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Blackpool Council

24 November 2021

To: Councillors D Coleman, Critchley, Hunter, Hutton, O'Hara, D Scott, Mrs Scott and Wing

The above members are requested to attend the:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Thursday, 2 December 2021 at 6.00 pm
in Council Chamber, Blackpool Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

(1) the type of interest concerned either a

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

and

(2) the nature of the interest concerned

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

2 MINUTES OF THE LAST MEETING HELD ON 14 OCTOBER 2021 AND MINUTES OF THE SPECIAL MEETING HELD ON 28 SEPTEMBER 2021 (Pages 1 - 10)

To agree the minutes of the special meeting held on 28 September 2021 and the minutes of the last meeting held on 14 October 2021 as a true and correct record.

3 PUBLIC SPEAKING

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

4 FORWARD PLAN (Pages 11 - 16)

To consider the content of the Council's Forward Plan, December 2021 to March 2022, relating to the remit of the Committee.

5 SEXUAL HEALTH SERVICES (Pages 17 - 40)

To provide a comprehensive report on sexual health service provision in Blackpool informed by the 'Enhancing the value of sexual health, reproductive health and contraception services through council scrutiny' guide.

6 BLACKPOOL CLINICAL COMMISSIONING GROUP MID-YEAR REPORT (2021/2022) (Pages 41 - 60)

To consider the mid-year performance of the Blackpool Clinical Commissioning Group (April 2020 – August 2021) and also a more in depth look at the impact of the COVID-19 pandemic on current performance and ongoing recovery planning.

7 BLACKPOOL TEACHING HOSPITALS NHS TRUST RESTORATION OF SERVICES (Pages 61 - 68)

The purpose of the report is to provide an update in relation to Blackpool Teaching Hospitals Trust Restoration of Services including continuing improvement.

8 SCRUTINY WORKPLAN (Pages 69 - 76)

To review the work of the Committee, the implementation of recommendations and note the update on the Pathology Collaboration briefing, the Supported Housing and Meals on Wheels Scrutiny Reviews and the upcoming topics for review.

9 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Thursday, 3 February 2022, commencing at 6pm.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building. Please maintain social distancing and wear masks when moving throughout the building.

Other information:

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

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

MINUTES OF SPECIAL ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - TUESDAY, 28 SEPTEMBER 2021

Present:

Councillor Hutton (in the Chair)

Councillors

Critchley	D Scott	Walsh
O'Hara	Mrs Scott	

In Attendance:

Mr Chris Oliver, Chief Operating Officer, Lancashire and South Cumbria Foundation Trust (LSCFT)
Ms Jo Stark, Locality Director of Operations, LSCFT
Ms Janet Barnsley, Executive Director of Integrated Care and Performance, Blackpool Teaching Hospitals NHS Foundation Trust (BTH)
Ms Linda Bennetts, Locality Director of Nursing and Quality, LSCFT
Ms Sarah Camplin, Head of Commissioning, Blackpool, Fylde and Wyre Clinical Commissioning Group (BFWCCG)
Mr Michael Chew, Divisional Director of Operations: Families and Integrated Community Care, BTH
Ms Caroline Donovan, Chief Executive, LSCFT
Ms Ursula Martin, Chief Improvement and Compliance Officer, LSCFT
Ms Maria Nelligan, Chief Nurse and Quality Officer, LSCFT
Ms Caroline Watkins, Commissioning Officer, BFWCCG
Mr Mark Worthington, Deputy Chief Medical Officer, LSCFT

Ms Sharon Davis, Scrutiny Manager
Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MENTAL HEALTH SERVICES

Caroline Donovan, Chief Executive, Lancashire and South Cumbria Foundation NHS Trust (LSCFT) presented the report to the Committee and highlighted the improvement journey of mental health services in spite of the pandemic. She noted the significant impact of the pandemic on mental health services across the country and the fact that the number of presentations at the Emergency Department (ED) had been the highest on record. Despite the high volume of patients, 100% had been seen within four hours, with 95% assessed within one hour.

Ms Donovan advised that LSCFT had introduced a new organisational structure based on geography and had opened new urgent mental health assessment centres across the region, which had been cited as best practice by the Secretary of State. She noted the significant investment made in community teams, the 24/7 crisis telephone line and the new crisis lounge.

The Committee was informed that significant work had also been carried out at The Harbour, (the in-patient mental health hospital in Blackpool), which had transformed the services it provided and had resulted in reduced length of stay and a more positive experience for patients.

It was noted that there remained challenges with patient capacity and that work was being carried out in order to create additional beds through investment. Ms Donovan advised that sites in Whalley, Wesham and South Cumbria had been identified for a total of 90 new beds, however, these would take time to be completed.

Ms Donovan reported that LSCFT worked closely with Blackpool Teaching Hospitals NHS Foundation Trust (BTH) in the provision of services from Blackpool Victoria Hospital and that some services were the responsibility of BTH. Mr Michael Chew, Divisional Director of Operations: Families and Integrated Community Care provided an overview of the early intervention and prevention service and the innovative ways used to engage with patients during the pandemic. He added that there remained significant pressures on the Child and Adolescent Mental Health Service (CAMHS) and that despite those pressures the CASHER Service (Child and Adolescent Support and Help Enhanced Response) in particular continued to operate successfully.

Members noted that the report stated that the memory assessment service had exceeded targets, however, there was no data provided to support how many patients had been seen through the service. Mr Mark Worthington, Deputy Chief Medical Officer, LSCFT noted that there had been an average of 107 referrals per month to the service, with August 2021 accounting for the highest number of referrals. It was noted that there were no concerns that the pandemic had prevented access to this service.

In response to a question, Ms Maria Nelligan, Chief Nurse and Quality Officer, LSCFT noted that the peer support scheme put in place had been particularly successful in aiding improvement in The Harbour. She noted that there were currently 10 peer workers operational in the hospital and that both patients and staff had commended their value with more peer support workers being requested. It was noted that an evaluation had been carried out on the scheme, the findings of which could be shared with the Committee.

Clarification was sought regarding the statistic that 100% of patients presenting with mental health concerns at the ED had been seen within four hours, querying what level of engagement they received during this time. Ms Donovan reported that the statistic referred to the assessment of the patient and the identification of either a treatment or management plan as appropriate for the patient.

The issue of recruitment was discussed in detail, with the national problems noted, and the Committee requested additional information regarding the training programme for new staff. Ms Linda Bennetts, Locality Director of Nursing and Quality, LSCFT provided a detailed overview of the training put in place for new staff and highlighted that each new starter was assessed regarding their training need and that the level of support and training required for each individual and each role was different. The formal induction could take several weeks or even a year and was provided at the pace the learner required.

Members queried the timescale and detail of the provision of the 90 new beds identified to be developed. In response, it was reported that the new beds had been planned for some time and that over the next two years 28 rehabilitation beds would be provided at a site in Wesham. Additional beds would be provided for older adults and psychiatric patients in Whalley, South Cumbria and Preston. It was reported that the Trust had assessed what beds were required and was trying to add the capacity through creative ways in order to meet the demand.

It was noted that 42 new appointments had been recently made, and Members sought exact details on the number of current vacancies at the Trust. Ms Bennetts noted that the 42 appointments made had been registered nurses. She advised that the gain in recruitment was greater than the loss of staff experienced by the Trust and that many now viewed The Harbour as a positive place to work. There were 15 current vacancies on paper that had not yet been recruited to, however, it was expected that those positions would be filled by January 2022. In response to a further question, it was noted that the Trust had a 6.7% turnover rate.

The Committee addressed the relatively high number of referrals to the Intermediate Mental Health Service that had ceased waiting and queried what exactly this meant for patients. Mr Chew agreed to investigate this issue further and provide the detail in writing following the meeting.

Members went on to note the recent outcomes of the Care Quality Commission (CQC) inspections and noted that despite the positives and improvements made some services had still been rated as ‘required improvement’ and that in some circumstances wards had been downgraded from ‘good’ to ‘required improvement’. In response, Ms Donovan highlighted that improvements had been made during the particularly difficult circumstances of the pandemic which was very positive. She added that the inspected wards that had been downgraded to ‘required improvement’ had not been inspected for some time. It was considered that despite appearances, improvements had been made over the last few years and that the previous performance of the services in question had not been accurately reflected in the CQC inspections due to them not being inspected frequently enough. She added that the Trust continued to work with the CQC to make improvements to services and that a whole system approach was being taken.

In response to further questions from the Committee seeking assurance that patients were safe, Ms Ursula Martin, Chief Improvement and Compliance Officer, LSCFT advised that feedback from the CQC had provided the reassurance that all patients were safe and

that the inspectors had not identified any unsafe practices. She added that the Trust met with the CQC on a regular basis and had an open and transparent relationship and that there was nothing that came out through the inspections that the Trust was not already aware of and addressing. She noted that staff morale was high and staff were proud of the improvement that had already been achieved.

Upon consideration of the information received during the meeting, the Committee requested that an update be provided in approximately six months on progress made against actions identified through the CQC inspection and that a full, detailed report of mental health services be provided again in approximately 12 months.

3 DRUG RELATED DEATHS SCRUTINY REVIEW FINAL REPORT

The Committee considered the final report of the Drug Related Death Scrutiny Review Panel.

The Committee approved the final report for submission to the Executive.

4 MEALS ON WHEELS SCRUTINY REVIEW FINAL REPORT

The Committee considered the final report of the Meals on Wheels Scrutiny Review Panel.

The Committee approved the final report for submission to the Executive.

Chairman

(The meeting ended at 7.11 pm)

Any queries regarding these minutes, please contact:
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MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 14 OCTOBER 2021

Present:

Councillor Hutton (in the Chair)

Councillors

Hunter O'Hara Mrs Scott Walsh

In Attendance:

Ms Karen Smith, Director of Adult Services
Ms Judith Mills, Consultant in Public Health
Ms Liz Petch, Consultant in Public Health
Ms Hannah Maiden, Public Health Speciality Registrar

Ms Beth Goodman, Deputy Director of Commissioning, Blackpool, Wyre and Fylde Clinical Commissioning Group, (BWFCCG)
Ms Jeannie Harrop, Head of Commissioning, BWFCCG
Dr Neil Hartley-Smith, BWFCCG
Ms Pauline Wigglesworth, Project Director, Place Based Partnership

Councillor Maxine Callow, Scrutiny Lead Member

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 1 JULY 2021

The Committee agreed that the minutes of the last meeting held informally on 1 July 2021 be signed by the Chairman as a true and correct record.

3 PUBLIC SPEAKING

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

4 EXECUTIVE DECISIONS AND CABINET MEMBER

The Committee noted the Cabinet Member decisions taken since the previous meeting.

5 WHOLE SYSTEM FLOW AND DISCHARGES

Ms Jeannie Harrop, Head of Commissioning, Blackpool, Fylde and Wyre Clinical Commissioning Group (CCG) presented the report to Committee and highlighted the main areas of development including primary care networks, neighbourhood care teams and the care home team scheme.

The Committee considered the report in detail, noting the provision of a GP service through the Emergency Department (ED) and queried the impact on staff and patients from the regular changes to service provision. Dr Neil Hartley-Smith, Clinical Director, CCG noted that the use of 111 as a first point of access would continue and that from a patient's perspective there would be little change. He noted that the service outlined formalised arrangements that were already in place in order to alleviate pressure on the ED and ensure the patient was given the most appropriate form of care. In response to a further question, it was noted that there was limited concern that patients would by-pass their GP and attend the ED directly for a GP service.

Members referenced a previous report on avoidable readmissions and queried the level of community support in place. In response, it was reported that additional funding had been provided to increase the number of roles in the community such as social prescribers in order to prevent admissions into the ED. Dr Hartley-Smith added that the longer a patient spent in hospital the more the likelihood of a poor outcome increased. It was considered that an increased input from district nurses who had high levels of individual patient knowledge would also improve community support.

In regards to difficulties in recruitment, Members were informed that there were ongoing challenges in recruitment in both health and social care sectors nationally. It was noted that recruitment was also historically more difficult in towns such as Blackpool in comparison to large cities. In order to address issues of recruitment a Workforce Committee had been established and roles were being made as attractive as possible.

The Committee discussed the challenges in contacting GPs and accessing face to face GP appointments in detail, highlighting the concerns raised by residents. Dr Hartley-Smith advised that GP surgeries were currently receiving approximately 30% more calls a day in comparison to 2019 records. Surgeries were carrying out additional roles including Covid vaccinations and catching up on health checks missed during the pandemic. He added that the issues with accessing services nationally had been identified and that NHS England had issued a paper with steps to be taken in order to improve access.

6 ADULT SERVICES OVERVIEW

Ms Karen Smith, Director of Adult Services gave an overview of the work of Adult Services highlighting the changes in practice required by the pandemic and the appropriate return to the normal provision of services. She reported on the development of new services such as the provider support team and the emergency workforce provision citing concerns in recruitment as a key issue for social care.

With regard to the financial performance of the service, Ms Smith highlighted the additional spend required due to the pandemic which had been offset by a range of additional funding including direct funding from the NHS and general Council Covid grants received from the Government. She added that it was unprecedented for Adult Services to not have a balanced budget and that work was ongoing to bid for funding, working closely with the NHS.

The Committee was informed that the staff vaccination rates for residential care home staff were the highest in the country and that very few Council staff within adult social services who were subject to mandatory vaccination remained unvaccinated.

In response to a question, Ms Smith advised that staff unable to carry out their primary role during the pandemic had been redeployed to carry out other roles. She added that there had been some staff that had been shielding during the pandemic that had been nervous about returning to the office and that they had been supported through a phased return.

Members discussed vaccinations in detail and it was reported that staff that had raised concerns regarding the vaccination had been offered individual and in confidence conversations with public health representatives and provided with factual information regarding the vaccine. It was noted that it was a mandatory requirement for staff working within care homes to be vaccinated and that there was an ongoing national consultation on the extension of mandatory vaccination to all health and social care staff.

In response to further questions on vaccinations, Ms Smith noted that due to staff turnover and the time interval required before the second vaccination it would be difficult to achieve a 100% vaccination rate. She noted that a number of concerns had been raised by those hesitant to receive the vaccine and that they were being offered accurate and factual information in response to their concerns.

The Committee noted the impact of winter on the pressures experienced by social care and queried the level of confidence in service provision through the winter of 2021/2022. Ms Smith advised that staff were working in creative ways in order to respond to increasing pressures. She noted that the pandemic had changed behaviour with people less likely to choose a care home and that other services were determining an optimal way to move forward in order to make the best use of resources. Ms Jeannie Harrop, Head of Commissioning, Blackpool, Fylde and Wyre Clinical Commissioning Group added that significant planning was taking place across the health and social care sector for winter with the largest campaign for flu vaccinations already ongoing.

