Blackpool Council

25 January 2022

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, 3 February 2022 at 6.00 pm
in Council Chamber, Blackpool Town Hall

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 2 DECEMBER 2021 (Pages 1 - 8)

To agree the minutes of the last meeting held on 2 December 2021 as a true and correct record.

3 PUBLIC SPEAKING

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

4 EXECUTIVE AND CABINET MEMBER DECISIONS (Pages 9 - 12)

To consider the Executive and Cabinet Member decisions within the portfolios of the Cabinet Member for Adult Social Care and Health taken since the last meeting of the Committee.

5 BLACKPOOL FULFILLING LIVES (Pages 13 - 32)

To provide a summary of the final report from the Blackpool Fulfilling Lives programme that ran in Blackpool between 2014 and 2021.

6 ADULT SERVICES UPDATE REPORT (Pages 33 - 44)

To provide an overview of the current work of Adult Services including the financial position of the service.

7 INITIAL RESPONSE SERVICE (Pages 45 - 64)

To provide an update on the development and implementation of an Initial Response Service (IRS) across Blackpool and the Fylde Coast to support people in crisis as part of the community model. The aim of the service is to provide a responsive single point of access for urgent and routine requests for help, including signposting to relevant services. The intention is that by April 2022 each Locality / Integrated Care Partnership will have the IRS service in place.

8 DRUG RELATED DEATHS SCRUTINY REVIEW: UPDATE ON RECOMMENDATIONS (Pages 65 - 70)

As set out in the Drug Related Deaths Scrutiny Review action plan, an update on the recommendations of the review is now due. This report aims to summarise the ongoing work in relation to the recommendations.

9 SUPPORTED HOUSING SCRUTINY REVIEW FINAL REPORT (Pages 71 - 84)

To consider the final report of the scrutiny review of Supported Housing.

10 SCRUTINY WORKPLAN (Pages 85 - 94)

To review the work of the Committee, the implementation of recommendations and note the update on the briefing on Child and Adolescent Mental Health Services.

11 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Thursday, 31 March 2022 at 6.00pm.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building. Please note that masks must be worn when moving around the building and ensure that social distancing is maintained.

Other information:

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

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MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 2 DECEMBER 2021

Present:

Councillor Hutton (in the Chair)

Councillors

D Coleman	Hunter	D Scott
Critchley	O'Hara	Mrs Scott

In Attendance:

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

Ms Janet Duckworth, Consultant in Public Health
Ms Judith Mills, Consultant in Public Health

Ms Janet Barnsley, Executive Director for Integrated Care and Performance, Blackpool Teaching Hospitals
Mr Roy Fisher, Chair, (Blackpool, Wyre and Fylde Clinical Commissioning Group (BWFCCG)
Ms Jeannie Harrop, Head of Commissioning (BWFCCG)
Dr Neil Hartley-Smith, Executive Clinical Director (BWFCCG)

Councillor Maxine Callow, Scrutiny Lead Member

John Greenbank, Democratic Governance Senior Adviser (Scrutiny)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 14 OCTOBER 2021 AND MINUTES OF THE SPECIAL MEETING HELD ON 28 SEPTEMBER 2021

The Committee agreed that the minutes of the special meeting held on 28 September 2021 and the minutes of the last meeting held on 14 October 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 FORWARD PLAN

The Committee considered the contents of the Council's Forward Plan December 2021 to March 2022, relating to the portfolios of the Cabinet Members whose responsibilities fell within its remit.

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

Committee that in relation to the Domestic Abuse Reduction Strategy, that a joint meeting between it and the Children's and Young People Scrutiny Committee. The date for this meeting had yet to be confirmed but would be used to consider a draft of the plan before its agreement. Members of the Committee queried in connect with the plan what the ambitions were for the White Rose Campaign in Blackpool and if any training was available to support it. Councillor Farrell replied that the campaign was ongoing and that they would check to see what information could be provided to the Committee.

5 SEXUAL HEALTH SERVICES

Ms Judith Mills and Ms Janet Duckworth, Consultants in Public Health, presented a report on sexual health services in Blackpool. The Committee was informed that the report had been written to include all the information recommended by the "Enhancing the value of sexual health, reproductive health and contraception services through council policy" guide.

Ms Mills reported that in Blackpool responsibility for sexual health services was split across a number of commissioners, both public and private. As a result of this partnership working between commissioner, to ensure that the best quality service possible was required. A joint strategic needs assessment was therefore in place to drive the development of sexual health services. This assessment was reviewed every four years to ensure it addressed the relevant priorities for Blackpool.

The report showed that levels of chlamydia had been reducing and becoming closer to the national average. In addition, the transmission of Human Immunodeficiency Virus (HIV) had fallen and it was hoped that it could be prevented in Blackpool by 2030. Instances of teenage pregnancy had also reduced and Blackpool was narrowing the gap with the England average.

Despite this, instances of abortions and syphilis had risen. Although figures were in line with national trends, partners were looking at how to address both issues, in particular through the promotion of contraception.

Following the restrictions experienced by the Covid-19 pandemic Ms Mills informed the Committee that services had returned to normal but that work was needed to understand how sexual behaviours had changed during lockdown.

Ongoing work to improve service delivery included the greater use of digital platforms to order tests for Sexually Transmitted Infections (STI) and the ordering of contraception. It was hoped that this would make it easier for some individuals to engage with services. Although this had been undertaken in response to a high level of digital demand for sexual health services, Ms Mills informed Members that it had been recognised that the use of such platforms should be balanced against the demand for traditional access to services. Talks were therefore ongoing with Public Health and Blackpool Teaching Hospitals NHS Foundation Trust to determine service provision.

Work was also being undertaken with schools to put in place effective sex education practices and programmes to teach healthy behaviours in relationships. This would include the introduction of the 'Green Dot bystander intervention programme'. The

programme involved the use of workshops and training to create cultural changes that aimed to reduce harassment and inter-personal violence amongst young people, encouraging them to respond when they noticed unhealthy behaviours and to engage in behaviour that benefited the community. Members queried if the Relationships and Sex Education Curriculum, highlighted in the report, would be rolled out to all schools, including faith based ones. Ms Duckworth confirmed this was the case and that it was hoped that all schools would eventually adopt the Green Dot programme, but that a place based approach would be undertaken to ensure it matched the needs of each school.

Ms Mills also reported that a model for Women's Reproductive Health Provision was being considered, with the development of a business case being under discussion between Public Health, NHS England and Blackpool Clinical Commissioning Group (CCG).

The Committee queried the quality of sex education provided to young people after they had left secondary education. Members expressed concern that those at college and other learning institutions would not have access to the same sexual health information as those in school. In response, Ms Mills recognised that more work could be undertaken across Blackpool, noting that there had been a focus on Blackpool and the Fylde Coast College (BFCC).

Concerns were raised regarding the increase in abortion levels and rates of gonorrhoea and syphilis in Blackpool and the damage that could be caused to young people by both later in life. Ms Mills replied that regarding abortions, providers sought to ensure that the use of contraception was embedded within their work with patients. While it was noted that this could be very difficult in some cases, providers had indicated a commitment to this approach. In respect of the increase in certain STIs, Ms Mills informed Members that education regarding such infections was now mandatory in schools which would look to increase young people's awareness of the dangers of STIs. This would be coupled with greater consistency in messaging from partners and sexual health campaigns targeted at the groups most at risk.

The Committee also discussed the counselling available to abortion patients and if alternatives to the procedure were raised with them. It was explained that every patient wishing to access abortion services undertook in-depth counselling to ensure that an abortion was the right course of action for them. This would include all the available alternative options being outlined to them. Ms Mills added that support also needed to be provided following a patient's accessing of services to ensure their long-term health and wellbeing.

The ending of opportunistic screening for chlamydia in boys and young men was noted by the Committee, with Members asking if the impact had been assessed. Ms Mills reported that screening was still available for women in support of health and wellbeing, but that positive rates amongst men had historically been very low. Therefore nationally it had been decided to end general screening, while noting that contact tracing for positive tests would continue and young men would be identified and screened through this process. The screening for HIV on admission at the Accident and Emergency department at Blackpool Victoria Hospital was also raised, with the Committee being informed that this operated on an opt-out basis. Ms Duckworth noted that while uptake was between 25% and 35%, and therefore could be improved, it was still considered as being a successful

scheme. Councillor Farrell, Cabinet Member for Adult Social Care and Health added that she had submitted a letter to the Treasury, on behalf of the Council and its partners, requesting that more money be made available to support this and other STI reduction schemes.

