the system change in detail and noted that a wide range of organisations had been involved and many had altered their working practices based on the outcomes identified by the Fulfilling Lives project. It was recognised that many organisations had worked hard to effect such positive change, but that there were some organisations that had not participated and that ongoing pressure was required to maintain the system change.

It was reported that not all services provided by Fulfilling Lives had been taken up for continuation and that the end of the project would create gaps in provision. There was an ongoing dialogue with the Clinical Commissioning Group regarding potential funding. The service model had been recorded as a legacy of the BFL project and could be funded at any time to restart provision in the future. It

was noted that the costs savings identified for health services would provide a good return on investment.

The Academy Model was discussed in detail and Members noted its importance in giving people who might otherwise feel hopeless a future. The model provided funded training, the potential to gain qualifications such as the Drug and Alcohol National Occupational Standards and opportunities to work. Mr Treasure also highlighted the Princes Parade Crazy Golf (North Promenade) social enterprise and the positive impact on those involved.

It was noted that BFL had worked with people with multiple disadvantages, they might have experienced childhood poverty, abuse, neglect or trauma and there was a lot of learning from the impact of childhood experiences on adult life. Head Start and A Better Start were working to address and prevent such trauma in childhood, however, it was considered inevitable that not all negative experiences could be prevented.

The Lived Experience Team (LET) was identified as a significant positive of the scheme and it was positive that the Team would continue its work through the ADDER project. It was considered important that the views of the Lived Experience Team continued to be sought in all aspects moving forward and in the future co-production of services. The LET had broken down barriers by identifying required changed such as purchasing mobile phones for people without them, ensuring that the right worker was assigned to the right beneficiary resulting in high levels of retention and engagement and offering support to reduce substance misuse and offending to whatever level was possible for the individual.

In response to questions, it was noted that two people had been excluded from the project due to safety concerns and a further 93 had disengaged. All those involved in the programme had chaotic lifestyles, for some engagement might not have been the right time or the right circumstance. BFL had continued to try to re-engage with all beneficiaries.

Members were particularly interested in the ‘stigma’ work and queried the confidence levels that the system change had been truly effective. It was noted that there was confidence, however, it was important to ensure the change continued and individuals continued to be treated with the respect that they should be treated with. Previously the Horizon project had written to clients who had missed appointments to threaten them with prescription withdrawal if they did not contact the service. Working with BFL and the LET, the letter had been changed to one of concern for the client and asking them to contact the service for help. It was important to look at services through the eyes of the service user.

It was noted that through the ongoing Drug Related Deaths Scrutiny Review, Members had identified that regular reports should be received on the ADDER project to assess impact and progress and that this regular reporting could be expanded to include the ongoing work of the LET.

Another key area for discussion was the issues raised regarding data sharing. It was considered that when trying to work together for the best outcomes for individuals, there should be no concerns of data sharing and it was noted that during some forums such as the Drug Related Death Panel that individuals were discussed as a whole with all organisations contributing whatever information they had.

Conclusions and Next Steps

Members determined that they wished to follow up on the following areas:

1. Progress regarding the funding of the ongoing service model by the Clinical Commissioning Group.
2. System change and stigma, reframing communications in a positive way for all organisations.
3. Data sharing.
4. Following closure of BFL to track the impact of the closure and the gaps in service provision left by the closure.

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