7 RECOVERY OF PUBLIC HEALTH SERVICES AND COVID

Ms Judith Mill, Consultant in Public Health presented a report on the recovery of public health services and Covid to the Committee. She drew Members' attention to the continued provision of sexual health services and the adjustments made during the pandemic, the health visiting service, smoking cessation services and the healthy weight measuring carried out in schools. She also highlighted the adjustments made to drug treatment services and the work of the Lived Experience Team.

Members had previously raised particular concerns regarding the increase in alcohol consumption during the pandemic and Ms Mills noted that there had, as yet, been no subsequent increase in the number of subscriptions to alcohol treatment services. She added that it was considered that the current ways to access services were not fit for purpose and that a service review was being undertaken in order to make services more attractive to high-risk drinkers.

It was noted that the smoking statistics in the report related to England and the Committee queried whether localised data could be provided for Blackpool. Ms Liz Petch, Consultant in Public Health advised that precise data was not currently available, however, anecdotal evidence suggested that the local picture was similar to the England average or higher and that steps must be taken in order to reduce levels.

In response to further questions, Ms Petch advised that evidence suggested that should parents smoke, it was more likely that their children would also start smoking. There was also concern that some young people used both e-cigarettes and normal cigarettes depending on the situation that they were in and that the acquisition of cigarettes needed to be made more difficult for young people.

8 DEVELOPMENT OF THE FYLDE COAST PLACE-BASED PARTNERSHIP

Pauline Wigglesworth, Project Director, Place Based Partnership advised that the Place Based Partnership had been previously known as the Integrated Care Partnership (ICP) and that the renaming of the Integrated Care System to the ICP had necessitated the name change. She advised that the new Health Bill was currently going through the processes in Parliament and was intended to introduce a series of reforms to health and social care with effect from April 2022.

The Place Based Partnership (PBP) would be formed of a range of partners including the Council, the current Clinical Commissioning Groups and voluntary sector representatives. There would be five PBPs across the Lancashire and South Cumbria ICP with the Fylde Coast PBP covering Blackpool and a common strategy would be developed covering all PBPs.

The Committee queried the impact of the regular changes to the governance of the NHS on staff and whether each iteration was discarded or built upon for the next. In response, Ms Wigglesworth advised that projects and service provision that had been regarded as working well and had been developed through research, learning and hard work would always sought to be integrated into new models. There was a move to standardisation across the ICP whilst ensuring decisions were made as close to the community as possible. The new model would also ensure that health and social care services were working as closely together as possible for the benefit of the patient.

The Committee agreed to request that training be provided for all Councillors on the Place Based Partnership.

9 SCRUTINY WORKPLAN UPDATE REPORT

The Committee considered its workplan and requested that the report from Blackpool Teaching Hospitals NHS Foundation Trust scheduled for March 2022 be expanded to include feedback on the use of GPs in the Emergency Department.

10 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting was noted as Thursday 2 December 2021.

Chairman

(The meeting ended at 7.48 pm)

Any queries regarding these minutes, please contact:
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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of Meeting:	2 December 2021

FORWARD PLAN

1.0 Purpose of the report:

1.1 To consider the content of the Council's Forward Plan, December 2021 to March 2022, relating to the remit of the Committee.

2.0 Recommendation(s):

2.1 To question the relevant Cabinet Member in relation to items contained within the Forward Plan within the portfolio.

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

3.0 Reasons for recommendation(s):

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

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 Forward Plan is prepared by the Leader of the Council to cover a period of four months

and has effect from the first working day of any month. It is updated on a monthly basis and subsequent plans cover a period beginning with the first working day of the second month covered in the preceding plan.

6.2 The Forward Plan contains matters which the Leader has reason to believe will be subject of a key decision to be taken either by the Executive, a Committee of the Executive, individual Cabinet Members, or Officers.

6.3 Attached at Appendix 4(a) is a list of items contained in the current Forward Plan. Further details appertaining to each item contained in the Forward Plan has previously been forwarded to all members separately.

6.4. The following Cabinet Member is responsible for the decision within the Forward Plan and has been invited to attend the meeting:

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

6.5 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 4(a): Summary of Forward Plan

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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EXECUTIVE FORWARD PLAN - SUMMARY OF KEY DECISIONS

(DECEMBER 2021 TO MARCH 2022)

*** Denotes New Item**

Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
*January 2022	To agree the Domestic Abuse Reduction Strategy	23/2021	Executive	Cllr Farrell

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for decision ***Ref Nº 23/2021**	To agree the Domestic Abuse Reduction Strategy
Decision making individual or body	Executive
Relevant Cabinet Member	Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health
Date on which or period within which decision is to be made	January 2021
Who is to be consulted and how	Relevant stakeholders and partner organisations have been consulted in developing the strategy
How representations are to be made and by what date	Not applicable
Documents to be submitted to the decision maker for consideration	The 2022/2024 Domestic Abuse Reduction Strategy
Name and address of responsible officer	John Blackledge, Director of Community and Environmental Services John.blackledge@blackpool.gov.uk Tel: (01253) 478400

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Date of Meeting:	2 December 2021

SEXUAL HEALTH SERVICES

1.0 Purpose of the report:

1.1 To provide a comprehensive report on sexual health service provision in Blackpool informed by the 'Enhancing the value of sexual health, reproductive health and contraception services through council scrutiny' guide.

2.0 Recommendation(s):

2.1 The Committee to note the content of the report and highlight any areas for further scrutiny, as appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the provision of sexual health services in Blackpool.

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

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Attached at Appendix 5(a) is a full report from Public Health on Sexual Health Services provision in Blackpool.

6.2 Does the information submitted include any exempt information No

7.0 List of Appendices:

7.1 Appendix 5(a): Sexual Health Report

8.0 Financial considerations:

8.1 Contained within the appendix.

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.

Sexual Health Scrutiny Report

Executive Summary

Blackpool Council is committed to working together with all partners and agencies across Blackpool to improve the sexual health of the Blackpool population by ensuring that the right actions are carried out for the right people, in the right place, at the right time. Even in these challenging times, services have continued to deliver quality services.

Teenage conception, chlamydia diagnosis and HIV late diagnosis rates have been for many years the key national measures of success for improving sexual health.

We have made progress.

The teenage conception rate is falling and the gap with the England average is narrowing.

Chlamydia detection is a key priority, and we consistently achieve a good detection rate. The incidence of chlamydia is falling due to the active screening programme in place in Blackpool. Asymptomatic testing in primary care, screening at sexual health service contraceptive appointments has been crucial in identifying infections in Blackpool.

The high emphasis on testing for Human Immunodeficiency Virus (HIV) means that our rates of late diagnosis is much better than either the North West or the England average. With outcomes for people living with HIV better if identified early, HIV testing remains a priority.

We recognise that we also have work to do. Blackpool still has consistently higher rates of sexually transmitted infections (STI) than the national average. The rising trend in gonorrhoea and syphilis diagnoses over recent years remains a concern. In response we are running 'Long Time No Syphilis' campaign to raise awareness and highlight the importance of prevention and treatment.

Sexual health services continue to build on improvements made in patient care through utilisation of technology during the COVID-19 pandemic. Going forward there is a need to examine the impact of the move towards digital services, particularly on vulnerable groups and ensure ease of access to services for everyone.

Innovation in the form of new models of collaborative care are being explored to manage women's health on a Primary Care Network footprint, As part of this work, commissioners and providers will be seeking women's experiences of accessing different forms of contraception from specialist sexual health clinics, general practice and other NHS services and their pathways to care.

Finally, we aim to help tackle sexual violence and harassment by adopting the Bystander intervention programme to empower schools and the community to bring about culture change through the reinforcement of messages and safe interventions to challenge unacceptable sexual behaviour.

Sexual Health Scrutiny Report

1. System leadership and collaboration

Sexual and reproductive health is a vital aspect of overall health and wellbeing of a person and therefore an important area of public health. Most men and women will need information, care and support for their sexual and reproductive health at some stage in their lives.

As a result of the 2012 Health and Social Care Act, sexual health commissioning was divided between Local Authority, Clinical Commissioning Groups and NHS England (see appendix 1). For example, human immunodeficiency virus (HIV) testing is funded by the Local Authority, Clinical Commissioning Groups (CCG) and NHS England (NHSE) in different settings.

Sexual health services are open access. This means that any person requiring sexual health advice and support, including contraception and sexual health screening can access services anywhere in the country, without being a resident of that area.

A Framework for Sexual Health Improvement in England and Making it Work[1] [2]: A guide to whole system commissioning for sexual health, reproductive health and HIV, were produced by the Department of Health and Public Health England to guide and support all commissioners in sexual health.

Because of the fragmented system of commissioning, with a number of organisations being involved, collaboration is key to ensuring those in need of sexual health services are provided with the right services at the right time to enable them to make healthy choices.

Locally, Public Health has regularly undertaken sexual health needs assessments and produced collaborative strategies which have been approved by the Health and Wellbeing Board, aiming to ensure that we continue to work to integrate and commission innovatively, building services around the individual rather than the organisation.

In addition, work is ongoing on a Lancashire wide basis to ensure a seamless response to sexual health needs across the Fylde Coast economy, recognising that Fylde and Wyre residents access services in Blackpool.

[1] Making it work: A guide to whole commissioning for sexual health, reproductive health and HIV (2014)
[2] A Framework for Sexual Health in England (2013)

1.2 Strategy and development

An evidence-based approach in the development of a sexual health strategy is driven by the Blackpool Sexual Health Joint Strategic Needs Assessment (JSNA). Stakeholder engagement is a vital element of sexual health strategy and action planning and a broad range of partners are involved in this process to develop a stakeholder led action plan. In order to tackle the rate of sexually transmitted infections (STIs) and prevent unplanned pregnancies in those at higher risk it is important to work with partners and stakeholders to implement targeted prevention measures. The strategic priorities are based on the findings of the JSNA and in line with the National Framework for Sexual Health Improvement.

1.3 English HIV and Sexual Health Commissioners Group (EHSHCG)

The EHSHCG provides a strategic forum for those with commissioning responsibility for HIV, sexual health and reproductive services, for improved population and patient level outcomes in sexual health and HIV in England. This purpose of the group is to support the development of improved care standards and the development of appropriate specifications and commissioning policies to support the effective commissioning and delivery of integrated sexual health services at a local level. Blackpool commissioners participate in the EHSHCG and have represented the North West on the national Executive Committee.

1.4 Lancashire and Cumbria Commissioning Network (Strategic Group)

The mandate for sexual health requires open access to services across local authority boundaries. There is a well-established collaborative sexual health commissioner's network in operation across Lancashire and Cumbria to provide a forum to bring together those with commissioning responsibility for HIV and Sexual Health Services. The aim is to improve population and patient level outcomes in sexual health and HIV. In a multiple commissioner landscape, this has helped to support integrated commissioning approaches for the delivery of seamless services to local people and maintain service continuity across geographical boundaries.

Of the Blackpool residents who use sexual health services, approximately 97% choose to attend the genitourinary medicine (GUM) service within Blackpool. These patients make up 58-60% of patient flow through Blackpool GUM services with the majority of the remaining patients attending from the Fylde and Wyre area.

1.5 Cumbria and pan-Lancashire Provider/Commissioner Network

The network provides a strategic forum to bring together those with commissioning and provider responsibility for HIV, sexual health and reproductive services for improved population and patient level outcomes in sexual health and HIV across the network. In a

complex provider, commissioner landscape, the objective is to support integrated approaches for the delivery of seamless services to local people.

Through the network - the sexual health needs assessment informed a programme of Sector Led Improvement workshops. Sector Led Improvement allowed us to scrutinise data and activities and learn from best practice. There are a range of methodologies and tools that can be used to support areas to come together on improving commissioning and provision including, Sector led Improvement.

2. Trends in Sexual Health

2.1 Sexual health data

The Sexual and Reproductive Health Profiles developed by Public Health England (PHE) support local authorities, public health leads and other interested parties to monitor the sexual and reproductive health of their population and the contribution of local public health related systems.

Interactive maps, charts and tables provide a snapshot and trends across a range of topics including teenage pregnancy, abortions, contraception, HIV, sexually transmitted infections (STIs) and sexual offences. Wider influences on sexual health such as alcohol use, and other topics particularly relating to teenage conceptions such as education and deprivation level, are also included.

These profiles are a rich source of indicators across a range of health and wellbeing themes that have been designed to support JSNA and commissioning to improve health and wellbeing, and reduce inequalities.

2.2 COVID-19 impact in 2020

COVID-19 has impacted on sexual health and sexual health services in a number of ways. Data from the National Survey of Sexual Attitudes and Lifestyles (NATSAL) COVID study suggests that fewer people met new sexual partners in 2020, and the number of sexual partners met reportedly reduced. However, a substantial proportion of people still had ongoing risk for STIs/HIV, and two thirds of those who reported having a new sexual partner during this period, also reported not using a condom.

New data from PHE reveals that overall diagnoses of STIs decreased in 2020 by 32% compared to 2019.The decline reflects a combination of reduced STI testing as a result of disruption to sexual health services leading to fewer diagnoses, and changes in behaviour during the coronavirus pandemic which may have reduced STI transmission. Despite the fall in diagnoses, STI diagnoses overall remain high.[3]

[3] PHE Press release, sti-rates-remain-a-concern-despite-fall-in-2020, September 2021

COVID-19 resulted in the overall number of sexual health service consultations reducing by 10% nationally in 2020, and the number of full STI screens reduced by 25% over this period. Sexual health services both nationally and locally made significant adaptations to their services, with the introduction or expansion of online services (including testing) and remote consultations accompanying face-to-face consultation for those in urgent need.