The roll out of Human Papillomavirus (HPV) vaccines in schools was considered by the Committee, with Ms Mills reporting that the vaccine was now routinely administered. The use of HPV vaccines had been shown to have a significant impact on some STI transmission rates and to reduce the likelihood of cervical cancer in later life. Uptake of the vaccine was reported as high.

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

Ms Jeannie Harrop, Head of Commissioning, Blackpool Clinical Commissioning Group (CCG), Ms Janet Barnsley, Executive Director of Integrated Care and Performance, Blackpool Teaching Hospitals NHS Foundation Trust (BTH) and Dr Neil Hartley-Smith, Executive Clinical Director, CCG, presented the Blackpool Clinical Commissioning Group Mid-Year Report (2021/2022). Ms Barnsley reported that since the last report long-term waiting for patients had reduced, although figures remained high, and cancer referrals had increased. The North West Ambulance Service was also reported as having experienced reduced levels of performance.

The Committee noted that the performance monitoring report included many instances of performance marked in red, indicating that targets had been missed. It was therefore queried how the Accident and Emergency department (A and E) was coping, in light of increased levels of Covid-19 and the challenging winter period. Ms Barnsley replied that the department was undergoing a challenging period and that delays in discharge caused by local Adult Social Services not having care packages in place had added to pressures being experienced. She also added that there had been an increase in the acute nature of people presenting to A and E which had resulted in an increase in admissions. Dr Hartley-Smith stated that, where appropriate, people were encouraged to use alternative health services and that a system was in place to filter out people who did not require emergency treatment on presentation. He added that efforts were being made to increase discharges but that recruitment issues in social care had made this challenging, combined with the ongoing increase in Covid-19 cases presenting at A and E.

The Committee discussed the demographics of breast cancer screening in Blackpool, noting that regular screening was offered to women over the age of 47, but that cancer could affect women much younger than this, with early diagnosis often leading to improved outcomes. It was queried if the screening age could be lowered if insufficient women came forward from the 47 years old and over group and if lower age groups in specific areas could be targeted. Dr Hartley-Smith advised that breast cancer screening was offered to older age groups because cancer tissue was more visible on breast scans in older women. In younger women scans were less effective in identifying cancer and could provide false reassurance. He therefore stated that rather than lowering the age for scans, that all women should regularly undertake self-examination and contact their GP if they had concerns.

The level of face-to-face appointments available to patients at GP surgeries was queried

by the Committee, with Members noting that for some people telephone or online appointments were not appropriate. In response, Dr Hartley-Smith informed the Committee that all surgeries should be triaging patients' appointments based on individual need.

Members queried if ambulance crews had been trained to determine if individuals should be admitted to A and E. In reply to which Dr Hartley-Smith stated that from the initial emergency phone call a patient was assessed to determine the best course of action. Each ambulance crew also included a paramedic who was capable of treating patients at home and the crews had access to support to determine if it was necessary to take someone to a hospital.

Access to A and E and other hospital wards by relatives and friends was also discussed, with the Committee expressing concern that the visitor policy appeared to change unexpectedly and prevent access. This had the potential to cause distress to both the family and patient and could be detrimental to their health. Ms Barnsley recognised that changing visitor guidance was a challenge for visitors and for hospital staff to enforce, but stated that the policy was subject to national guidance which could change in response to Covid-19 levels. She added that the concerns of the Committee would be noted when considering any further changes to the policy.

The targets set out in the report were questioned by the Committee, asking if they had been set locally or nationally and how Blackpool compared to similar authority areas. Ms Barnsley replied that the targets had been set nationally and that whilst details of other areas' performance were available online, she could provide the Committee with a summary of performance across Lancashire for comparison.

Members of the Committee were informed that a Covid-19 vaccine would be mandatory for all front line NHS staff from 1 February 2022, in response to which Members questioned what the response from staff had been. Ms Harrop responded that 95 per cent of staff had received the vaccine and that contact had been made with the remaining five per cent to ensure that all staff could make an informed decision regarding the vaccination.

The Committee raised the issue of those who had taken part in the Nova Covid vaccine trail in Blackpool. As this vaccine had not been accepted for use by the NHS it had meant that those who had been vaccinated as part of the trial were unable to demonstrate vaccination status as part of any Covid passport requirements. Ms Barnsley responded that individuals who had received the Nova vaccine would be offered a Pfizer booster vaccination. She agreed to check how those who had received Nova could demonstrate their vaccination status and offered to share the details with the Committee.

Members thanked those in attendance for the report and asked that it be noted that while the CCG faced significant challenges, positive progress had been made in a number of areas.

The Committee agreed:

1. That the concerns expressed regarding the visitor guidance would be noted by the

CCG in the event of further changes to it;

2. That a summary of CCG performance across Lancashire be provided to the Committee to allow comparison; and
3. That Ms Barnsley would check how individuals who had received the Nova Covid-19 vaccine could demonstrate their vaccination status and provide details to the Committee.

7 BLACKPOOL TEACHING HOSPITALS NHS TRUST RESTORATION OF SERVICES

Ms Janet Barnsley, Executive Director of Integrated Care and Performance, Blackpool Teaching Hospitals NHS Foundation Trust (BTH), presented a report on the restoration of services following the Covid-19 pandemic. She informed Members that the hospital had fully reopened and that services were at 95 per cent of their pre-Covid levels. Ms Barnsley reported that this was considered a good level considering the difficulties faced during the pandemic and the additional pressure it had created. She advised that going forward BTH did not want to increase pressure on staff and therefore a number of providers had been appointed to outsource and insource services where the hospital lacked staffing resources. This had included the use of extra bed space at facilities such as The Spire, where up to forty patients could be accommodated. BTH had also implemented ongoing infection control procedures subject to ongoing review to ensure patient safety.

In response to a query, Ms Barnsley explained that insourcing of services was a method of service delivery whereby an outside provider would be used to offer services in the hospital where BTH's resources were unavailable. This had the benefit of maximising the use of BTH's assets whilst reducing pressure on its staff.

The Committee queried the number of operations and/or procedures that had been cancelled as the result of a patient testing positive for Covid-19. Ms Barnsley replied that the number was very low, but that the information could be provided in writing following the meeting.

It was noted that the tourist nature of Blackpool meant that the hospital needed to accommodate visitors as well as local residents and the Committee queried how this could impact services. Ms Barnsley explained that this could create issues and highlighted that increased visitor numbers had been recorded following the lifting of Covid restrictions in the summer of 2021. However, she noted that the number of visitor and resident patients was reviewed daily and where possible long-term patients were transferred to a hospital closer to their home.

The Committee noted that delays in discharging patients had in some cases been the result of either Blackpool Council or Lancashire County Council's Adult Social Care (ASC) teams not having care packages in place. Members therefore asked if a breakdown of how many delays each ASC team had been responsible for could be provided. Ms Barnsley reported that staffing pressures within the care sector had also contributed to delays, highlighting that there had been a move towards domiciliary care and away from residential care. Domiciliary care providers had experienced an ongoing loss of staff due to a number of factors, including vaccine hesitancy and other misleading information about the pandemic.

The increase in cases nationally of the Omicron variant of Covid-19 was raised by the Committee, who queried if a plan was in place to deal with its impact. Ms Barnsley replied that BTH had preparations in place but that the impact of the variant was as yet unknown. The hospital was therefore working with Public Health to model predictions.

The Committee agreed:

1. That the number of operations/procedures that had been cancelled due to a positive Covid-19 test be provided to members; and
2. That figures breaking down the number of delays in discharge attributed to Lancashire and Blackpool ASC teams be provided to members of the Committee.

8 SCRUTINY WORKPLAN

The Committee considered its work programme for 2022and requested that reports on the following be added:

- a report on the issues of delayed discharge by brought to the June 22 meeting, containing an update on progress to reduce delays and care plan issues.

- A report on the Impact of Alcohol during Lockdown. Specifically levels of alcohol consumption, deaths related to alcohol, the role of the new Alcohol Lead (and details of the strategic needs assessment they are developing), how services can be target at women (it was noted that uptake among women is traditionally very low) and what sobriety services are available.

- A report on Long-Covid providing information on the impact in Blackpool and what services are available. It was noted that this could be either an independent item or delivered in connection with the population health management item planned for March 2022.

9 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting of the Committee was noted as Thursday, 3 February 2022 at 6.00pm.