2.3 Sexually Transmitted Infections (STIs)

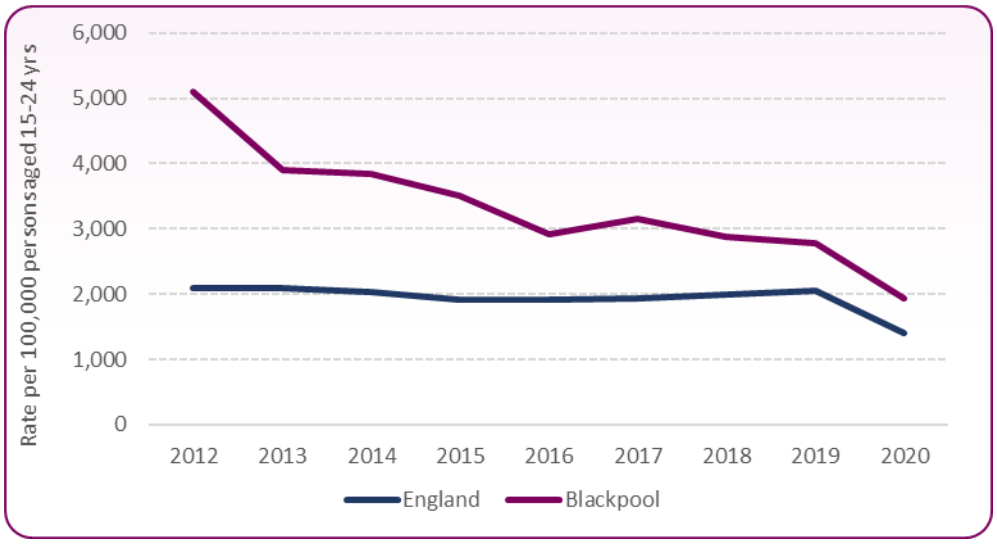
2.3.1 Chlamydia

Chlamydia infection is the most common sexually transmitted infection in the UK and has a national screening programme aimed at young people aged 15-24 years. Across Blackpool, 2,122 (14.1%) young people were screened for chlamydia infection in 2020 and while this was a fall from the 2019 figure of 22.2% it was still similar to the national average for that year. Prior to 2020, Blackpool's screening rates had been significantly higher than national averages.

The chlamydia detection rate among under 25 year olds is a measure of chlamydia control activity and an increased detection rate is indicative of increased control activity. Chlamydia detection in young people aged 15-24 years across Blackpool has been consistently higher than national average over a number of years; 2,776 per 100,000 in 2019 compared to 2,050 in England and while this continued to fall in 2020, it was still higher than the England average but the gap has significantly narrowed over the past 10 years.

Chlamydia detection is a key priority, with great progress made to achieve a good detection rate. Asymptomatic testing in primary care and screening at sexual health service contraceptive appointments has been crucial in picking up infections in Blackpool, treating individuals with chlamydia, proactively contact tracing, to reduce the pool of infection in the community.

Trend in chlamydia diagnostic rates, persons aged 15-24 years, 2012-2020



Source: PHE Sexual and Reproductive Health Profiles

There has been a recent policy change to the national chlamydia screening programme (NCSP) with the focus now being on reducing harm and untreated chlamydia infection in women. This will refocus the programme on opportunistic screening for young women and discontinuing opportunistic screening to young men outside sexual health services. All young people will still be able to access chlamydia tests at the sexual health service.

2.3.2 Other Sexually Transmitted Infections

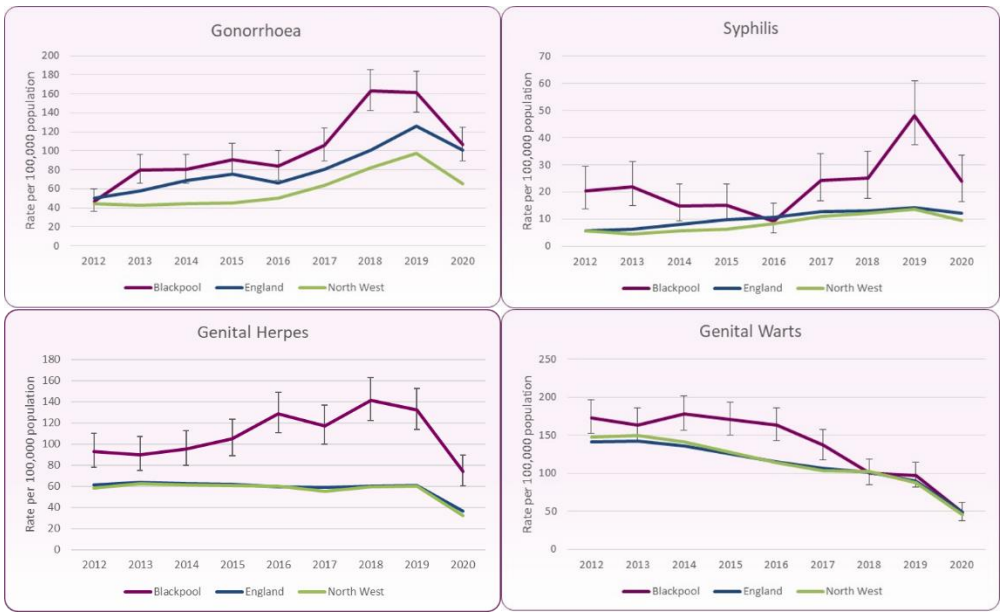
Overall, Blackpool has had consistently higher rates of STIs than the national average over a number of years with more than 1,500 new diagnoses per year, although this did fall to 944 in 2020 due to the impact of the pandemic.

While Blackpool has had significantly higher rates of diagnosed sexually transmitted infections than the national average, sexual health services across the town are testing more people with the trend in the testing rate being significantly higher than the national average. Higher than average positivity rates (8.6% in 2019 compared to 7.1% nationally) suggests that services are successfully targeting those most at risk.

Of those diagnosed with a new STI in 2019 in Blackpool, 51.7% were men and 48.3% were women. Young people aged between 15-24 years accounted for 47.6% of new STI diagnoses.

Nationally and locally, the burden of STIs continues to be greatest in young people (aged 15-24). However, men who have sex with men (MSM), specific Black and minority ethnic groups, vulnerable people (including looked after children, those with physical and learning disabilities and those who had adverse childhood experience), are also at greater risk of STIs.

Trends in sexually transmitted infections, 2009-2020



Source: PHE Sexual and Reproductive Health Profiles

At national and local level there is an increasing trend in gonorrhoea diagnoses is concerning due to the emergence of extensively drug resistant gonorrhoea in England. From national data, Gonorrhoea infection is concentrated in high risk groups but infection is also strongly associated with deprivation, mainly amongst young heterosexuals in urban areas and transmission is perpetuated by higher rates of partner change and complex sexual networks, which can lead to localised outbreaks.[4]

The rise of syphilis among men who have sex with men (MSM) also remains a concern. There is evidence that condomless sex associated with HIV sero-adaptive behaviours (which include selecting partners perceived to be of the same HIV sero-status), is leading to increased STI transmission.[4] In response to this, a syphilis campaign to raise awareness of the increase, and importance of prevention and treatment is in the pipeline (see 5.4)

The introduction of universal human papillomavirus (HPV) vaccination has resulted in a decline of genital warts nationally as well as having significant impact on the incidence of cervical cancer.

Reinfection with a sexually transmitted infection is a marker of persistent risky behaviour. Young people are more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In Blackpool, an estimated 13% of 15-19 year old women and 11% of 15-19 year old men presenting with a new STI at sexual health services during a 5 year period from 2015-2019 became re-infected with a new STI within 12 months. Reinfection rates in young women are higher than the national average.

[4] PHE, Spotlight on sexually transmitted infections in the NW, Sept 2019

Testing and partner notification are essential elements of STI management and control, protecting patients/partners from re-infection and long-term consequences from untreated infection, reducing the cost of complications and onward transmission.

2.3.3 Human Immunodeficiency Virus (HIV)

The number of new HIV diagnoses among people aged 15 years and above in Blackpool was 14 in 2019. The prevalence of diagnosed HIV per 1,000 people aged 15-59 years in 2019 was 4.9, worse than the rate of 2.4 in England and Blackpool ranks 21st highest out of 153 upper-tier local authorities for HIV prevalence.

Outcomes for HIV treatment are much better if identified early rather than at late stage therefore our strategies aim to promote testing in a range of settings including the Emergency Department. In Blackpool, in 2017-19, the percentage of HIV diagnoses made at a late stage of infection was only 26.5%, better than the average of 43.1% in the rest of England. Blackpool has the best late diagnosis rate in the North West and has been consistently better than the England average for a number of years. This is a great achievement as a high prevalence area, and one achieved through a comprehensive screening programme.

2.4 Contraception

The National Institute for Health Care Excellence (NICE) and the Faculty of Reproductive and Sexual Health (FRSH) recommend the use of Long Acting Reversible Contraception (LARC), rather than the contraceptive pill and other forms of contraception because of their lower failure rate. Our strategy in Blackpool over the previous decade has been to continue to encourage the uptake of LARC.

The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist sexual health services per 1,000 women aged 15-44 years living in Blackpool was 74.2 in 2019, significantly higher than the rate of 50.8 per 1,000 women in England.

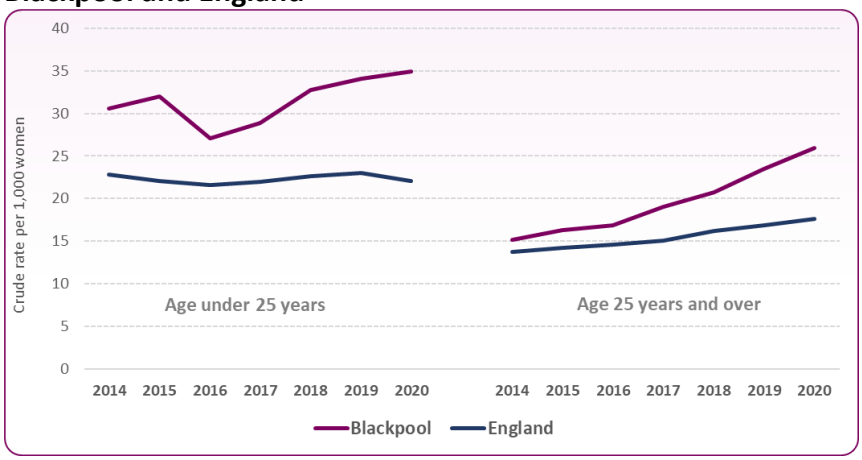
LARC uptake across Blackpool has been consistently higher than the national average over a number of years though the rate did fall in 2020 due to the pandemic. We are seeing figures beginning to rise again to pre-pandemic levels.

2.5 Abortions

The total abortion rate per 1,000 women aged 15-44 years in 2019 was 26.8 in Blackpool, significantly higher than the England rate of 18.7 per 1,000. Nationally, data shows rising abortion rates in those women aged over 25 years while for those aged under 25 year the

picture is generally static. This is different to what we see across Blackpool where rates are rising for both the under 25's and the over 25's.

Trend in abortion rates for women aged under 25 years and over 25 years: Blackpool and England



Source: PHE Sexual and Reproductive Health Profiles

Of those women aged under 25 years who had an abortion in 2019, the proportion who had had a previous abortion was 28.3%, similar to 27.7% in England. The repeat abortion rate has been increasing gradually both locally and nationally over the last few years. The response remains to encourage the uptake of contraception, particularly the most effective Long Acting Reversible Contraception (LARC) and improving uptake of LARC post abortion and in maternity services. Renewed efforts are being made in this area.

2.6 Teenage Conceptions

In 2019, the conception rate for under-18s in Blackpool was 31.1 per 1,000 girls aged 15-17 years, significantly worse than the rate of 15.7 in England**.** While Blackpool does have higher teenage pregnancy rate than the national average, overall the gap between Blackpool and England is continuing to narrow.

Trend in the under 18 conception rate: Blackpool and England

Source: PHE Sexual and Reproductive Health Profiles

3 Commissioning and delivery models

3.1 Prevention

3.1.1 Personal, Social, Health and Economic (PSHE) education

Relationship and Sex Education (RSE) and Personal, Social, Health and Economic (PSHE) education was due to be statutory from September 2020. However, due to the pandemic, schools were given until April 2021 to fully implement it. Whilst sex education is statutory in secondary schools, primary schools may choose if they teach sex education in their setting.

A PSHE Support Officer works with schools to level up the PSHE provision across the authority and give PSHE leads a network of best practice, access to high quality training and a suite of quality assured schemes of work, lesson plans and resources.

A Teacher Resource Website was developed which contains quality assured lesson plans, schemes and resources. Some examples of the sexual health resources include NSPCC 'Talking pants'- aimed at primary school children discussing consent and 'ITS NOT OK' - for pupils 11+ talking about positive relationships. The website also contains a service directory to signpost professionals to agencies that can offer additional support to children and young

Across Blackpool, school PSHE leads are linked with Blackpool's CONNECT Young Person service and how to access this information is also included on the Teacher Resource Site.

- Schools invited to utilise a range of free public health training. Tailored sessions for staff, providing bespoke training to meet school specific objectives.
- PSHE Forums are held each term to give PSHE Leads chance to hear about new lesson plan content, support services and early help pathways
- All schools have free access to the PSHE Association website which contains briefings, podcasts, access to training and additional information about sexual health

The engagement in the programme has been extremely high due to the introduction of statutory relationships education and schools seeing the benefit of the support package on offer.

3.1.2 Bystander Intervention

Sexual violence is a serious problem that can have lasting, harmful effects on victims and their family, friends, and communities. Historically, sexual violence efforts have focused on victims and perpetrators after the sexual violence has taken place or on efforts to promote

awareness of sexual assault and resources available to victims. However, the goal of sexual violence prevention is to stop it from happening in the first place.

A review of the evidence base for primary prevention strategies for tackling sexual violence identified the bystander approach to prevention as most promising in the field, with the 'Green Dot' bystander programme shown to be effective in reducing sexual violence perpetration rates in high schools.

Informed by research, Green Dot workshops and training programmes focus on preventing all forms of harassment and interpersonal violence with the end goal of reducing the number of people who are experiencing these forms of harm. Specifically, Green Dot programmes equip participants with the skills and motivation needed to: (1) respond when they notice behaviours that could lead to or constitute harassment or interpersonal violence, and (2) engage in behaviours that strengthen positive community, workplace and school norms.

This delivery model will form part of the 'It's Stops Here' strategy for Blackpool as a place-based approach.

3.1.3 Harm Reduction Service

The Harm Reduction Service provides non-clinical, co-ordinated support for individuals who are living with/affected by HIV or Hepatitis C. This includes the Lesbian, Gay, Bisexual and Transgender (LGBT) community and populations at high risk of poor sexual health, for example sex workers and men who have sex with men (MSM). The support includes:

- Outreach working, such as clubs and sauna's
- Development and co-ordination of STI screening (to include Hep C testing for sex workers) through self-test kits provided by the Specialist Sexual Health Services and Syphilis/HIV point of care testing
- Sexual health education including the promotion of LARC and condom distribution
- Peer support programmes, support groups (including supportive activities such as befriending) and harm minimisation.
- Counselling service for those living with, and affected by HIV, and victims of sexual violence
- Ensures non-clinical support in all areas, e.g. benefits, housing, is available to all accessing the service.
- Facilitates and supports client involvement in service delivery and development, by creating feedback mechanisms to commissioners through service users groups.

3.2 Treatment Interventions

Integrated Sexual Health Services

The local authority has a mandated responsibility to commission comprehensive, open access sexual and reproductive health services. Open access services are essential to control infection, prevent outbreaks and reduce unwanted pregnancies and means that non-residents are entitled to use the sexual health services provided in Blackpool.

The existing two Blackpool Integrated Sexual Health Service (SHS) contracts are for an all age comprehensive service delivered from Whitegate Drive Primary Care Centre and young people (under 25 years) only service, delivered from Connect on Talbot Road. These provided by Blackpool Teaching Hospitals NHS Foundation Trust (BTH).

The services are confidential and free and offer residents evening and weekend appointments across the two sites of Whitegate Drive and Connect. A drop in service is available to young people on a Saturday morning.

Where appropriate, young people accessing sexual health services are assessed for their competency by using Fraser Guidelines. This ensures that they are safe, that they are able to understand the information given and to ensure that their relationships are consensual and healthy. If there is any question or doubt about any of these areas, the services contact the safeguarding leads and utilise Multi-Agency Safeguarding Hub (MASH) referral system when necessary.

The Service provides a holistic approach to sexual health, enabling services users to address issues of contraception and testing for STIs delivered in one sexual health appointment delivered as one patient episode. This eliminates the need for separate contraceptive and genitourinary medicine (GUM) appointments.

The Integrated Sexual Health Service (all age), as a level 3 service, provides training and leadership in sexual health across the wider health economy of Blackpool.

The COVID-19 pandemic has had a significant impact on both the delivery of, and access to, sexual and reproductive health services at a local, regional and national level, with some staff redeployed to the frontline COVID-19 response. During the COVID-19 response, the sexual health service adapted to ensure continued provision of essential services (please refer to previous scrutiny report on COVID-19 response).

The services are now back to functioning at previous activity levels whilst providing more through the digital offer, which provides greater choice for patients.

GP services

Blackpool, in line with most other councils, commissions and funds selected GP practices to offer an enhanced LARC provision including contraceptive implants, intrauterine contraceptive device (copper coil) and intrauterine system (hormonal coil).

The majority of GP public health services ceased during measures, to allow capacity for the vaccination programme. Plans are in place to provide top up training to ensure that practices maintain competency in clinical interventions ready to restart provision. Some practices have continued provision where staff reallocated to the vaccination programme.

This coincides with new models of care that are currently being explored to manage women's health care on a Primary Care Network footprint as an innovative collaborative commissioning approach (see 5.2)

Tier 2 STI Screening and Treatment Services are provided by two practices, Stoneyhill and Adelaide St. This service covers assessment and screening for STIs and blood borne viruses; results management, treatment and partner notification; involvement in proactive STI control, such as the opportunistic screening of young people for chlamydia infection within the framework of the National Chlamydia Screening Programme (NCSP).

The Tier 2 Screening and Treatment Services have maintained the same level of activity during the pandemic as the previous few years, with the trajectory for this financial year looking similar. Of the screens undertaken, approximately 85% are asymptomatic presenters, with the majority of STIs identified being chlamydia.

Patients testing positive through the Tier 2 service for more complex infections such as syphilis, gonorrhoea and HIV are referred to the Tier 3 sexual health service at Whitegate Drive.

4. Current Innovation

Blackpool has a long history of innovation in sexual health. For example 'Positive Steps into Work for those living with HIV[5], providing valuable support to clients who would not otherwise have accessed specialist employment advice.

4.1 HIV testing

The National Institute for Health and Clinical Excellence (NICE) has advocated for expanding testing outside clinical settings by engaging community organisations, developing local strategies to increase testing, and by providing rapid HIV tests. Testing in non-medical settings such as community HIV testing, self-sampling and self-testing for HIV broadens the options available to people wishing to take an HIV test.

As previously stated, outcomes for people living with HIV are better if identified early. Therefore, increasing HIV testing is a priority for Blackpool.

[5] Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV Part 2: Case studies

Blackpool has prioritised HIV testing, embedding in a number of health settings. Contributing towards the Public Health Outcome Framework indicator to reduce the numbers of late diagnosis has included:

- Testing eligible people in sexual health services
- Testing women in maternity services
- Testing women attending for an abortion

In November 2020, despite being in the middle of the COVID-19 pandemic, Blackpool Teaching Hospital commenced the routine screening of HIV in the Emergency Department (ED), supported by the HIV team. During HIV testing week the HIV team worked alongside the ED nurses and doctors promoting routine testing of HIV to both staff and patients alike.

Prior to screening in the ED Department, and since 2013, HIV screening was offered in the Acute Medical Unit (AMU).

GP's are undertaking HIV testing of new registrants and engagement with the CCG on HIV screening is ongoing.

Blackpool Council, now offer HIV home testing, which enables people to order tests on line and the Harm Reduction service (Renaissance) provides community outreach in high risk venues such as clubs, saunas and public sex environments. HIV point of care testing is undertaken by the team, who work in partnership with the sexual health service for rapid access to support.

Without testing;

- There is a greater likelihood of onward transmission of HIV and an increase in the incidence in Blackpool
- There will be more people diagnosed late, which is associated with poor life expectancy
- When diagnosed early the life expectancy of someone living with HIV is near normal

The goal of eliminating HIV transmission by 2030 depends upon sustaining prevention efforts and further expanding them to reach all at risk.

4.2 HIV Prevention

PrEP (pre-exposure prophylaxis) is a medicine people at risk for HIV take to prevent getting HIV from sex or injecting drug use. When taken as prescribed, PrEP is highly effective for preventing HIV. This can be daily dosing, or event based dosing.

In October 2020, the Department for Health & Social Care released funding for PrEP to roll out as part of core work to improve population health outcomes. Blackpool was part of the

national research programme and in the forefront of its adoption. The offer of PrEP to eligible people attending the sexual health service provided in line with British Association of Sexual and HIV Health and British HIV Association national guidelines is fully available in Blackpool.

The Sexual Health Service website provides information on how to access PrEP and a range of social media platforms are promoting access. Partner organisations, such as the Harm Reduction Service also promote through targeted social media routes

4.3 Domiciliary Long Acting Reversible Contraception

To strengthen targeted prevention, development of a domiciliary care pathway has enabled joint visits with staff working with vulnerable young people, mental health, drug/ alcohol and learning disabilities. Domiciliary visits are working effectively as a multiagency approach, engaging with individuals who have previously not engaged with services and with a fast track to the LARC method of contraception.

Fast track access to LARC (including domiciliary where required), with pathways in place for women who have experienced, or are at risk of, repeated pregnancies that result in children being taken into care. This replicated with substance misuse and midwifery services.

4.4 Long Acting Reversible Contraception in Maternity Settings

A pilot is underway to embed LARC in the maternity pathway with a contraceptive conversation had with all women. The specialist sexual health team will join in with maternity service training sessions and consultants are looking at fitting coils in planned caesareans. Training for midwives to provide implants for vulnerable groups is also in the pipeline, following an audit on the uptake of contraception for the most vulnerable groups.

4.5 Long Acting Reversible Contraception in Abortion Services

Sexual health and Abortion services work collaboratively.

Contraception counselling is offered as part of the treatment through abortion providers. This enables women accessing abortion services to be offered HIV/chlamydia testing and contraception, including LARC, or a seamless referral to other services, such as a GP, or sexual health service.

Abortion services are also offering both fitting and removal of coils as part of their service.

5. Future Innovation

5.1 Digital

Migration towards online triage systems that collect specific data before directing patients to the most appropriate pathway of care is a logical evolution of sexual health and one fast tracked since COVID-19.

In Blackpool, the digital offer commenced with the launch of full screen home STI testing kits in 2018, a move to reconfigure the sexual health service to offer clinical activity online. Not only does the digital offer allow more choice, it also frees up clinic capacity for complex and/or vulnerable patients. Current postal kits for STI testing has shown high acceptability for users, with an average 65% return rate.

Sexual health services continue to build on improvements made in patient care through utilisation of technology during the COVID-19 pandemic. These developments to digital access includes consultancy, e-booking of appointments.

5.2 Women's Reproductive Health

Given the multiple commissioners and providers responsible for reproductive health provision, a collaborative reproductive health group across the Fylde Coast, including NHS commissioners and providers, local authority commissioners and sexual health providers was established. The initial scoping meeting to review service provision with the aim of integrating within local community health networks was held 1st July 2021. A task and finish group has been set up to look at a business plan for a Women's Reproductive Health hub model with South Shore PCN.

Reproductive health hubs are recommended as a positive way forward in both the Royal College of Obstetricians & Gynaecologist's (RCOG) 'Better for women' report[6], Faculty of Sexual & Reproductive Health (FSRH) and Public Health England's pending Women's Reproductive Health Action Plan (WRHAP).

Going forward the collaborative reproductive health group will investigate the higher rate of abortion post birth, and ensure that maternity contraception provision is high quality and includes LARC.

5.3 Contraceptive Pilot in Community Pharmacy

COVID-19 emphasised a need for a contraceptive service in pharmacies across the country. By upskilling community pharmacists to deliver a contraceptive service that encompasses the initiation and management of ongoing regular contraception (in 2022), including the pill, vaginal rings, implants and depot injection (from 2023) from their local pharmacist.

The overall aim of the contraceptive pilot in community pharmacy is to expand patient access to contraception and sexual health services thereby giving patients choice and convenience, including support for high-risk communities and vulnerable patients. This will involve integrating pharmacies into the provision of sexual health prevention and treatment by testing referrals into pharmacy by General Practice and sexual health clinics. Ultimately, this will increase the availability of hormonal contraception and LARCS in the community

[6] Better for Women: Improving the health and wellbeing of girls and women (2019)

testing appointment booking system before a national roll out. Blackpool is to test this pilot in the North West and a number of pharmacies have signed up to take part.

5.4 Syphilis Campaign

With syphilis on the increase and many of us not having heard about it, know little about it, or even think it has gone away years ago, there is a need to raise awareness that syphilis is back.

Blackpool, in collaboration with Lancashire and Blackburn with Darwen aim to raise awareness about syphilis, help health care providers protect their patients and empower people to take care of their sexual health.

The 'Long Time No Syphilis' campaign, will commence early next year and will be devoted to promoting the prevention, diagnosis and treatment of syphilis. Treating syphilis means that it will prevent it be passed on to sexual partners.

6. Service Model and Finance

6.1 Procurement

Blackpool sexual health services were recommissioned in 2016, with the provision of a fully integrated Specialist Sexual Health Service (all age) and Young People Service (<25), which includes the National Chlamydia Screening Programme.

Blackburn with Darwen Borough Council, Blackpool Council and Lancashire County Council (together referred to as Pan Lancashire) each conducted a separate procurement at this time for the provision of mandated open access sexual health services. The market was approached within a similar timeframe.

The Blackpool contracts in place are from 1st April 2016 until 31st March 2019 with the option to extend for a further 2 years plus 2 years subject to budget and satisfactory review.

Procurement is a lengthy and complex process and a decision to tender should only be used where there is an expectation of benefit to service users and the council. During the COVID 19 pandemic, councils across the country deferred the requirement to tender, to ensure stability of service provision, with their incumbent providers.

Dispensation was approved due to the pandemic to extend the Blackpool Integrated Sexual Health Service (All Ages) and Integrated Sexual Health Service (Young People) contracts with Blackpool Teaching Hospital Foundation Trust for an additional plus 2 years, bringing the contract end date to 31st March 2025.

6.2 National Integrated Sexual Health Tariff System

Blackpool was one of the first local authorities to commission sexual health services using the national integrated sexual health payment system. Savings identified by shadowing the

national integrated sexual health tariff system gave us the level of detail to ensure payment based on activity, or care given to patients, whilst also showing a reduction in expenditure in a financial impact assessment.

The service has become more efficient, delivering better value for money.

- Tariff has minimised perverse incentives and unnecessary follow up –treatment is one payment regardless of number of visits
- The pricing provides a true reflection of the services provided, and ensures a fair and level playing field.
- Offers a fair and transparent system for cross charging between authorities. It is possible to identify nearly all the care activity delivered by service providers.
- Service development plans, such as digital access, have been attached a locally agreed tariff

During the course of the contract, the tariff reconciliation has never exceeded the identified budget of £1.6m per annum.

7. Workforce and Training

The Integrated Sexual health Service provider coordinates and supports the delivery of sexual health care through expert clinical advice, clinical governance and clinical networks. This includes providing specialist expert advice to other service providers and organisations; training of nursing and medical sexual health experts; delivering multidisciplinary postgraduate training, including to primary and secondary care; delivering undergraduate training and postgraduate training including placements for medical and nursing students and training and education for specialty medical trainees. In line with the latest General Medical Council curriculum.

Pressures in primary care services may lead to reduced access to sexual and reproductive health care and more people trying to access specialist services. Any restriction to provision in primary care would be detrimental to contraceptive provision and lead to deskilling of staff crucial to the development of integrated networks.

There is also the emergence of new models of care including self-management and online services requiring a change in staffing structures and the development of new skills.

The development of a 'whole women's' health pathway could provide one opportunity for upskilling general practice staff through training hubs to deliver some sexual and reproductive health services for their communities. It would ensure the delivery of specialist services such as management of the menopause, to match holistic patient needs in primary care and communities.

8. Health Inequalities and inequalities in access to services

Sexual ill health is not equally distributed among the population. Those at highest risk of poor sexual health are often from specific population groups with varying needs. These groups include; young people, men who have sex with men (MSM), people from African communities, people living with the human immunodeficiency virus (HIV), sex workers, victims of trafficking, victims of sexual and domestic violence and abuse and other marginalised or vulnerable groups.

Need is higher amongst those who are vulnerable or with complex needs and ability to access digital services amongst sex workers, victims of sexual and domestic violence and under 18s, with the latter group also not eligible for online testing. The shift to remote services suits these groups less as they have greater discretion and confidentiality needs. For some lockdown may also have exacerbated behaviours that increase risk of HIV, including sex work. The Blackpool sexual health service is currently conducting a review of access to remote services by vulnerable groups (those with complex needs and those who cannot access remotely). Ensuring these groups have rapid access to services is a key priority.