Chairman

(The meeting ended at 7.56 pm)

Any queries regarding these minutes, please contact:
John Greenbank, Senior Democratic Governance Adviser (Scrutiny)
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E-mail: john.greenbank@blackpool.gov.uk

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of Meeting:	3 February 2022

EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report:

1.1 To consider the Executive and Cabinet Member decisions within the portfolios of the Cabinet Members taken since the last meeting of the Committee.

2.0 Recommendation(s):

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

3.0 Reasons for recommendation(s):

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

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

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

6.4. The following Cabinet Member is responsible for the decisions taken in this report 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 Executive and Cabinet Member decisions taken.

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.

DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
DOMESTIC ABUSE STRATEGY 2022- 26 To recommend Executive to adopt the Domestic Abuse Strategy attached at the appendix to the report with effect until 31 December 2026 and in particular, to sign up to the values and commitments developed through co-production with the partnership. The aim is to have each organisation signed up to the strategy, which will be supported by a comprehensive needs assessment and an action plan which will be refreshed annually. To request the Director for Community and Environmental Services to write an action plan and comprehensive needs assessment to support the strategy. To ask other member organisations of the Domestic Abuse partnership to participate in the development of the comprehensive needs assessment and action plan.	The current Domestic Abuse Strategy and Needs Assessments are now out of date and the new bill has passed in to law, new statutory responsibilities now sit with the Council and other partners which are reflected in the new draft.	EX	24/01/2022	Councillor Farrell, Cabinet Member for Adult Social Care and Health

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Ian Treasure, Former Programme Manager, Blackpool Fulfilling Lives
Date of Meeting:	3 February 2022

FINAL REPORT FOR BLACKPOOL FULFILLING LIVES

1.0 Purpose of the report:

1.1 To provide a summary of the final report from the Blackpool Fulfilling Lives programme that ran in Blackpool between 2014 and 2021.

2.0 Recommendation(s):

2.1 That the Committee note the report and its contents, especially in relation to 'Systemic Change' section 2 and section 5 'Learning Points'

2.2 That the Committee note the links to learning resources at the end of the report.

3.0 Reasons for recommendation(s):

3.1 Blackpool as a Town made a commitment to lasting systemic change for people experiencing multiple disadvantage at the start of the Blackpool Fulfilling Lives programme. These learning points will make an excellent resource for future programmes supporting our most disadvantaged residents.

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 Committee Members are asked to read the report at Appendix 5(a) as this report is the formal closedown document as part of the Blackpool Fulfilling Lives (BFL) programme, and it documents the whole BFL journey.

6.2 Blackpool contributed significantly to the learning from the National Fulfilling Lives programme and helped create many of the evidence documents that are published as a legacy from the programme. This learning has been used to form the new 'Changing Futures' programme, which Blackpool is a key partner in.

6.3 We helped 529 people but more importantly the learning from the programme has helped to inform the way we support disadvantaged people today. The BFL approach is very evident in project ADDER and also the new NHS funded Homeless Mental Health Service, as well as 'Changing Futures.'

In section 4, the data about what journey the 529 beneficiaries of BFL had through the programme is only reportable for 335 of the 529. This is because 'consent' to use their data had expired and attempts to renew this consent had failed. Section 4 contains a 'lift and paste' of the final independent evaluation, and all BFL evaluations are available on the links at the end of the report at Appendix 5(a).

6.4 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 5(a): The Final BFL report including links to wider reading.

8.0 Financial considerations:

8.1 BFL was fully funded by The National Lottery Community Fund. The only residual consideration is in the commissioning of Council funded services going forward to build in the BFL approaches, *proportionate to the role and function of that service*.

There is an opportunity to have a return on existing investment commitments by embedding these approaches in existing statutory provision.

9.0 Legal considerations:

9.1 None

10.0 Risk management considerations:

10.1 There is a risk that the learning from Blackpool Fulfilling Lives gets diluted over time. This can be mitigated by ensuring that the learning is considered when commissioning or redesigning services.

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 BFL was independently evaluated at year 3,4,5,6 and 7, including extensive research with people who have Lived Experience and who used Blackpool Fulfilling Lives.

14.0 Background papers:

14.1 None.

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Blackpool Fulfilling Lives' Final Programme Report December 2021

Ian Treasure

Blackpool Fulfilling Lives Partnership Manager Sept 2017-Jan 2022

Contents

1. Executive Summary and Foreword

The Blackpool Fulfilling Lives Programme received £10,000,000 over 7 years, plus a legacy year extension to enable completion of some of the programme outcomes scheduled for 2020-21 that were suspended due to the Covid-19 pandemic.

This report contains information about the achievements of the programme, the legacy and reflections on the learning that have already informed similar programmes in Blackpool (ADDER) and across Lancashire (Changing Futures). This report also forms part of that legacy work and is the penultimate output from the programme in Blackpool. A final finance report is due in April 2022 from the BFL Delivery Partner 'We Are With You' to provide a detailed breakdown of the investments made during BFL and how £9.9m was utilised to deliver the programme's aims.

The Fulfilling Lives Programme was the first of its kind, in terms of level of investment, developing Lived Experience involvement, and creating an evidence base through the national System Change Action Network involving all 12 FL programmes. The latter devised a format for writing guidance documents as a reference point for policy makers and local commissioners, and as part of the legacy.

In Blackpool, undoubtedly the investment in schemes to help develop people with Lived Experience was the biggest success. Two organisations of note, Empowerment Charity and Blackpool and The Fylde Street Angels showed that with some funding and opportunities, and some support (time investment) from BFL anything was possible. The Empowerment Team are now mainstreamed and work with services in Blackpool, and BFL funding helped buy in support to enable The Street Angels to become a Community Interest Organisation (CiO) to run a crazy golf course. The Delivery Partner 'We Are With You' also employed 13 people with Lived Experience through the Navigator Academy Model, and many of these brilliant individuals still work in Blackpool, having been developed professionally through BFL. Overall the investment in Lived Experience contracts with Empowerment and Street Angels, and development and training funds was approximately £500,000, and a further approximately £500,000 in Associate Navigators over the lifetime of BFL (e.g. 10% of the overall programme spend). BFL also supported recovery housing and a housing first pilot, the latter of which has been continued beyond BFL's end.

BFL also helped 529 beneficiaries, all of which made significant improvements to their lives as measured on Homelessness Outcomes Star and the Warwick Edinburgh Mental Wellbeing Scores. The final independent evaluation for BFL also showed significant cost savings across the system (see section 4 and Appendix 1).

The sharing of learning across Blackpool from the BFL programme was consistent and bi-monthly BFL Board meeting was instrumental in the 'test and learn' element of the BFL programme. The Board was consistently well attended, and this time commitment from all involved was also key to the success of the programme. The ongoing commitment of the Chair of the Board, Dr Arif Rajpura must also be recognised, including his willingness to connect the programme up to other leaders across the Health and Care system.

2. System Change Priorities & Legacy

In 2017, there were five system change priorities agreed by the BFL strategic board during a summer workshop. These were formulated in an action plan with milestones that if achieved, would enable system change to happen. This action plan was also followed up by a System Change Workshop in 2018 where a longer term strategic vision was agreed that articulated what System Change would actually be (supported by the action plan).

This chapter will look at the action plan and the definition separately:

a) The 2017 System Change Action Plan

i) People with lived experience of multiple and complex needs are meaningfully involved in service design and delivery in Blackpool.

The Lived Experience Team (LET) has been fully operational since May 2018 and has been extremely effective in developing the influence and voice of people experiencing multiple disadvantage across Blackpool. Members of the LET have played a key role in supporting and consulting with this group of people during the course of the COVID lockdown and subsequent response. Funding has been allocated to enable the LET to continue after the end of BFL as part of the programme legacy. Although the LET has always been an integral part of BFL, it has already established its own identity and reputation in Blackpool and beyond to ensure its continuing influence post BFL. An example of its success is the pivotal role the LET plays in new schemes such as 'operation ADDER' (Addiction, Disruption, Diversion, Enforcement and Recovery) for which Blackpool is a pilot area. The Lived Experience Team are also delivery partners for Changing Futures.

Women's Lived Experience Team (LET)

A women's lived experience team is now in place and the group are currently working with the Northern National Expert Citizens group. The women have participated in a Parliamentary review and at national Fulfilling Lives System Change Action (SCAN) group meeting.

Work has started on a Multiple Disadvantage female accreditation, which it is hoped to establish nationally and locally as there is, still many barriers within services for women to engage. The group are currently compiling a questionnaire to gather feedback from women in Blackpool as to why they do not engage with services and the barriers that stand in their way.

ii) Influence commissioning and policy to better meet the needs of people experiencing multiple and complex needs in Blackpool, including the development of an area wide multiple needs strategy (this is a priority for legacy over the next 12 months).