To reduce and tackle the rate of STIs in those at higher risk it is important to work with strategic partners and stakeholders to implement targeted prevention measures, such as the Harm Reduction Service. The service supports the Lesbian, Gay, Bisexual, Transgender and Queer (or questioning) (LGBTQ+) community who experience health and social inequalities compared to their heterosexual cisgender counterparts. A Blackpool Allies group was established which has been successful in breaking down barriers of segregation within the community, bringing together a diverse array of individuals and working with them to co-design services to meet their need.

As outlined earlier, sexual health needs assessments identify key priorities for Blackpool. The commissioning and provision of services address these priorities to reduce inequalities and improve access to services for vulnerable groups.

9. Public Voice and Patient Experience

Public voice and patient experience is used to shape the sexual health strategies for Blackpool and patient representatives participate in the tendering process and tender panels. Targeted services such as the Harm Reduction service delivered by Renaissance co-produce their model of service delivery.

The Harm Reduction Service also facilitates and supports client involvement in service delivery by creating feedback mechanisms to commissioners through service user consultations. For example, a Lesbian, Gay, Bisexual, Transgender and Queer (questioning) (LGBTQ+) service user consultation on the impact of the COVID-19 pandemic on access to services gathered views and opinions on the needs and preferences of the community. This

survey identified issues of digital exclusion and inequality and the need to explore funding sources to support engagement with remote services.

The NHS commissioned services utilise the Friends and Family Test (FFT) as an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well and what needs to improve.

The sexual health service have set up a Patient Experience Champion in all their localities. The Patient Experience Champions' meet quarterly at the sexual health patient experience/staff wellbeing meeting. The purpose of the meeting is to share good practice, hear about how they are managing patient feedback and to give the updates from the Trust. The Patient Experience Champion shares the compliments with the team, and if they receive a negative comment, look at the root cause to address it. In addition, this is shared with commissioners through contract review quality and performance processes.

Going forward, we need to understand women's experiences of accessing different forms of contraception from specialist sexual health clinics, general practice and other NHS services and their pathways to care – including the choice women given when accessing contraception methods in general practice. This will support new models of care for women's reproductive health.

Appendix 1

Commissioning Responsibilities by Organisation

Local Authorities are responsible for commissioning comprehensive sexual health services, this includes;

- Specialist community contraception, including implants and intrauterine contraception (all prescribing costs)
- STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and community HIV testing
- Costs associated with the provision of PrEP excluding drug costs
- GP contraception – LARC only.

NHS England commission related services including;

- HIV treatment and care (including PrEP drug costs)
- Health services for prisoners
- Sexual assault referral centres
- Cervical screening
- General practitioners are commissioned by NHS England to provide standard contraception services under the GP contract, including some STI testing and HIV diagnostic testing.

Clinical Commissioning Groups commission related services including;

- Community gynaecology
- Vasectomy
- Sterilisation
- Abortion services including contraception.
- Hospital HIV testing through the hospital contract.

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Dr Neil Hartley-Smith, Executive Clinical Director, Blackpool, Fylde and Wyre CCGs
Date of Meeting:	2 December 2021

BLACKPOOL CLINICAL COMMISSIONING GROUP MID-YEAR REPORT (2021/2022)

1.0 Purpose of the report:

1.1 To consider the mid-year performance of the Blackpool Clinical Commissioning Group (April 2020 – August 2021) and also a more in depth look at the impact of the COVID-19 pandemic on current performance and ongoing recovery planning.

2.0 Recommendation(s):

2.1 To receive and scrutinise the report.

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

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

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the mid-year health performance report and report on the impact of the COVID-19 pandemic on current performance and ongoing recovery planning in relation to commissioned hospital services.

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

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

4.0 Other alternative options to be considered:

4.1 Not applicable.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Dr Neil Hartley-Smith, Executive Clinical Director Blackpool, Fylde and Wyre CCGs, will be in attendance at the meeting to present the 2021-2022 mid-year performance summary attached at Appendix 6(a) and answer any questions on performance against the national NHS measures: including NHS Constitution measures such as referral to treatment and cancer waiting times.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 6(a): Blackpool Clinical Commissioning Group mid Year Performance Report 2021-2022.

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 N/A.

14.0 Background papers:

14.1 N/A.

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Blackpool CCG Performance Report April 2021 - August 2021

Area	Indicator	Org.	Target	August 2020 YTD	August 2021 YTD	Performance	No. of Excess Breaches	Comments
Page 45	Patients on incomplete pathways treated within 18 weeks	BCCG	92%	55.39%	64.77%	↑	24,714	The Trust and Blackpool CCG did not achieve the 92% RTT open pathway standard between April and August 2021 with performance at 64.77% for Blackpool CCG. The number of patients on the waiting list at Blackpool Teaching Hospitals in August 2021 was 21,229; this is an increase of 1,710 patients from 19,519 in August 2020. Work continues to be focused at specialty level to reduce the number of long waiting patients. A continuous programme of audit and validation is supporting the Trust Patient Tracking List (PTL) management. This focuses across outpatient, diagnostic and waiting list elements of the pathway. Full Trust validation of the waiting lists continues to take place on a weekly basis together with ongoing clinical triage at Consultant level to ensure that all patients are treated in order of clinical priority. The Fylde Coast CCGs have also continued to engage with Independent sector providers across Lancashire throughout 2021/22 to increase capacity and reduce waiting times for patients. This has focussed on equity of access with clinical priorities taking first place, followed by long waiting patients being treated in turn. There has also been a concerted focus on the timely discharge of patients to maximise all available bed stock and improve patient flow within Blackpool Teaching Hospitals. To support this further several schemes are in place to appropriately manage demand for Hospital services including: - • Advice and guidance which enables GP's to contact Hospital consultants for advice prior to hospital referral. • Patient Initiated Follow Up (PIFU) which aims to manage out-patient follow up appointments. • Outpatient telephone or video consultations are now expected to take place at Blackpool Teaching Hospitals as the preferred method of consultation. • The Adapt and Adopt programme continues to be supported by Blackpool Teaching Hospitals. This North West led programme aims to accelerate access to outpatient appointments.
		BTH	92%	57.39%	72.34%	↑	21,229	

Area	Indicator	Org.	Target	August 2020 YTD	August 2021 YTD	Performance	No. of Excess Breaches	Comments
	Patients waiting for more than 52 weeks - Incomplete Pathways	BCCG	0	1,237	1,441	↓	1,441	There were one thousand four hundred and forty one (1,441) Blackpool patients waiting more than 52 weeks for treatment in August 2021; this has deteriorated from the August 2020 number of one thousand two hundred and thirty seven (1,237) patients. It is important to note not all these patients were being treated at Blackpool Teaching Hospitals but across hospitals throughout the UK. Blackpool Teaching Hospitals had one thousand one hundred and eighty four (1,184) patients waiting more than 52 weeks in August 2021; this has improved from the August 2020 position of one thousand seven hundred and fifty two (1,752) patients waiting. This number has reduced further, and on the 18th October 2021 an unvalidated position of one thousand and ninety seven (1,097) patients were waiting longer than 52 weeks for treatment. The Lancashire and South Cumbria Integrated Care Board (ICB) is working to recover pre-COVID-19 planned care waiting times by developing and managing plans at an ICB system level. This includes working with CCGs to maximise efficiencies and optimising the equity of access to services for patients by taking advantage of the local transformation priorities in Blackpool.
		BTH	0	1,752	1,184	↑	1,184	
Diagnostic Test Waiting Times ©	Diagnostic Test Waiting Times - % of patients waiting 6 weeks or more	BCCG	1.00%	45.50%	30.41%	↑	4,874	Performance against the target for less than 1% of patients waiting less than 6 weeks for diagnostic tests has improved between April and August 2021 for Blackpool Teaching Hospitals and Blackpool CCG; however, performance remains below the target of less than 1% of patients waiting longer than 6 weeks for a diagnostic test. The longest waiting times were for endoscopic procedures. Three new Gastroenterologists have started in post at the Trust in September 2021 which will increase endoscopy capacity. An insourcing solution for endoscopy is in place and an outsourcing solution is being progressed working with Blackpool Council to secure an appropriate venue. An insourcing solution for ECG's is also being progressed to improve capacity and reduce waiting times.
		BTH	1.00%	42.10%	23.31%	↑	4,232	

Area	Indicator	Org.	Target	August 2020 YTD	August 2021 YTD	Performance	No. of Excess Breaches	Comments
A&E ©	12 Hour DTA waits in A&E	BTH	0	16	167	↓	167	There has been a total of one hundred and sixty seven (167) 12 hour decision to admit breaches at Blackpool Teaching Hospitals between April and August 2021; one hundred and two (102) of these breaches were Medically related and sixty four (64) were Mental Health related. The Trust is working closely with system partners to improve system flow, avoid unnecessary admissions and support hospital discharges as discussed with the Blackpool Council Health and Scrutiny Committee on the 14th October 2021. Additional measures include: - • Commissioning twelve (12) additional beds in a Fylde Coast nursing home which enables patients who no longer require high acuity care to be stepped down to nursing care in preparation for returning home. • Safety summits are routinely held to review all patients waiting within the ED • There is regular liaison with the end of life team to ensure patients are placed appropriately for palliative care in line with their wishes. • The Trust reviews all patients daily with a hospital stay of over three (3) days to ascertain whether the patients are placed appropriately in line with their care needs. • Clifton Hospital is being utilised as a step down facility with the Trust and also the recently commissioned nursing home beds. • The Trust are using a flex and flip approach to safely mange wards in line with COVID-19 pressures. • Same day emergency care (SDEC) pathways for patients who enter A&E with surgical and cardiac requirements are now in place at the Trust. This means that patients requiring this specialty care are diverted from A&E into the required specialism rather than waiting in A&E.

Area	Indicator	Org.	Target	August 2020 YTD	August 2021 YTD	Performance	No. of Excess Breaches	Comments
Cancer Waiting Times ©	A&E 4 Hour waits	BCCG	95%	90.13%	83.46%	↓	12,571	A&E performance for patients to be seen within 4 hours has not achieved the target of 95% between April and August 2021 and has slightly deteriorated at 83.46% compared to 90.13% in August 2020. The Trust ensures all infection prevention and control (IPC) guidelines are followed for patients entering A&E which clearly does impact upon the time taken between patients. The 111 clinical assessment service diverts patients away from A&E and streaming takes place for all patients entering A&E to ensure their condition requires admission to A&E. If not, there are several schemes in place to treat them appropriately without entering the department. These include: • A minor injuries service co-locate at the Trust whose hours have been extended. • Deflecting unheralded patients from A&E to a pilot community pharmacy consultation service • Attendance at the local urgent treatment centre (UTC) or an alternative if required within a different locality.
		BTH	95%	90.13%	83.46%	↓	12,571	
	% seen within 2 weeks of referral	BCCG	93.00%	88.64%	91.97%	↑	36	Performance against the 2 week Cancer waiting times target has improved between April and August 2021 for Blackpool CCG at 91.97%; however, whilst unfortunately the year to date target has not been achieved it is important to note that that target was achieved for three out of the five months so far in 2021/22. Similarly, although BTH performance against the 93% target has deteriorated to 92.26% between April and August 2021 from 98.63% between April and August 2020, the target was achieved for two out of the five months so far in 2021/22. Performance against the 2 week breast symptomatic target of 93% has not been achieved by either Blackpool CCG or the Trust between April and August 2021. Performance has deteriorated from 88.64% between April and August 2020 for Blackpool CCG to 73.42% between April and August 2020. Trust performance has also deteriorated to 73.14% between April and August 2021 from 87.18% between April and August 2020. It is important to note that both the Trust and the CCG did achieve the breast symptomatic target of 93% in June, July and August 2021; unfortunately, in April and May 2021 radiology capacity affected performance. This issue has now been resolved, as reported to Blackpool Council Health Scrutiny Oversight Committee on the 1st July 2021 performance has achieved the constitutional target of 93% since June 2021.
		BTH	93.00%	98.63%	92.26%	↓	55	
	% seen within 2 weeks of referral – breast symptoms	BCCG	93.00%	88.64%	73.42%	↓	62	
		BTH	93.00%	87.18%	73.41%	↓	108	

Area		Indicator	Org.	Target	August 2020 YTD	August 2021 YTD	Performance	No. of Excess Breaches	Comments
	31 Days	% of patients receiving definitive treatment	BCCG	96.00%	94.23%	95.38%	↑	3	Blackpool CCG did not achieve the 96% target for patients receiving definitive treatment within 31 days between April and August 2021; however, performance has improved slightly to 95.38% by August 2021 from 94.23% between April and August 2020. There were three (3) patients not treated within this timeframe between April and August 2021; the reasons for delay vary but include inadequate capacity and treatments being delayed for medical reasons.
			BTH	96.00%	96.45%	98.63%	↑	0	
		% of patients waiting no more than 31 days for subsequent treatment – surgery	BCCG	94.00%	81.58%	87.36%	↑	6	Blackpool CCG did not achieve the 94% target for the % of patients waiting no more than 31 days for surgery between April and August 2021. Performance has improved with Blackpool CCG achieving 87.36% between April and August 2021 compared to 81.58% between April and August 2020. Six (16) patients between April and August 2021 were not treated within the 31 days, spread across various Hospitals in Lancashire. The reasons for the breaches vary but include inadequate capacity and delayed due to medical reasons.
			BTH	94.00%	80.00%	96.25%	↑	0	
		% of patients waiting no more than 31 days for subsequent treatment – drug therapy	BCCG	98.00%	98.53%	98.78%	↑	0	Achieved.
			BTH	98.00%	99.21%	100.00%	↑	0	
		% of patients waiting no more than 31 days for subsequent treatment – radiotherapy	BCCG	94.00%	95.24%	100.00%	↑	0	Achieved.
	62 Days	* % of patients waiting no more than 62 days from urgent GP referral to first definitive treatment	BCCG	85.00%	78.89%	72.55%	↓	32	Performance against the 62 day for urgent GP referral to first definitive treatment standard has deteriorated for Blackpool CCG between April and August 2021 to 72.55% from 78.89% between April and August 2020 and remains below the target of 85%. Performance at the Trust has improved to 78.38% between April and August 2021 from 77.82% between April and August 2020. Thirty two (32) Blackpool CCG patients were not treated within the 62 day timeframe between April and August 2021 spread across various Hospitals in Lancashire. The reasons for the breaches vary but include patient choice, complex diagnostic pathways, and inadequate capacity. The Lancashire and South Cumbria Cancer Alliance works with all the providers of cancer care and CCGs within the region to improve care and patient outcomes. They work specifically with providers to tailor their improvement work to target the needs of the
			BTH	85.00%	77.82%	78.38%	↑	38	

								local population. Recovery and restoration of services is the top priority in Lancashire and South Cumbria Cancer Alliance together with long term plan ambitions to improve early diagnosis for patients. Currently the following improvement measures are being implemented: • All patients have and are continuing to be treated in order of clinical prioritisation as per national guidance. • Continual processes are in place for the clinical review of long waiting patients. • Trusts have continued to offer advice and support, co-ordinated through Macmillan Information Centres and by Trust teams for cancer patients. • Diagnostic capacity is a major issue, particularly for Endoscopy, CT and MRI with specific work programmes in place to improve capacity. • Cancer referrals have been above baseline since September 2020, but with gaps in some pathways such as Lung. The first definitive treatments are currently running just below baseline • Targeted work is focussing on addressing inequalities and improving access for those patients who have been slower to come forward. • There is a focus on patient backlog reduction with investment in additional measures to increase diagnostic capacity and protect elective activity. • A 6 point improvement plan is in place in collaboration with NHSE/I Improvement Support Team which encompasses governance, reporting, escalation, access policies, pathway analyser, capacity and demand. • Investment in cancer teams is taking place including patient trackers, improved systems and a comprehensive training package to improve. • Working closely with Primary care to reduce inappropriate referrals and ensure safety netting.
		% of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment.	BCCG	90.00%	42.86%	62.96%	↑	7	Performance for Blackpool CCG for waiting no more than 62 days from referral from an NHS screening service to first definitive treatment has improved between April and August 2021 to 62.96% from 42.86% between April and August 2020. The Trust's performance has deteriorated to 28.05% between April and August 2021 from 29.41% between April and August 2020. Whilst both indicators remain below their respective targets it is important to highlight that the number of patients referred via this pathway is very low, only seven (7) Blackpool patients have not been seen within the timeframe between April and August 2021 for reasons which include complex pathways and inadequate capacity. BTH host the Lancashire bowel screening programme, the majority of the breaches relate to bowel screening, and are working with the other Trusts in Lancashire to increase bowel screening capacity.
			BTH	90.00%	29.41%	28.05%	↓	25	