Early on in 2020 the Board began the process of changing its primary focus from that of overseeing and reviewing performance and projects to that of preparing the legacy for BFL. This resulted in the name change from Strategic Board to that of Legacy

Board which will transform to a MEAM Board post March 2021 to take forward system change priorities in the extended legacy year.

There is clear evidence of LET feedback and BFL learning being used in commissioning and service design across the town, most notably in the design of operation ADDER and in the forthcoming substance misuse service commissioning cycle.

Recognition of the specific needs of people with multiple disadvantage and different approaches to supporting them amongst agencies in Blackpool will result in more positive outcomes for beneficiaries. Three factors will help in securing these better outcomes:

a) Employment by local agencies of people who have worked in Fulfilling Lives will greatly help in sharing knowledge, skills and experience.
b) Recommendations contained within the comprehensive Year 5 Local Evaluation report will help to shape and guide commissioning and the system's response to multiple disadvantage.
c) The development of evidence based approaches such as those used over a number or years by BFL will help achieve better outcomes. The recently commenced Project ADDER (Addiction, Disruption, Diversion, Enforcement and Recovery) in Blackpool has integrated some of the BFL approaches such as the Navigator Model into its work.

It is evident from the local response to the pandemic that the system is responsive to change and influence. As regard's BFL's lasting influence, one example is the local roll out of the Project ADDER programme, and a second example is the extension and expansion of the Housing First programme developed jointly between BFL and Blackpool's Housing Options Team.

The Fylde Coast Clinical Commissioning Groups (prior to Integrated Care System and Place Based Practice) have also used the BFL service model as a basis for commissioning a Homeless Mental Health Service and used LET feedback to create a Homeless Health Nurse Post that is also going to be continued. As the other projects in Blackpool are fixed term the fact that some mainstreamed provision, specifically for people with Lived Experience supported by the Lived Experience Team will continue adds to the legacy of BFL.

iii) Develop the health, social care, housing and criminal justice workforce to better understand, and support people experiencing multiple and complex needs.

It was long been recognised within BFL that, in order to improve access to services and the experiences of people with multiple disadvantage in using those services in Blackpool, the frontline workforce employed in those services need to develop a greater awareness and understanding of the issues facing people with multiple disadvantage. The development of a Community of Practice (CoP) for frontline workers in Blackpool has been identified as a key means of helping to deliver on this objective. Additionally, the creation of a MCN Friendly Accreditation Scheme (see Lived Experience Section above) has helped organisations support the development of their staff knowledge and awareness of approaches to best support people with multiple disadvantage.

As another method of sharing learning and raising awareness of multiple disadvantage over the programme was staff secondments to partner agencies in Blackpool including Adult Social Care and the Probation Service, and vice versa. The BFL staff seconded to these agencies have been tasked with sharing their knowledge and experience of working with people experiencing multiple disadvantage with their new colleagues. Additionally, this represents a learning and development opportunity for these staff which has helped them to secure employment post BFL.

The response to the Covid pandemic changed services' relationships with people living with multiple disadvantage, ensuring that people have not been completely isolated from other support agencies during lockdown. BFL have also provided informal training to people working in the emergency bed units set up immediately prior to the lockdown. This has helped to raise awareness of the issues and challenges amongst that team of working with people experiencing multiple disadvantage.

The development of the LET academy model which provided coaching, mentoring and formal training and education opportunities for members of the team and its continuance beyond the end of the BFL programme in March 2021 is a clear example of workforce development. The model, which provided a pathway from volunteer to associate and to fully fledged professional, has been shown to help build professional resilience capability and confidence.

It has taken a relatively long period of time to build up relationships with partner agencies to a sufficient level to enable BFL to have a meaningful impact on raising awareness of multiple disadvantage within workforces. As BFL's reputation for working effectively and positively with people with multiple disadvantage has grown it has became easier to negotiate secondment opportunities for BFL staff, and subsequent employment opportunities.

The BFL programme also had significant input into the national learning on workforce development and staff support. The terms 'Trauma Informed and Psychologically Informed' are common language now and were not at the start of the Fulfilling Lives Programme (Blackpool will have contributed to this).

iv) Improve access to mental health services for people experiencing multiple complex needs.

This had been the most difficult of all the system change objectives. There was significant partnership work attempting to develop better pathways but there was little traction. This was recognised at the BFL board, and the Chair supported various meetings, which took place, only for key people to leave soon after. The Mental Health Service landscape in Blackpool is complex with Primary being delivered by the Hospital Trust and Secondary a county wide Mental Health Trust. The local Clinical Commissioning Group (CCG) took the ambitious step of commissioning a homeless mental health service and this trauma informed model will support clients experiencing multiple disadvantage to access support for poor mental health. Although commissioning a new service isn't system change in itself, what is really positive about this new service is that it had significant involvement from the Lived Experience Team in its creation, and it used the BFL operating model in part to design its position in the

local service structures. It has all the makings of a remarkable service. It also shows that commissioners have listened to the impact that services like BFL made.

v) Improve information sharing systems and collaboration/ partnership working around multiple and complex needs

This was achieved by opening up the 'inform' database to partner agencies which proved to be successful in case management (Probation and Housing), however along with the closure of BFL was the cessation of this database. This was still a success though as it gave insight into what a shared database could deliver in terms of quality of care and communications.

The Multiple Disadvantage Alliance idea is well developed now. There are a number of local agencies willing to support this way of working and an 'Alternative Giving' campaign has been created to raise funds from the public to help fund smaller organisations who support disadvantaged people. The campaign has now been handed over to the Blackpool Foodbank as they will hold the bank account, with funds distributed as decided by the Blackpool Homelessness and Multiple Disadvantage Support Group, which has a membership of 60 organisations (another legacy from BFL).

The final part of this section is the 'street support' app, which is an online directory of services in Blackpool. This has been well administered to date, however the funding will end on 31/3/2022 and although discussions about continuity funding are underway, street support may well end if organisations from across Blackpool cannot find the £4,250 to fund it recurrently. It is an excellent way of supporting communications across different services and is a *one stop shop* directory.

3. Legacy Action Plan

Due to the ongoing pandemic restrictions and the fact that the final planned year of BFL soon morphed into helping with the pandemic response, an additional 'Legacy Year' was agreed with TNLCF, WeAreWithYou and the BFL Board. A legacy work plan was also agreed and this section reflects on the success of that.

a) Overseeing the completion of the business support plan to the Street Angels and arranging a COVID-secure launch of the Crazy Golf Course in May 2021.
b) Facilitating workshops with the next generation 'Lived Experience Team' on system change and the Multiple Disadvantage Friendly Accreditation, including expectations about the accreditation how they can get involved
c) Liaising with Housing, Mental Health Services and Lancashire Police about adopting the accreditation – significant input into developing this, and linking the LET co-ordinator to the relevant leads to take the work forward
d) Ongoing partnership work with the LET coordinator (unfortunately the LET coordinator has been off work for several months so the development of b) and c) are complete to a point in time
e) Developing the Multiple Disadvantage Alliance concept with the 'Poverty Truth Commission'; a concept which now has a clear developmental path for others to drive forward.
f) Devising the 'Alternative Giving Campaign' – this is now fully ready to go and has been handed over to launch in Jan/Feb 2022. A further delay was due to public perceptions of the 400 asylum seekers who arrived in Blackpool – it was not the right time to launch a campaign of this type.
g) Ongoing legacy work of sharing BFL learning and approaches, most notably through the development of Changing Futures Lancashire
h) A young persons LET is being developed within Young Adder
i) The coproduction strategy is within Empowerment and is being used within the Lived Experience Team
j) Sharing the learning has been multifaceted – involvement in formulating the changing futures bid, advising on the ADDER programme
k) Social Media has been managed ongoing and proportionately. These platforms will be closed down at the end of BFL. The website will be kept running for 2 years, as agreed with We Are With You as part of closedown.