Area	Indicator		Org.	Target	August 2020 YTD	August 2021 YTD	Performance	No. of Excess Breaches	Comments
		% of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade.	BCCG	85.00%	82.58%	85.96%	↑	0	Achieved.
			BTH	85.00%	84.19%	88.41%	↑	0	
	Category 1	Category 1 Mean Performance	NWAS	00:07:00	00:07:10	00:08:21	↓	Breach information not currently available	The COVID-19 pandemic has continued to have an unprecedented impact on NWAS in terms demand placed on the service, the impacts on its operational delivery and on staff working within the services. The NHS England command and control arrangements that set aside formal contracting and performance management regimes have continued but management of quality has continued throughout the year through the clinical quality assurance committees. NWAS has worked with urgent and emergency care systems throughout the pandemic through regional and local gold command arrangements Over the course of 2021 NWAS have continued to embed alternative ways of working. Whilst this has not delivered the performance levels expected through the Ambulance Response Programme or meeting contractual KPIs it has sought to
		Category 1 90th Centile Performance	NWAS	00:15:00	00:11:55	00:14:05	↓		
	Category 2	Category 2 Mean Performance	NWAS	00:18:00	00:21:22	00:39:02	↓		
		Category 2 90th Centile Performance	NWAS	00:40:00	00:43:44	01:22:08	↓		

Page 52	Category 3	Category 3 90th Centile Performance	NWAS	02:00:00	02:26:04	06:48:08	↓		ensure that the risk to patients is minimised as far as possible. This has included and continues to include: • Over recruitment of staff for front line and call centre duties utilising additional NHS funding / recruitment of staff and accepting the financial risk to the organisation. • Early recruitment of Paramedic Emergency Service (PES) staff utilising final year students in Emergency Technician (EMT1) roles. • Recruitment of additional clinicians to manage some patients without the need to deploy ambulances, and to provide support to Paramedics on front line duties with advice and support. • Procuring voluntary and 3rd party resource to deploy additional hours to front line duties. • Utilisation of Military Aid to Civil Authorities (MACA) arrangements in the early part of 2021. • Redeployment of Patient Transport Service (PTS) staff and vehicles to provide additional support to PES, including retraining some clinical staff and has supported rapid, safe discharge from hospital. Social distancing measures have meant that fewer patients can travel together. • Retention of vehicles at the end of their leases to supplement frontline responses. • Management of attrition rates in the NHS111 service by on-going recruitment and ensuring staff wellbeing in the face of continued demand through 111. • On-going work with Acute Trusts across the system to manage Handover & Turnaround of patients at the ED. • Provision of additional capacity through Clinical Assessment Services (CAS) to triage and manage lower acuity patients without the need to attend an ED. Commissioners, working in conjunction with NWAS and NHS England / Improvement are now embedding a detailed plan to manage expected demands and pressures over the winter period. This provides for focussed targeted action on: • Handover & Turnaround • Management of patients with mental health needs • Development of alternative pathways for patients away from ED and Paramedic referral rights for services offered in the Directory of Services • Development of Same Day Emergency Care provision across the system • Further extended capacity in Clinical Assessment Services • Increasing the number of blue light trained drivers • Reducing conveyance to ED where appropriate • Reducing hours lost to the system

Area	Indicator	Org.	Target	August 2020 YTD	August 2021 YTD	Performance	No. of Excess Breaches	Comments
Mental Health ©	% of Mental Health patients on Care Programme Approach (CPA) discharged from hospital and followed up within 7 days	BCCG	95.00%	98.04%	95.21%	↓	0	Achieved.
Dementia ©	CCG's estimated prevalence for people over 65 with dementia against the CCG's actual dementia diagnosis rate	BCCG	66.70%	74.76%	70.39%	↓	0	Achieved.
Mental Health IAPT ©	IAPT access proportion rate	BCCG	1.71% in 20/21 427 in 21/22	1.21%	337		Breach information not currently available	The Improving Access to Psychological Therapies (IAPT) access proportion targets were altered to the number of clients accessing the service rather than the proportion of the population due to the deferment of the access target for a year as a result of the COVID-19 pandemic. Blackpool CCG has not achieved the target of 427 patients attending in August 2021 with 337 patients accessing the service. The number of referrals to the service in Blackpool and regionally and nationally have decreased during the COVID-19 pandemic. The following actions are being taken to increase patient referrals and access to the IAPT service: • Regular leaflet and poster distribution is being undertaken to shops, takeaways, public buildings, public transport, as well as door to door leaflet delivery. • Regular promotion of online courses is taking place as well as improved access to this via online self-referral. • Supporting Mind banners are being utilised at South Shore Primary Care Centre and Whitegate Drive Health Centre to promote the service. • Regular communication is taking place with all BTH line managers to provide details of early support available for staff through Supporting Minds as well as promotion of online groups. • Regular liaison with Occupational Health and HR to ensure that staff who are struggling with mild to moderate mental health problems get the support they need in a timely fashion. • Development of a resilience course utilising Silver cloud for staff as a response to the BTH staff survey. • Regular communication with large employers in Blackpool with information and course start dates. • Regular promotion via social media and targeted promotion through local radio and press releases to local newspaper and other publications • Links and referral pathways are being shared with local colleges and the
	IAPT recovery rate (50% monthly)	BCCG	50.00%	53.13%	53.46%	↑		
	The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment	BCCG	75.00%	93.61%	95.60%	↑	0	

Area	Indicator	Org.	Target	August 2020 YTD	August 2021 YTD	Performance	No. of Excess Breaches	Comments
								university. In-house provision of Stress Control to these organisations where possible. First course due to run in November at Blackpool Sixth form. • Long Term Condition (LTC) lead networking/building relationships and developing referral pathways with physical health services. • Planned pilot to increase access by Care Home residents. • Widening access to Mindfulness in LTCs • Promotion at children's centres and play groups to target young parents. • There is further work taking place at ICB level to consider shared learning from other areas with the ICS IAPT lead.
	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment.	BCCG	95.00%	99.81%	98.93%	↓	0	Achieved.
HCAI	Clostridium Difficile (C.Diff.)	BCCG	82	20	46	↓	0	There has been an increase in the number of C-Difficile cases reported in Blackpool CCG between April and August 2021 compared to the same period in 2020; however, incidents remain below the targets. Potential causation may have some relation to the reduced number of face to face appointments during earlier pandemic that might have promoted earlier sampling or challenges of prescribing of antibiotics via telephone assessment as well as increasing frailty among the elderly / infirm. The CCG has sent reminders to practices around antibiotic prescribing and revised guidance has been issued via NICE earlier in 2021 which was also circulated to practices.
		BTH	104	41	53	↓	0	
	MRSA	BCCG	0	0	0	↔	0	All three (3) of the MRSA cases recorded for BTH between April and August 2021 relate to the same patient. This patient is a complex medical patient who had a deep seated infection which proved very difficult and challenging to treat. Extensive discussions have taken place within the Trust about this patient and their complex and on-going care needs. The Trust has taken forward and completed any actions which were highlighted by this case.
		BTH	0	1	3	↓	3	

Appendix 1: Performance Scorecard

Performance Dashboard

Abbreviations Key:
UHMBT – University Hospitals of Morecambe Bay
LTH – Lancashire Teaching Hospitals
FWCCG – Fylde and Wyre CCG
BCCH – Blackpool CCG

Indicator	Level	Target YTD	Target	2020-21			2021-22					Latest Month/Quarter	2021-22 YTD
				Q4			Q1			Q2			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
Integrated Primary & Community Care (Out of Hospital)													
IAPT access (Local)	Fylde Coast	4083	825	499	415	559	654	627	563	624	610	**610**	**3078**
	FWCCG	1967	398	272	183	268	264	218	231	298	273	**273**	**1284**
	BCCG	2116	427	227	232	291	390	409	332	326	337	**337**	**1794**
IAPT recovery rate (Local)	Fylde Coast	50.0%	50.0%	53.8%	55.9%	57.7%	54.8%	52.7%	55.7%	50.2%	53.2%	**53.2%**	**53.3%**
	FWCCG	50.0%	50.0%	56.8%	53.8%	58.0%	53.0%	52.0%	61.3%	49.2%	50.0%	**50.0%**	**53.1%**
	BCCG	50.0%	50.0%	51.5%	58.1%	57.4%	56.3%	53.3%	52.1%	50.9%	54.9%	**54.9%**	**53.5%**
IAPT 6 wk waits (Local)	Fylde Coast	75.0%	75.0%	93.4%	93.0%	91.9%	91.7%	88.7%	92.8%	94.9%	89.9%	**89.9%**	**91.6%**
	FWCCG	75.0%	75.0%	90.4%	87.0%	87.6%	87.4%	88.9%	85.0%	90.3%	76.1%	**76.1%**	**85.8%**
	BCCG	75.0%	75.0%	95.6%	99.3%	96.4%	95.3%	88.6%	97.5%	98.3%	97.6%	**97.6%**	**95.6%**

Indicator	Level	Target YTD	Target	2020-21			2021-22					Latest Month/Quarter	2021-22 YTD
				Q4			Q1			Q2			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
IAPT 18 wk waits (Local)	Fylde Coast	95.0%	95.0%	98.7%	97.8%	97.7%	98.4%	99.0%	99.1%	99.7%	99.1%	**99.1%**	**99.0%**
	FWCCG	95.0%	95.0%	97.0%	96.4%	96.6%	98.6%	99.2%	98.3%	100.0%	100.0%	**100.0%**	**99.2%**
	BCCG	95.0%	95.0%	100.0%	99.3%	98.8%	98.3%	98.9%	99.5%	99.4%	98.5%	**98.5%**	**98.9%**
Dementia Diagnosis Rate	Fylde Coast	66.7%	66.7%	65.0%	64.7%	65.0%	65.3%	65.3%	65.1%	64.7%	64.3%	**64.3%**	**64.9%**
	FWCCG	66.7%	66.7%	61.7%	61.1%	61.3%	61.2%	61.5%	61.3%	61.3%	60.8%	**60.8%**	**61.2%**
	BCCG	66.7%	66.7%	69.8%	69.9%	70.5%	71.2%	71.0%	70.7%	69.8%	69.3%	**69.3%**	**70.4%**

Planned Care

18 Wk RTT Incomplete	Fylde Coast	92.0%	92.0%	60.3%	60.4%	61.8%	64.0%	66.0%	65.8%	65.1%	65.3%	**65.3%**	**65.3%**
	FWCCG	92.0%	92.0%	60.8%	60.7%	62.4%	64.6%	66.7%	66.5%	65.4%	65.5%	**65.5%**	**65.7%**
	BCCG	92.0%	92.0%	59.8%	60.1%	61.2%	63.4%	65.2%	65.2%	64.9%	65.2%	**65.2%**	**64.8%**
	BTH	92.0%	92.0%	65.4%	66.3%	67.6%	69.9%	72.4%	73.4%	73.3%	72.7%	**72.7%**	**72.3%**
	LTH	92.0%	92.0%	55.1%	54.3%	55.1%	55.5%	56.6%	56.8%	56.8%	55.1%	**55.1%**	**56.1%**
	UHMB	92.0%	92.0%	59.9%	60.3%	62.0%	63.6%	67.7%	69.9%	71.1%	71.5%	**71.5%**	**68.7%**
	SPIRE	92.0%	92.0%	31.3%	38.4%	46.1%	52.6%	54.5%	50.9%	45.2%	48.0%	**48.0%**	**50.3%**
Number of patients on a 18 wk incomplete pathway	Fylde Coast	0	0	28859	28576	29240	30054	29986	30775	31413	32431	**32431**	**NA**
	FWCCG	0	0	14891	14728	15082	15579	15597	16060	16381	16979	**16979**	**NA**
	BCCG	0	0	13968	13848	14158	14475	14389	14715	15032	15452	**15452**	**NA**
	BTH	0	0	18924	18451	18808	18836	18913	19425	19791	21229	**21229**	**NA**
	LTH	0	0	43348	44334	47107	48976	49188	51011	52546	54134	**54134**	**NA**
	UHMB	0	0	24605	24009	23950	24549	25072	25041	24054	24037	**24037**	**NA**
	SPIRE	NA	NA	3020	3329	3556	3916	3832	3866	3873	3155	**3155**	**NA**
RTT 52 wk waits	Fylde Coast	0	0	2958	3518	3728	3388	3015	2947	2902	2875	**2875**	**15127**