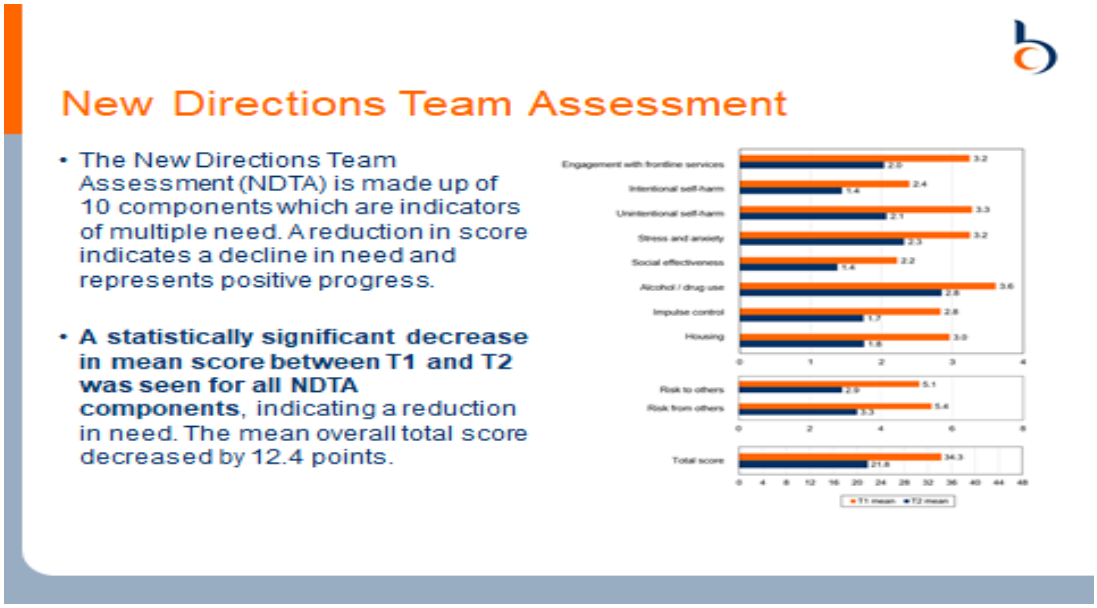
4. **Key outcomes and data**

Our independent evaluation was done by Cordis Bright, here are some of the findings:

4.1 The number of people supported through BFL was 529, and key improvements/outcomes as a result of engagement was measured across 335 of them

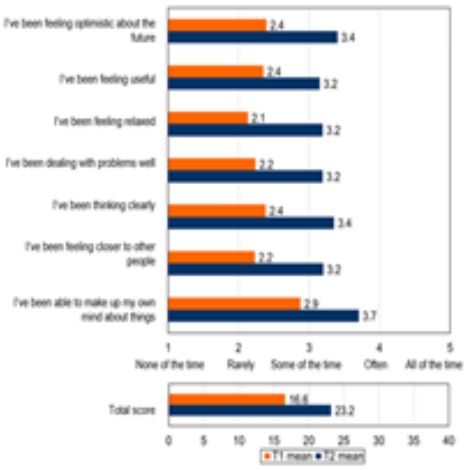
Onward destination	Count of clients	Percentage
Moved to other support (not funded through BFL)	17	5%
No longer requires support	109	33%
Client disengaged from project	93	28%
Prison	32	10%
Hospital	6	2%
Deceased	29	9%
Moved out of area	43	13%
Excluded from the project	2	0%
Other	4	1%
Total	**335**	**100%**

4.2 Statistically significant improvements in the mean scores for each component and overall were seen for clients across every outcome measure. This suggests that clients have consistently seen improvements in their situation, need, mental health and self-esteem as a result of their involvement with BFL and the services with which they engaged:



Warwick Edinburgh Mental Wellbeing Scale

- The shortened WEMWBS is a scale of mental well-being covering seven items of wellbeing and psychological functioning. Items are scored on a one to five Likert scale, where one indicates 'none of the time', and five indicates 'all of the time'.
- **A statistically significant increase in mean score between T1 and T2 was seen for each component of the shortened WEMWBS,** indicating an improvement in wellbeing. The increase in mean score was around 1 for each component.



4.3 The Financial Case

Based on health service usage data for 175 beneficiaries and arrests data for 30 beneficiaries, with a comparison of 12 months before engagement with BFL and 12 months afterwards, and using applied tariffs to the change in number of A&E visits, number of non-elective hospital admissions and number of arrests:

Type of service use	Tariff	Source / information
A&E attendances	£166 per attendance	NHS Improvement (2018) Reference costs 2017/18: highlights, analysis and introduction to the data, NHS Improvement, p.5: "A&E attendance 2017/18" (£160 which we inflated to 2019 prices).
Non-elective admissions (NELs)	£3,053 per episode	Personal Social Services Research Unit (2019), Unit Costs of Health and Social Care 2019: "Non-elective inpatient stays (long stays)"
Arrests	£750 per arrest	Greater Manchester Combined Authority (2019), Unit Cost Database: "Arrests – detained".

4.4 Change in Service Use and Cost

		T1	T2	Change	Change in cost	P value
A&E visits (n=175)	Mean	4.5	1.6	-2.9	-£489.13	<0.0001
	Total	796	280.4	-515.6	-£85,597.75	
Non-elective admissions (n=121)	Mean	2.5	1.0	-1.5	-£4,623.77	<0.0001
	Total	299	115.7	-183.3	-£559,476.66	
Arrests (n=30)	Mean	7.9	1.6	-6.3	-£4,700.00	<0.0001
	Total	237	49	-188	-£141,000.00	

4.5 Overall Cost Savings

The analysis shows a mean cost saving of £9,812.90 per client over a 12-month period, as a result of reduced use of these services. This analysis suggests that BFL has been successful in its aim of supporting people to reduce their use of these ‘crisis’ or ‘reactive’ services. This implies improved outcomes both for the health and wellbeing of the individuals themselves, and for the system in Blackpool by reducing strain on stretched local services.

Service	Change in mean 12-month cost per client
A&E attendances	-£489.13
NEL admissions	-£4,623.77
Arrests	-£4,700.00
Total	**-£9,812.90**

5. Learning points – How did success materialise and where this was a challenge

5.1 Engagement

The Partnership Board remained strong both in form and function. The delivery plan for Fulfilling Lives had slipped, which was part of the learning for programmes of this type, but the commitment of the partners at the board enabled a rounded view of issues. Engagement was made possible by honesty and by an appreciation of how challenging working with this client group is, but against a constant theme of success.

5.2 Funding to try new things

There was a constant unallocated budget which enabled 'test and learn' schemes such as additional LET staff and the Crazy Golf Course, refurbishing Angels Rest and young persons workers. All schemes were costed and evaluated and these became valuable learning for the future.

5.3 The length of the programme

Seven Years is a relatively short time but still long enough to properly evaluate what was going well and what needed adjusting. It also enabled a 'rescue' plan when at the midway point, it needed remedial action. This is key learning for future programmes

5.4 Coproduced Coproduction

The model for the Lived Experience Team was itself coproduced by Revolving Doors Agency. Previously an internal Lived Experience Team had done some good engagement, but an externally commissioned service acted not only as an independent critical friend to BFL, but as a catalyst for change across service systems in Blackpool.

5.5 Secondments

The support of Lancashire Constabulary via a PC and PCSO in the team, probation staff involved and adult social care, plus housing first, all meant better multi agency working. An NWAS secondment was cut short due to the pandemic, but still provided valuable insight into and out of the BFL programme

5.6 External Engagement

Partnership work outside of the service, across local health and social care and nationally, provided opportunities to learn and share learning. There was huge local interest in Blackpool Fulfilling Lives and the learning here was that understanding the impact of something as complex as BFL takes time.

5.7 Staff Support

The support to beneficiaries was clearly understood and the outcomes stated above, however staff support was also a part of learning. Reducing opening hours, and bringing in specialist support on mental health and spiral dynamics gave staff the opportunity to check in how they were feeling. Sickness absence dropped massively as a result of these interventions, and retention increased. The final facet of this was giving staff the opportunity to retrain and write development plans for themselves to secure employment after the programme ended.

5.8 Contribution to the evidence base

There was significant input from Blackpool to regional and national conferences, but also work in and around the System Change Action Network (SCAN) on workforce development, the role of the navigator, and policy documents that were styled like NICE guidance documents. Blackpool also hosted full days for junior doctors and hospital directors and part of the Aspiring Leaders Programme for the NHS.

5.9 Learning during the lockdown response

The BFL navigator team provided advice to other professionals and where possible direct support to people experiencing multiple disadvantage that were isolated during the lockdown throughout 2020 (in the Northwest). This enabled more learning about suitable support to disadvantaged people experienced by professionals who were 'stepped down' from regular roles into frontline workers.

The BFL funded Lived Experience Team were the most mobile and engaged with beneficiaries and partner agencies to formulate excellent responses to needs.

The BFL operations were switched to remote working a week ahead of lockdown, thanks to a pre-written business continuity plan that when executed worked well.

5.10 It would be remiss to write a programme report and not mention the efforts of the Camerados, who operated a service for disadvantaged people from the Blackpool Central Library Café. It is without doubt that the work of Camerados, although short-lived, helped to inform the delivery model for the Crazy Golf Course, using the Camerados vision of 'providing connection and a sense of purpose' to underpin the work on the golf course.

6. Contribution towards National Learning and developing the evidence base for Multiple Complex Needs (Multiple Disadvantage) services

Blackpool Fulfilling Lives attended SCAN consistently from 2017 and during the lockdown on line. BFL Partnership Manager collaborated with other FL leads to write and review the evidence documents. BFL Partnership Manager also and ensured significant input and attendance at local, regional (hosting in 2017) and national conferences. The work of SCAN is listed in the appendices.

BFL also helped to launch the first #seethefullpicture multiple disadvantage day at Portcullis House, Westminster Palace, London. Blackpool also held a high profile campaign day, and took part in this campaign three years running (2019, 2020, 2021).

7. Financial Summary

An end of programme budget will be available after April 2022, however the following is a high level list of spend against the circa £9.9m that was used to deliver BFL:

- Directly Employed Staff Costs accounted for approx. 60% of spend (£6m)
- Secondments accounted for approx. 4% of spend (£400k)
- Lived Experience Costs, including the commissioned LET and Volunteer Co-ordinator, Associate Navigators and Street Angels accounted for approx. 8% of spend (£800k)
- Housing First accounted for 2% of the spend (£200k)
- The response to the pandemic, including electrical equipment, support to hostels and hotels, clothing, laundry services, and flat refurbishments accounted for 0.5% of spend (£50k)
- Independent evaluations, including printing and design, accounted for approximately 3.5% of spend (£350k)
- Client Expenses (personalisation) accounted for approx. 8% of spend (£800k)
- Office and premises costs including renewals accounted for approximately 5% of spend (£500k)
- The remaining approx. 8% was spent on staff training (£50k or 0.5%), test and learn projects (£150k or 1.5%), partner agency costs/room hire (0.5%) and delivery partner infrastructure (IT/PHONES/FACILITIES) overheads not included in staff on costs (6%).

8. Organisational impact on We Are With You

The learning and practice from BFL has helped We Are With You to bid for similar work across England and include the Fulfilling Lives learning in its approaches to bidding as and when opportunities arise. The Partnership Manager has supported several bid method statements, some of which have been successful.

The organisation held a series of 360' workshops early in 2020 and late 2021 that involved the executive team, to discuss how BFL had worked and how that could be included in We Are With You services.

The organisation has also published news articles on the success of BFL including a blog on the golf course and also blogs on system change. These have both received national interest.

Appendices

Appendix 1 - Links to key learning resources

https://www.fulfillinglivesevaluation.org/about/the-partnerships/blackpool/

https://sites.google.com/addaction.org.uk/blackpool-fulfilling-lives/home

https://www.fulfillinglivesevaluation.org/

https://www.fulfillinglivesevaluation.org/turning-the-tide-in-blackpool/

Appendix 2 – Final Independent Evaluation from Cordis Bright

https://drive.google.com/file/d/1ur8y7593B_ojMnIWK-xfINmbLtl4Szil/view

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting:	3 February 2022

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

1.1 To provide an overview of the current work of Adult Services including the financial position of the service.

2.0 Recommendation(s):

2.1 To comment upon progress being made, propose potential improvements and highlight any areas for further scrutiny which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of Adult Services.

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

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 <u>Introduction</u>

Covid has impacted significantly on the way in which services in Adult Social Care (ASC) have

been organised, located and delivered since the start of the pandemic. These were comprehensively detailed in the report delivered in October 2021.

The account below updates that report, captures some of the across the board impact, and then breaks down into some of the team/service area specific impacts and how these are being dealt with.

6.2 Staffing

Adult social care staff continue to operate in a covid secure way as they have since the start of the pandemic. Staff continue to work from a home base with a core remaining in the office observing the social distancing guidance, on a rota'd basis. As has been the case since the start, those not able to come into the office continue to be supported by regular contact with their line managers to ensure that they receive the support needed, as well as allocating work and supervising staff in their work. Guidance regarding working from home remains in place and is adhered to by those staff affected, who undertake work that can be done from a home setting.

The mandated vaccination arrangements for staff who have to enter residential settings is being managed. We have small, single figure, numbers who remain resistant to accepting a vaccination, and are able to make reasonable adjustments to the way in which work is allocated to manage this with the guidance as it is. The overwhelming majority of frontline staff have taken advantage of the vaccination programme which has been available since January. Despite this we have had some staff off work due to being either asymptomatic or symptomatic.

The impact of the Omicron variant has seen a higher number of staff off work, but in line with the general population data, fewer symptomatic cases, lower severity of symptoms, and quicker returns to work. The office based working arrangements have remained unchanged, and we have no evidence of any office based outbreaks, reflecting the staff adherence to all the measures we have in place.

6.3 Service Delivery

Face to face work is now returning to pre-pandemic levels, although some of the efficiencies that have been developed have been retained. For very vulnerable people in NHS and care settings virtual assessments have continued, apart from those occasions when it would not be viable or professional decision making over-ruled this as an option.

Assessing for deprivation of liberty was a significantly impacted area, due to the restrictions of visiting to care homes. This was mitigated by the use of video and audio technology by both medical staff and Best Interest Assessors so we continue to have no backlog of significance. Recent guidance advising to return to face to face assessments has been followed by our Best Interest Assessors. The increased numbers of outbreaks in residential

settings has meant more recently a reduction in these, but wherever possible we continue to assess face to face.

We saw a decrease in the number of Care Act assessments over the autumn months following the increase in late spring and early summer, but there are indications that these are returning to higher levels now. One significant area of growth has been the number of assessments that are now being undertaken in community settings, either in people's own homes or residential settings as part of the nationally mandate discharge to assess process.

Demand for domiciliary care hours commissioned remains significantly higher per week, both in terms of requests and total hours commissioned, and the average size of the package over previous years. The recruitment and retention problems in the independent domiciliary sector remain high, and competition for workforce, with some of the commercial sector paying higher rates than are offered in this sector, add to the difficulties.

As outlined in the last report, we continue working towards a "home first" approach to try and enable people to return to, often their first choice, their own home. This does explain some of this dramatic increase. However, this is only part of the story. Some of the other main contributory factors include the following: the accelerated discharges from hospital; increased caution in considering moving to a residential setting; an increase in general morbidity in the population by people not seeking medical intervention as quickly as they may have done in the past.

Waiting times for care remain at an all-time high, not just a local picture. Engagement with the provider market continues to be a regular feature of the weekly work, and all available supports to increase care hours available are actively pursued.

6.4 Service Users and Carers

Face to face work wherever possible continues on more normalised basis. We are confident that this leads to a more holistic assessment which is more personalised, and will continue to move back to putting the "social" in the "work".

6.5 Hospital and Health Based Teams

The Transfer of Care Hub, a multi-disciplinary team of health and social care staff that oversee hospital discharges for those people requiring a service on discharge is now well established and still developing. The service works over seven days a week, and ASC have staff in throughout this period. Further recruitment to ensure robust cover is available is ongoing. Adult Social Care staff from the A and E team are now part of this larger team. This model has in practice moved the full assessment process to outside of the hospital, and tries to ensure that any ongoing care needs are identified once the person is functioning at their optimum level.

The restrictions on hospital/ward based activities together with the lack of socially distant

space in community health settings means we continue to need to accommodate more staff in Bickerstaffe House, together with using home based working arrangements. Some of the operational changes have moved what were previously health based assessment activities into community settings. There has been a backlog of some assessments in relation to Decision Support Tool completion, (as part of assessing for continuing health care), which are now being addressed.

Winter plans, developed with our NHS colleagues, are now functional, although it remains a dynamic environment in terms of delivery, not least due to the Omicron wave of infections. The extension of the D2A (Discharge to Assess) funding until the end of March 2022 is helpful in continuing flow from hospital using the systems now set in place, although there are some logistical issues due to the high number of outbreaks in care settings.

The Hospital Discharge Teams, Clifton and BVH (Blackpool Victoria Hospital), together with some additional staff funded through winter pressure monies, are now fully engaged in discharge to assess work. However, they do not have a substantive base as they moved out of their hospital bases, and are temporarily accommodated in Bickerstaffe due to the high numbers of other departments' staff working from home. This will need addressing in the, probably not too distant, future.