Indicator	Level	Target YTD	Target	2020-21			2021-22					Latest Month/Quarter	2021-22 YTD
				Q4			Q1			Q2			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
	FWCCG	0	0	1469	1732	1855	1694	1507	1449	1439	1434	**1434**	**7523**
	BCCG	0	0	1489	1786	1873	1694	1508	1498	1463	1441	**1441**	**7604**
	BTH	0	0	1469	1672	1717	1471	1244	1199	1214	1184	**1184**	**6312**
	LTH	0	0	5937	6998	7588	7208	6765	6564	6604	6863	**6863**	**34004**
	UHMB	0	0	1862	2345	2496	2029	1646	1369	1256	1188	**1188**	**7488**
	SPIRE	0	0	897	1089	1172	1079	983	935	874	827	**827**	**4698**
Diagnostic test waiting times	Fylde Coast	1.0%	1.0%	33.2%	30.2%	28.7%	27.1%	25.4%	28.6%	29.6%	32.1%	**32.1%**	**28.4%**
	FWCCG	1.0%	1.0%	31.5%	28.6%	26.8%	25.7%	23.2%	27.0%	27.3%	30.1%	**30.1%**	**26.6%**
	BCCG	1.0%	1.0%	34.8%	31.8%	30.6%	28.5%	27.6%	30.2%	32.1%	34.3%	**34.3%**	**30.4%**
	BTH	1.0%	1.0%	26.8%	23.1%	21.3%	20.6%	18.9%	23.5%	25.3%	29.5%	**29.5%**	**23.3%**
	LTH	1.0%	1.0%	46.3%	43.5%	43.7%	39.4%	39.2%	39.1%	39.1%	46.6%	**46.6%**	**40.9%**
	UHMB	1.0%	1.0%	8.2%	3.7%	3.2%	3.0%	2.5%	2.7%	3.5%	3.6%	**3.6%**	**3.0%**
Cancer 2 wk waits	Fylde Coast	93.0%	93.0%	93.1%	95.8%	94.1%	85.6%	92.2%	96.2%	94.5%	92.6%	**92.6%**	**92.3%**
	FWCCG	93.0%	93.0%	91.7%	95.0%	92.6%	87.2%	91.2%	96.7%	94.0%	93.3%	**93.3%**	**92.5%**
	BCCG	93.0%	93.0%	95.2%	97.1%	96.1%	83.2%	93.6%	95.6%	95.1%	91.6%	**91.6%**	**92.0%**
	BTH	93.0%	93.0%	96.0%	97.6%	94.2%	85.1%	92.0%	96.6%	94.8%	92.5%	**92.5%**	**92.3%**
	LTH	93.0%	93.0%	72.0%	85.2%	92.6%	92.3%	97.6%	95.8%	95.1%	93.6%	**93.6%**	**94.9%**
	UHMB	93.0%	93.0%	56.4%	72.2%	83.8%	81.9%	92.4%	91.0%	92.0%	91.7%	**91.7%**	**90.0%**
Cancer 2 wk waits - breast	Fylde Coast	93.0%	93.0%	87.9%	87.9%	62.6%	40.0%	51.7%	96.0%	95.9%	97.4%	**97.4%**	**73.9%**
	FWCCG	93.0%	93.0%	86.0%	79.2%	58.3%	38.0%	50.8%	94.7%	96.6%	95.3%	**95.3%**	**74.4%**
	BCCG	93.0%	93.0%	89.8%	95.2%	65.3%	41.4%	52.5%	97.1%	95.2%	100.0%	**100.0%**	**73.4%**
	BTH	93.0%	93.0%	94.4%	98.1%	65.0%	40.5%	49.6%	96.6%	95.5%	97.2%	**97.2%**	**73.4%**

Indicator	Level	Target YTD	Target	2020-21			2021-22					Latest Month/Quarter	2021-22 YTD
				Q4			Q1			Q2			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
	LTH	93.0%	93.0%	7.1%	38.2%	58.5%	57.3%	95.7%	96.4%	100.0%	92.7%	**92.7%**	**86.0%**
	UHMB	93.0%	93.0%	1.6%	4.2%	22.0%	20.3%	87.0%	66.7%	83.7%	87.0%	**87.0%**	**70.3%**
Cancer 31 day waits	Fylde Coast	96.0%	96.0%	95.5%	90.5%	94.8%	94.3%	94.7%	96.5%	93.8%	93.8%	**93.8%**	**94.7%**
	FWCCG	96.0%	96.0%	95.5%	88.1%	95.7%	93.5%	93.0%	96.3%	92.6%	94.9%	**94.9%**	**94.2%**
	BCCG	96.0%	96.0%	95.5%	93.5%	93.5%	95.2%	97.0%	96.8%	95.5%	92.2%	**92.2%**	**95.4%**
	BTH	96.0%	96.0%	97.4%	96.6%	97.9%	98.4%	98.9%	99.6%	97.4%	98.8%	**98.8%**	**98.6%**
	LTH	96.0%	96.0%	85.9%	85.5%	92.2%	85.4%	87.8%	84.3%	85.6%	86.3%	**86.3%**	**85.9%**
	UHMB	96.0%	96.0%	94.8%	96.1%	92.1%	91.0%	97.8%	92.3%	95.8%	89.9%	**89.9%**	**93.2%**
Cancer 31 day waits - Surgery	Fylde Coast	94.0%	94.0%	85.2%	88.9%	87.1%	80.0%	90.0%	77.1%	71.1%	88.9%	**88.9%**	**81.9%**
	FWCCG	94.0%	94.0%	83.3%	89.5%	84.2%	80.0%	88.9%	68.4%	65.2%	84.6%	**84.6%**	**77.4%**
	BCCG	94.0%	94.0%	88.9%	88.2%	91.7%	80.0%	90.9%	87.5%	80.0%	94.7%	**94.7%**	**87.4%**
	BTH	94.0%	94.0%	100.0%	87.5%	100.0%	88.2%	95.5%	100.0%	100.0%	100.0%	**100.0%**	**96.3%**
	LTH	94.0%	94.0%	62.7%	68.7%	79.4%	69.9%	78.7%	73.0%	63.7%	71.8%	**71.8%**	**70.9%**
	UHMB	94.0%	94.0%	72.7%	90.0%	75.0%	100.0%	100.0%	88.9%	100.0%	76.9%	**76.9%**	**90.9%**
Cancer 31 day waits - Drugs	Fylde Coast	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%	100.0%	**100.0%**	**99.5%**
	FWCCG	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**	**100.0%**
	BCCG	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	**100.0%**	**98.8%**
	BTH	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**	**100.0%**
	LTH	98.0%	98.0%	98.0%	97.5%	100.0%	100.0%	99.1%	100.0%	99.1%	100.0%	**100.0%**	**99.6%**
	UHMB	98.0%	98.0%	98.7%	100.0%	100.0%	100.0%	100.0%	98.9%	98.7%	98.6%	**98.6%**	**99.3%**
	Fylde Coast	94.0%	94.0%	100.0%	100.0%	100.0%	100.0%	97.8%	100.0%	100.0%	100.0%	**100.0%**	**99.6%**

Indicator	Level	Target YTD	Target	2020-21			2021-22					Latest Month/Quarter	2021-22 YTD
				Q4			Q1			Q2			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
Cancer 31 day waits - Radiotherapy	FWCCG	94.0%	94.0%	100.0%	100.0%	100.0%	100.0%	96.2%	100.0%	100.0%	100.0%	**100.0%**	**99.3%**
	BCCG	94.0%	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**	**100.0%**
	LTH	94.0%	94.0%	99.5%	100.0%	No data	99.5%	99.5%	98.6%	99.6%	100.0%	**100.0%**	**99.4%**
Cancer 62 day waits	Fylde Coast	85.0%	85.0%	73.6%	60.9%	74.6%	75.5%	75.2%	77.9%	67.7%	73.1%	**73.1%**	**73.9%**
	FWCCG	85.0%	85.0%	73.1%	65.1%	77.6%	73.7%	73.6%	79.6%	68.7%	77.2%	**77.2%**	**74.7%**
	BCCG	85.0%	85.0%	74.2%	55.3%	69.6%	77.8%	77.6%	75.0%	66.0%	67.3%	**67.3%**	**72.5%**
	BTH	85.0%	85.0%	72.9%	69.4%	73.1%	80.3%	79.2%	82.7%	72.3%	77.3%	**77.3%**	**78.4%**
	LTH	85.0%	85.0%	57.3%	52.8%	64.5%	61.4%	60.0%	58.2%	63.0%	58.7%	**58.7%**	**60.2%**
	UHMB	85.0%	85.0%	66.3%	68.3%	59.0%	56.0%	56.1%	62.0%	60.1%	59.4%	**59.4%**	**58.7%**
Cancer 62 day waits - screening	Fylde Coast	90.0%	90.0%	75.0%	77.8%	71.4%	66.7%	62.5%	77.8%	38.5%	66.7%	**66.7%**	**60.4%**
	FWCCG	90.0%	90.0%	100.0%	66.7%	80.0%	50.0%	66.7%	75.0%	50.0%	50.0%	**50.0%**	**57.1%**
	BCCG	90.0%	90.0%	33.3%	100.0%	50.0%	80.0%	60.0%	80.0%	33.3%	100.0%	**100.0%**	**63.0%**
	BTH	90.0%	90.0%	80.0%	63.6%	33.3%	37.5%	33.3%	23.5%	16.7%	40.0%	**40.0%**	**28.0%**
	LTH	90.0%	90.0%	100.0%	0.0%	85.7%	75.0%	66.7%	35.7%	71.4%	83.3%	**83.3%**	**60.0%**
	UHMB	90.0%	90.0%	61.5%	86.4%	63.6%	79.5%	67.5%	79.0%	74.5%	60.0%	**60.0%**	**73.1%**
Cancer 62 day waits - upgrade	Fylde Coast	NA	NA	89.8%	81.7%	86.7%	84.2%	87.3%	86.8%	88.6%	85.9%	**85.9%**	**86.6%**
	FWCCG	NA	NA	90.3%	75.9%	84.8%	77.8%	83.8%	83.9%	92.3%	88.6%	**88.6%**	**86.0%**
	BCCG	NA	NA	89.3%	87.1%	88.9%	90.0%	92.3%	89.2%	83.9%	81.5%	**81.5%**	**87.4%**
	BTH	NA	NA	84.7%	85.9%	92.6%	86.8%	91.2%	89.5%	86.8%	88.3%	**88.3%**	**88.4%**
	LTH	NA	NA	88.0%	78.5%	81.8%	76.0%	88.6%	75.8%	84.9%	74.2%	**74.2%**	**79.9%**
	UHMB	NA	NA	86.0%	84.6%	90.3%	90.2%	90.5%	78.9%	81.1%	84.3%	**84.3%**	**85.3%**

Indicator	Level	Target YTD	Target	2020-21			2021-22					Latest Month/Quarter	2021-22 YTD
				Q4			Q1			Q2			
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		

Urgent & Emergency Care

A&E 4hr waits	Fylde Coast	95.0%	95.0%	78.4%	80.7%	82.0%	83.4%	83.68%	86.6%	82.7%	80.4%	**80.4%**	**83.3%**
	FWCCG	95.0%	95.0%	78.5%	80.9%	82.1%	83.5%	83.47%	86.1%	82.5%	80.2%	**80.2%**	**83.1%**
	BCCG	95.0%	95.0%	78.2%	80.6%	82.0%	83.4%	83.84%	87.0%	82.9%	80.5%	**80.5%**	**83.5%**
	BTH	95.0%	95.0%	78.2%	80.6%	82.0%	83.4%	83.84%	87.0%	82.9%	80.5%	**80.5%**	**83.5%**
	LTH	95.0%	95.0%	81.4%	81.5%	81.0%	83.3%	81.90%	79.8%	79.2%	79.5%	**79.5%**	**80.7%**
	UHMB	95.0%	95.0%	77.6%	86.1%	85.0%	86.5%	80.03%	82.8%	81.4%	76.3%	**76.3%**	**81.3%**
Trolley Waits Over 12 Hours (National)	BTH	0	0	16	22	9	33	32	29	12	61	**61**	**167**
	LTH	0	0	32	7	26	30	24	53	45	57	**57**	**209**
	UHMB	0	0	21	0	3	4	9	10	33	96	**96**	**152**
Trolley Waits Over 12 Hours - Medical (Local)	BTH	0	0	12	19	4	24	16	12	4	46	**46**	**102**
Trolley Waits Over 12 Hours - Mental Health (Local)	BTH	0	0	4	3	6	8	15	17	9	15	**15**	**64**

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Janet Barnsley, Executive Director of Integrated Care and Performance, Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting:	2 December 2021

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST SYSTEM FLOW, RESTORATION AND RECOVERY

1.0 Purpose of the report:

1.1 The purpose of the report is to provide an update in relation to Blackpool Teaching Hospitals Trust Restoration of Services including continuing improvement.

2.0 Recommendation(s):

2.1 To scrutinse the contents of the report and identify any issues for further consideration.

3.0 Reasons for recommendation(s):

3.1 To ensure the Committee is aware of the restoration of services at Blackpool Teaching Hospitals NHS Foundation Trust.

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

4.0 Other alternative options to be considered:

4.1 Not applicable.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Dr Neil Hartley-Smith, Executive Clinical Director Blackpool, Fylde and Wyre CCGs, and Janet Barnsley, Executive Director of Integrated Care and Performance at Blackpool Teaching Hospitals will be in attendance at the meeting to present an update in relation to restoration of services at Blackpool Teaching Hospitals

The paper at Appendix 7(a) sets out the range of activities being undertaken in the Trust to restore services to pre-pandemic levels and accelerate to higher levels, the current position of the waiting list and levels of activity currently being delivered, and ongoing risks to the recovery programme.

Overall the report demonstrates the significant progress which has been made, with the majority of services exceeding planned activity levels, but highlights that with levels of referrals remaining high, and increasing levels of pressure from urgent and emergency care, the outlook for recovery for the remainder of the year continues to be challenging.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 7(a): Restoration and Recovery Progress Report, October 2021

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 N/A.

14.0 Background papers:

14.1 N/A.

Blackpool Teaching Hospitals
NHS Foundation Trust

Blackpool Teaching Hospitals NHS Foundation Trust

Appendix 7(a): Restoration and Recovery Progress Report October 2021

Introduction

At the start of the pandemic national directive was received to step down routine elective work and to focus on the emergency pressures, covid presentations and any elective urgent cases and cancer. Restoration commenced in the late summer of 2019. This paper presents the current restoration position at Blackpool Teaching Hospitals since the start of the current financial year.