6.6 Adult and Older Adult Mental Health Teams

Pressures in mental health services remain extremely high in both adult and older adult services, with significant increases in referrals as well as regular delays in admission for people liable to be detained due to bed unavailability.

We continue to work with LSCFT (Lancashire and South Cumbria Foundation Trust) and other local authority partners in the transformation projects although these are at very early stages of development and there is as yet no "blueprint". Many of the scheduled planning meetings have been cancelled, due in large part to operational priorities, e.g. sickness absence and staffing shortages, settings closures etc.

6.7 Integrated Learning Disability Team and Autism Team

The team continues to provide a greater level of support to those service users and their families affected by limited day services (in terms of numbers) and the limitations of respite availability due to outbreak closures, including commissioning alternatives, such as 1-1 support to people in their own homes. Staff continue to be in the office, on their rota, as they have from the start of the pandemic.

The Autism Team is now fully staffed and fully engaged with those people with a primary diagnosis of autism. Demand for the service is high. The team has good contacts with health diagnostic staff, working closely with them. The imminent creation of an Autism Partnership Board will help to shape the service going forward, and bring all relevant partners together to

maximise benefits for service users and their families and friends.

Going forward the numbers of people with a learning disability and/or ASD (Autism Spectrum Disorder) continues to grow. Although relatively small in number, young people coming through transitions needing a supported living placement are growing and this is evidenced in the budgetary impact this leads to.

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

The three teams have returned to covering their respective geographical areas and work priorities. They are, as they have done throughout the pandemic, continuing to visit people in their homes and in the community. The teams continue to work on a hybrid basis spending some time working from home, other times in the office, on a rota.

6.9 Business Support Team.

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

The team still manage the additional financial support care providers are offered to support the Covid-19 challenges they face, making all payments on time. They also record and track every placement and care package made that is Covid-19 related to ensure accurate invoices can be submitted to the CCG.

6.10 Overall

Despite everything thrown at our services over the last 22 months, staff have continued to demonstrate the care and commitment to the people in Blackpool needing it. The pace of change, not just in ways of working but also in structures within they work, has been dramatic in terms of not just what has been achieved, but how successfully it has been achieved.

But the pace of change is not slowing, and there are significant changes coming in the near future. The changes in the NHS and how we work together with them, the implementation of the “Care Cap”, and the Liberty Protection Safeguards are simply some of those, and will undoubtedly have a major impact on Adult Social Care. To meet these and other challenges we anticipate the new senior management structure to be both crucial and critical in being confident we can continue to deliver a high quality service to the people of Blackpool.

6.11 **Blackpool Council - Care and Support – Adult Provider Services:**

Blackpool Council’s Care and Support (Adult Provider Services) continues to transition to a more business as usual operational environment at the same time as planning for the

anticipated difficult winter period. The demand for social care has continued to increase during 2021 and this has been compounded by the current situation with increasing covid cases but also the legacy of two years of living and adapting to covid across health and social care as well as society.

In particular the Council's Care and Support services have focused on two key areas that supports the health and social care system (1) delivering services that help avoid hospital admissions (2) deliver services that help people being discharged from hospital when they no longer require inpatient support.

6.12 Avoiding Hospital Admissions:

Homecare Service – Delivers a crisis care response to the Council's Emergency Duty Team in emergency situations where care is required to ensure the person can remain safely at home until a full assessment can be arranged. The service also works closely with Social Workers based in Accident and Emergency supporting those attending to return home with care as an alternative to an admission to hospital. Blackpool also benefits from having a multidisciplinary Rapid Response Team which will assess patients in their own homes and where crisis care can be provided to help someone remain at home with care but also with some additional clinical oversight. All these elements of care delivery help avoid hospital admissions. During December the total number of care hours delivered by the Council's Homecare team where they directly prevented a hospital admission, equate to 1,531 hours of care preventing around 16 hospital admissions.

ARC (Assessment and Rehabilitation) – A vital resource available that supports community preventative services. Admissions to ARC can come through via Accident and Emergency as well as a direct pathways from the Council's Emergency Duty Team and multidisciplinary Rapid Response Team. The ARC prevented around seven hospital admissions during December 2021 through the provision of a residential model of care with enhanced clinical oversight.

Vitaline – The Council's Technology Enabled Care service has responded to requests for installation of equipment for 39 Blackpool residents during December. The installed equipment has ensured that people have been able to remain safely at home and call for assistance when required instead of needing to call 999. The service also delivers a Falls Pick Up scheme and during December Vitaline responded to 194 Fall Pick Up alerts, where they attended the person's home, supported them with the Pick Up and thus preventing a call to 999 and/or admission to hospital.

6.13 Supporting Hospital Discharges:

Homecare Service – An integral part of the Homecare services response is to support hospital discharges. There have been significant changes in this area of health and social care over the last 12 months with all these changes leading to reducing the length of time someone

remains in hospital and then supporting them to be discharged in a timely manner. During December the Homecare service delivered 2,234 hours of care for the purpose of supporting hospital discharges. This equates to between 100 – 200 discharges dependent upon level of care required at the time and for the following four weeks.

ARC (Assessment and Rehabilitation) – ARC remains the service that supports covid positive patients ready for discharge from hospital. The flexibility of the service ensures that capacity of the different configuration of beds better meets demands across the health and social care system. This has proved to be pivotal in maintaining system flexibility through what has been a difficult early winter period. ARC has operated at 81% occupancy during December which equates to around 26 beds out of the 32 available being occupied at any one time. This has ensured that beds have remained available to support hospital discharges as they arise which in turn has support effective flow across the health and social care system.

Vitaline – In response to the increasing demand for same day hospital discharges, Vitaline has adapted how it responds to urgent requests for installations. Working in partnership with health and social care colleagues, a priority identifier has been agreed and this ensures that Vitaline is able to identify the referral as a priority for same day installation. During December the Vitaline service has completed 28 same day installations ensuring that the person being discharged from hospital is able to safely return home on the same day that a discharge decision is made.

6.14 <u>General Responses to the wider Social Care Market:</u>

Provider Support HUB – During the pandemic the Provider Support HUB has been available to all providers across Blackpool 7 days per week. The guidance, advice and practical support has enabled providers to continue to deliver good quality care services to Blackpool residents. All providers have experienced difficulties during the pandemic and having a peer provider with expert knowledge about service delivery has ensured the support available is tailored to the providers needs at the time. During December the Provider Support HUB has directly assisted over 109 separate providers. In addition to this support, the development of an Emergency Workforce has ensured that when providers have found themselves experiencing difficulties with covering their staffing requirements, the Provider Support HUB has been able to assist through the deployment of Emergency Workforce. This provision has directly supported 12 separate providers of care services and ensured a level of resilience which has enabled the provider to continue to care for some of Blackpool's most vulnerable residents.

Homecare Service – The demand for social care is increasing at the same time as our providers experiencing difficulties in recruiting to vacant posts. This is evident in the number of packages of care that the Council's Homecare service is responding to in the medium and longer term. During December the Homecare service delivered 3,096 hours of care for the purpose of supporting market resilience, this equates to around 40 individuals requiring care

at home dependent upon the level of care required.

6.15 Outbreaks and Vaccination levels

Outbreaks were at a relatively low level consistently throughout the last 6 months, only recently impacted by the immense rise in community infection rates during the Omicron Wave. Activity in Outbreak Management is currently extremely busy, but with excellent joint working between the Department staff, providers, Public Health and the Quality Monitoring Team.

Vaccination levels remain among the highest in the land, with good take up in all areas where mandatory vaccination is a requirement and for care home residents. Booster vaccination has been more sluggish than we would like in staff, but remains significantly higher than the national average and our nearest authorities.

	Total Staff:	Vacc One	Vacc Two	Zero Vaccination	Booster
CAH	1388	1308 (94.24%)	1262 (90.92%)	80 (5.76%)	616 (47.09%)
Resi	1926	1897 (98.49%)	1896 (98.44%)	29 (1.51%)	1090 (56.59%)
Combined	3314	3205 (96.71%)	3158 (95.29%)	109 (3.29%)	1706 (51.48%)

Vaccinations as at 18/1/22

6.16 Partnership working

Our approach to working with all partners who can contribute has really come into its own during the pandemic and continues to do so. This takes many forms:

- Joint service delivery with the NHS in the ARC, Community Learning Disability Team, and Transfer of Care Hub at the hospital
- Co-location of staff in Mental Health Teams and Neighbourhood Teams
- Hands on, financial, commissioning, and peer support for external providers
- Services working together to strengthen service delivery and solve problems – Adults, Public Health, Quality Monitoring, Fylde Coast CCGs, Blackpool Teaching Hospitals
- Participation in Escalation reporting structures of the NHS – local, regional, national
- Social Care and Health Partnership with Lancashire CC, Blackburn with Darwen, and

Cumbria CC, together with NHS partners

- Commissioning and Finance partnership working with NHS partners.