BTH Restoration Plan - Key Activities

- Procuring additional out and insourcing capacity for theatres and diagnostics, including the development of a proposal for an outsourced modular endoscopy unit.
- External consultants reviewing efficiency and utilisation within the Trust. An improvement in pre-operative capacity has already been delivered.
- Independent sector contract with Spire Fylde Coast Hospital to take up to 40 patients per week, also liaising with an additional independent sector provider, Ramsay Healthcare, to increase capacity further.
- Reviewing and implementing the newly published infection control guidance which will also increase capacity and improve the ability to further utilise theatre lists.
- Tracking and micro-managing all patients waiting over 90 weeks with escalation processes in operation.
- Clinical review of all patients waiting over 52 weeks to ensure appropriate prioritisation and expedition as necessary
- Targeted investment fund bids have been successful and are now being implemented for a 24 bedded modular ward (to protect elective bed capacity) and for an additional 10 enhanced care beds and 8 peri-operative enhanced care beds.
- Engaging with additional locum staff.
- Additional internal sessions via waiting list initiatives.

BTH Referral to Treatment (RTT) Performance as at October 2021

The tables below show the number of patients on the waiting list for treatment or procedures in 2020/21 and the number of long waiting patients against the plan or trajectory at BTH.

Trajectory

2020-21 Actuals	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
RTT incomplete <18 weeks	11433	10262	9322	9372	10520	11985	13228	13166	12743	12378	12228	12708
RTT incomplete 18+ weeks	4652	6300	8310	9535	8999	7931	7524	7259	6966	6546	6223	6100
Total	16085	16562	17632	18907	19519	19916	20752	20425	19709	18924	18451	18808
% <18 weeks	71.1	62.0	52.9	49.6	53.9	60.2	63.7	64.5	64.7	65.4	66.3	67.6
52 week waiters	80	166	322	514	670	867	977	1125	1301	1469	1672	1717
Open trajectory (2021-22)	18876	19000	19200	19100	19000	18900	18800	18700	18700	18600	18500	18400
52WW trajectory (2021-22)	1563	1620	1593	1599	1579	1567	1551	1503	1452	1408	1354	1299
H2 planning trajectory							21486	19776	19819	19960	21207	22413

Actual

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
RTT incomplete <18 weeks	13157	13695	14251	14501	15429	16077	16475					
RTT incomplete 18+ weeks	5679	5218	5174	5290	5800	6414	6570					
Total	18836	18913	19425	19791	21229	22491	23045					
Difference to trajectory	-40	-87	225	691	2229	3591	4245	-18700	-18700	-18600	-18500	-18400
% <18 weeks	69.9	72.4	73.4	73.3	72.7	71.5	71.5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
52 week waiters	1471	1244	1199	1214	1184	1165	1046					
Difference to trajectory	-92	-376	-394	-385	-395	-402	-505					
104 week waiters	12	24	41	50	45	40	29					

- The number of patients on an 18 week pathway is above trajectory due to increased referrals into the Trust and restoration levels below those pre-Covid.
- The Trust's focus on long-waiters means that the number of patients waiting over 52 weeks, whilst still high due to the effects of the COVID-19 pandemic, has continued to reduce month-on-month and is below the level projected. 104 week waiters continued to be micro-managed on an individual patient basis to ensure these are avoided wherever possible, there are some patients who have chosen to defer treatment at this time but remain on the waiting list.

BTH Restoration Activity Against Plan - October 2021

The table below shows the level of YTD (year to date) elective activity to the end of October 2021.

Point of Delivery	YTD Plan (Core) @ October 21	YTD Actual @ October 21	Difference	% Difference	YTD Actual @ October 19	Difference between YTD @ Oct 21 actual & YTD @ Oct 19 actual	% Restoration
Elective IP	3,011	3,452	441	14.63%	3,739	(287)	92.32%
Day Case	27,023	29,661	2,638	9.76%	32,482	(2,821)	91.32%
OP procedures	28,752	30,185	1,433	4.98%	30,357	(172)	99.43%
Total elective procedures	**58,787**	**63,298**	**4,511**	**7.67%**	**66,578**	**(3,280)**	**95.07%**

1st OP	48,304	55,372	7,068	14.63%	50,501	4,871	109.65%
F/up OP	126,007	132,042	6,035	4.79%	132,030	12	100.01%
Total OP activity	**174,310**	**187,414**	**13,104**	**7.52%**	**182,531**	**4,883**	**102.68%**
Diagnostics	82,951	81,492	(1,459)	(1.76%)	73,901	7,591	110.27%
Grand Total	**316,048**	**332,204**	**16,156**	**5.11%**	**323,010**	**9,194**	**102.85%**

- Only diagnostics are below the core plan cumulatively as at the end of October, however overall restoration activity for diagnostics is 110% of pre-Covid levels.
- Overall electives are above the core plan and are 95% restored against 2019 activity.
- Outpatients are above the core plan and are 102% restored against 2019 activity.

BTH Diagnostics YTD Activity as at October 2021

Diagnostic	19/20 YTD @ October 19	21/22 YTD @ October 21	Year on Year Variance - 21/22 vs 19/20	Restoration % vs 19/20
Colonoscopy	2,607	3,031	16.26%	116.26%
CT	20,749	24,188	16.57%	116.57%
Flexi sigmoidoscopy	1,947	707	(63.69%)	36.31%
Gastroscopy	2,458	2,465	0.28%	100.28%
MRI	8,381	10,354	23.54%	123.54%
Non obstetric ultrasound	19,748	21,192	7.31%	107.31%

- The table shows that all diagnostics have recovered the 2019 activity position in October 2021 except flexi sigmoidoscopies. It should be noted that flexi sigmoidoscopy activity has reduced significantly due to the national decommissioning of the bowel scope screening programme, which has transferred to using Faecal Immunochemical Testing (FIT), as such this activity is not comparable to 2019 levels.
- Endoscopy overall has been particularly affected by IPC guidelines to reduce the risk of Covid-19 infections. The impact of this was reduced with the introduction of a low risk pathway in July, and will improve further as revised national IPC guidelines are implemented locally.

The Number of Cancer referral and treatment numbers in the system at BTH by month as at September 2021

Standard	Year	YTD	Var (No.)	Var (%)
Suspected Cancer Referrals	2019	7506	1456	19.40%
	2021	8962		
Breast Symptomatic referrals	2019	681	-4	-0.59%
	2021	677		
31 Day First Treatment	2019	1074	205	19.09%
	2021	1279		
62 Day GP Referred (Classic) Treatment	2019	600	97	16.17%
	2021	697		

The table above shows a year to date comparison of the number of patients referred and treated at BTH in 2021 compared to 2019. It shows that referrals have increased by 19% since 2019, with similar levels of increases in 31 and 62 day treatments.

BTH Restoration Programme – Challenges

- Impact of operational pressures on ability to delivery Restoration:
  - Continued emergency pressures resulting in escalated general and cardiac day surgery facilities and increased number of outliers in surgical and tertiary bed base (8 beds escalated for IP in each of the areas as at 17/11/2021)
  - Increasing numbers of patients not meeting criteria to reside (106 as at 18/11 21) due to shortfalls of care packages and subsequent increases in 7, 14 and 21 day length of stay patients (currently 89 > 21 days) occupying beds which could otherwise be available for elective activity
  - Increases in elective/day-case cancellation on the day and day before due to escalation
  - Some cancellations of patients in medical outpatient clinics (e.g. Respiratory) to release consultants to support patient flow
- Challenges experienced with third party suppliers' ability to deliver insourced/outsourced activity, due to labour market and supply-chain issues.

- Ability to generate Elective Recovery Fund monies to cover the costs of delivering additional activity
- Increased levels of referrals due to patients who did not seek advice previously due to the pandemic now coming forward for treatment, and increased acuity of emergency presentations.

Conclusion

Work continues across the Trust to restore Planned Care services to pre-pandemic levels and beyond. This must be balanced with the requirement to flex capacity to manage Urgent and Emergency Care pressures in order to maintain patient safety at times of high pressure, and this continues to impact on restoration at times. Whilst number of patients being referred into the Trust for treatment are expected to remain high, the focus on the longest waiters and on Cancer services remains. This means that long waits continue to reduce and the highest clinical priority patients will continue to be seen in a timely manner, in addition to treating as many patients as possible given the constraints which will arise through the coming Winter.

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting:	2 December 2021

SCRUTINY WORKPLAN UPDATE REPORT

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 Pathology Collaboration briefing, the Supported Housing and Meals on Wheels Scrutiny Reviews and the upcoming topics for review.

2.0 Recommendations:

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

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

2.3 To note the outcomes from the briefing on the Pathology Collaboration and the upcoming topics and dates for reviews.

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 8(a) and was developed following a workplanning workshop with the Committee in June 2021. 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. 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 8(b) 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 **Pathology Collaboration**

6.3.1 Members received a further update on the development of the Pathology Collaboration on 19 October 2021. Mark Hindle, Director of the project provided a comprehensive update on the progress made and Members noted with satisfaction, that the key targets of the project and transition were being met. It was agreed that a further briefing be provided in March 2022, as the first of the services were due to be transitioned and in place for April 2022 onwards.

6.4 **Supported Housing Scrutiny Review Panel**

6.4.1 The Supported Housing Scrutiny Review met for a final time on 9 November 2021 and has finalised its conclusions and recommendations. A final report is being written and

will be submitted to the Committee for approval in the new year.

6.5 **Meals on Wheels Scrutiny Review Panel**

6.5.1 Kate Aldridge, Head of Corporate Delivery and Commissioning has advised that the leaflet has not yet been created, but both leading providers of meals on wheels in Blackpool have been contacted and information gathered from them about what needs to be included and information has been updated on the FYI directory in the meantime. Both providers are keen that the leaflet (while not recommending any provider in particular) helps people understand what meals on wheels can offer and what questions people could consider asking when they are looking to decide what is right for them. The providers are happy to work with the Council on the wording and content of the leaflet, and we will also be checking it works for the intended audience through its development (service users and friends and family). It is expected that a draft will be presented to the Committee in the new year.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

Appendix 8(a): Adult Social Care and Health Scrutiny Committee Workplan
Appendix 8(b): Implementation of Recommendations/Actions

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.

Adult Social Care And Health Scrutiny Committee Work Plan 2021-2022	
2 December 2021	1. **CCG Mid-year performance** 2. **Sexual Health Services –** provision of services/long term impact of pandemic on wait time 3. **Blackpool Teaching Hospitals Trust Restoration of Services** including continuing improvement 4. **Scrutiny workplan report –** covering pathology collaboration, supported housing, CAMHS, meals on wheels and the development of the Domestic Abuse Strategy
3 February 2022	1. **Adult Services** – complete service overview**.** Also to include financial performance. 2. **Conclusion of the Fulfilling Lives project** identifying the impact of the closure of the service, how the gaps caused by it ending were filled, data sharing and reframing communications in a positive way. 3. **Blackpool Safeguarding Adults Annual Report** 4. **Initial Response Service –** a report from Lancashire and South Cumbria Foundation Trust on the initial response service 5. **Supported Housing Scrutiny Review Final Report** for approval to Executive 6. **Drug Related Deaths Scrutiny Review –** update on the implementation of recommendations
31 March 2022	1. **Blackpool Teaching Hospitals Trust/CCG:** Overview report addressing progress made with patients waiting more than 52 weeks, long covid and the use of 111. 2. **Place Based Partnership Partnership –** update on establishment, impact on Blackpool residents 3. **Enhanced Stroke Network** progress update, impact on required improvement 4. **Mental Health Services update** on progress made against actions identified through the CQC inspection
TBC 23 June 2022	1. **CCG End of year performance** 2. **Adult Services** – complete service overview**.** Also to include and financial performance. 3. **Smoking cessation** new model application and impact.
Special meeting TBC September/ October 2022	**Mental Health Services** As agreed at the meeting on 28 September 2021, following the update on the CQC inspection outcomes in March 2022 a full detailed progress report on mental health services to be provided to a special meeting to which the full partnership will be invited to attend.

Scrutiny Review Work	
22 November2021	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.
16 December 2021	**Domestic Abuse Strategy Development** A joint meeting with the Children and Young People's Scrutiny Committee to feed into the development of the revised Domestic Abuse Strategy.
26 January 2022 (Scoping meeting)	**Dentistry and oral health** ensuring adequate and accessible provision in the town. Care during the pandemic and impact on provision. Recovery. (NHS England).
TBC March 2022?	Scrutiny review of **population health management**
TBC April/May 2022?	**Dementia** – Provision of services/dementia friendly, impact of increasing diagnosis, support services on offer, long term impact of pandemic (dementia groups to be invited).
TBC 2021 (once pressure of pandemic on PH has alleviated).	**Healthy Weight Scrutiny Review** - Firstly to review the recommendations in light of the time passed since the review was approved. Secondly to consider progress of recommendations and impact of the pandemic on the issues identified in the report.

Informal Briefings:

Pathology Collaboration – TBC March/April 2022

MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	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.	3 February 2022	Ian Treasure/Arif Rajpura	A briefing on Fulfilling Lives was held in February 2021. 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.	Not yet due.
2	06.02.20	The Committee considered that the current approach to smoking cessation was not working and queried whether a new model could be put in place. It was agreed that the new model be presented to Members in approximately 12 months.	March 2022	Arif Rajpura	Delayed due to the pandemic. New date identified of March 2022.	Not yet due.
3	06.02.20	That an item on dementia be added to the workplan.	February 2022	Sharon Davis	Delayed due to the pandemic. Added to the workplan as a scrutiny review panel.	Not yet due
4	19.09.20	To receive the data from the initial findings of the trials regarding	Tbc	Jim Gardner, BTH	Email sent to Dr Gardner for update 23.11.20.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		discharges on the two wards when completed.				
5	17.03.21	The Committee agreed: To receive a report in approximately 12 months on the progress made with regards to patients waiting more than 52 weeks. To receive updates on 'long covid' and the use of 111 to future meetings of the Committee.	31 March 2022	Jim Gardner	Added to workplan.	Not yet due.
6	28.09.21	To receive an update on mental health services in approximately six months on progress made against actions identified through the CQC inspection and that a full, detailed report of mental health services be provided again in approximately 12 months.	October 2022	Caroline Donovan	Added to workplan.	Not yet due.
7	14.10.21	To request that training be provided for all Councillors on the Place Based Partnership.	April 2022	Pauline Wigglesworth	Communication is ongoing to set up a training session.	Not yet due.