6.17 Financial position to date 2021/22

Adult Services have incurred significant costs in relation to Covid-19 in 2021/22 of £9.3m. Providers have been supported through a number of schemes including the Emergency Workforce provision, a 10% Covid-19 premium applied to fee rates and access to free Personal Protective Equipment (PPE). There have been increased Covid-19 related hospital discharges with these costs being reclaimed from Blackpool Clinical Commissioning Group. Direct Service Grants have also been allocated to providers in relation to Infection Prevention Control, Lateral Flow Testing, Vaccine and Workforce Recruitment and Retention. Adult Services is currently forecasting a net overspend of £0.5m at month 9.

There are two key areas contributing to rising cost that is out of proportion to our expected position on our medium term plan AND the additional funding we have been given.

1. Rising demand for statutory services from or via Adult Social Care (demographics)

    a. Earlier discharges from hospital and NHS long term care – people need to recuperate at home or in a care home, with higher needs, which would previously have been met in an NHS setting. Medically fit for discharge, is not the same as recovered/not unwell.

    b. More people needing our support – both older people and people with Learning Disabilities and Autism, including rising numbers of young people coming through from transition from children's services.

    c. More hours needed per person due to increasing complexity of need in all areas.

2. Increasing pay / provider costs

    a. National Living Wage went up by more than expected in national predictions – to £9.50 per hour.

    b. Shortage of staff in all areas has highlighted the poor pay levels in this sector.

    c. Pay rates are consistently below all competitors, compared to e.g. retail sector. Major retailers in competition for same cohort of recruits routinely paying £10 per hour. Public services (NHS and LA) pay rates in the same sector higher.

    d. Turnover is high in this sector, in large part driven by lower pay than competing areas. Turnover adds to overheads in terms of advertising, training

and oversight costs.

e. National pressure to increase fee rates to accommodate more viable pay rates and cover other rising essential costs (e.g. insurance, consumables, gas and electric).

f. National pressure to pay AT LEAST Foundation Living Wage - to £9.90 per hour (an additional 40p per hour above the NLW.

Work is still underway internally and with NHS partners to ensure a viable budget for Adults Department as part of the Council's budget setting process, within the framework of our Medium Term Financial Sustainability Strategy.

6.18 Provider Finances

A number of financial support arrangements were established at the start of the pandemic to help ensure the continuing financial viability of social care providers. These arrangements included:

- A 10% increase in the usual fee rate to help cover additional costs associated with Covid-19. This came at a cost of £6.2m during the period 1 April 2020 to 18 July 2021 and was funded by the central government grant designed to help local authorities with general covid related pressures. This covid related funding from government to local authorities came to end on 30 June 2021.

- A baseline or minimum guaranteed payment scheme was in operation from April 2020 to December 2020 at a total cost of £1.1m. The Council guaranteed a regular level of income at pre-covid rates in the event that providers experienced reductions in the level of activity as a result of the pandemic, thus adversely affecting cash-flow.

- Additional supplies of PPE, at nil cost if required. Note the arrangements for supplies through the national portal have been extended to now end in March 2023.

- Infection Control and Testing Grants of over £10m have been received from central government and allocated to social care providers to specifically help reduce the spread of infection. Providers can use the funds to help with the additional costs associated with limiting staff movement, ensuring staff receive full pay when isolating, administering PCR and lateral flow testing, facilitating safe visiting etc. This funding has been awarded in a number of tranches, with the current allocation to be spent by 31 March. At the time of writing no further specific Infection Control and Testing Grants have been announced for the next financial year.

- Additional discretionary funding continues to be available in the event of significant covid-related cost pressures which pose a risk to financial viability and which providers cannot manage using the existing funding sources. To date £263k has been allocated to providers who have demonstrated unsustainable additional cost

pressures which have arisen as a consequence of covid and the urgent need to control the spread of the infection.

Ongoing support for provider finances

- A new Workforce Recruitment and Retention Fund £1.7m in total to support all providers (internal and external) with retaining staff, recruiting new staff, paying for temporary staff, additional hours and overtime in order to maintain sufficient capacity within the care sector.
- This was announced in October, but the detail and the funding came through a bit later.
- This has been used to deliver a flat rate per head amount to every provider, and an immediate fee uplift to take us through to the end of March, paid as two lump sums to assist with cash flow, based on the payment of a Foundation Living Wage rate modelled into our fee structure. Providers are able to use this to fund increases in wages, additional staff hours or any other measure designed to increase or maintain workforce capacity, retain existing staff, or recruit new staff. There is also a range of other relatively small scale schemes designed to trial different approaches.
- Apart from free at the point of use PPE, all other temporary measures are currently expected to end at 31st March 2022. However, a number of these have been extended several times as the operating conditions have not substantially changed.

6.19 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

8.0 Financial considerations:

8.1 Contained within the body of the report at 6.17 and 6.18.

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.

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Steve Christian, Chief Integration Officer, Lancashire and South Cumbria NHS Foundation Trust
Date of Meeting:	3 February 2022

INITIAL RESPONSE SERVICE

1.0 Purpose of the report:

To provide an update on the development and implementation of an Initial Response Service (IRS) across Blackpool and the Fylde coast to support people in crisis as part of the community model. The aim of the service is to provide a responsive single point of access for urgent and routine requests for help, including signposting to relevant services. The intention is that by April 2022 each Locality / ICP will have the IRS service in place.

2.0 Recommendation(s):

2.1 The Scrutiny Committee is asked to:

- Note progress and next steps;
- Provide support to help deliver the ambitions of the programme – the engagement from colleagues at Blackpool Council to date has been exemplar.

3.0 Reasons for recommendation(s):

3.1 To support the proposal for an Initial Response Service across Blackpool and the Fylde Coast.

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 Following the Integrated Care System (ICS) Review and subsequent discussions, Pennine Lancashire was chosen as the first locality to work alongside CNTW for the development of Mental Health Services. Historically, the Home Treatment Team (HTT)[1] was saturated responding to a wide variety of referrals many of which were for people with low to moderate mental health needs. Clustering data from the diagnostic evidenced that community teams across the mental health pathway, were providing care for people of similar low level cluster groups. This has a detrimental impact on Community Mental Health Teams (CMHT)[2] who as a consequence of this, carry a high unallocated caseload. Telephones across Specialist Triage, Assessment and Referral Team (START)[3], HTT and CMHT were regularly engaged for long periods, consequently service users and referrers utilised emergency services (Police and Ambulance).

The START service and the primary care mental health team in Blackpool operate Monday-Friday 9am-5pm and the admin process from referral to triage is cumbersome and process heavy with referrals passing between multiple inboxes before triage by a MH Practitioner. A significant number of referrals are triaged face to face, contributing to the long waiting lists and bottle necks in the pathway. Furthermore, our services do not utilise a trusted assessment, therefore people are assessed and then re-assessed once transferred into another service.

Through stakeholder engagement workshops which included staff, partners, service users and carers, the groups co-produced and articulated how a single access point (IRS) in Pennine Lancashire would help people receive a quick and efficient response for help, reduce clinician administration burden and improve service user outcomes.

The development of a 24/7 Service provides one number across Pennine Lancashire for all aged and above which would allow people to self-refer or be referred by a carer as well as by a professional. The service will provide urgent and routine mental health support, advice and a single triage based on trusted assessment, through which people can access the mental health pathway for urgent or routine care, signposting and/or further support if needed. Emergency Services will also have direct access to the line

The aim of the service is to provide a responsive single point of access for urgent and routine requests for help, including signposting to relevant services within and outside of LSCFT. A crucial part of the design is to enable this service to work alongside the HTT and therefore share skills and experience, promote positive learning and development for all staff within their roles. This would also offer flexibility to staff and the service. In addition, staff will all have interchangeable roles across the Initial Response and HTT.

Key design elements for Pennine Access include:

- A 24/7 single free phone number that signposts/ connects people aged 16 and above to the right place first time, every time
- Enable self-referral or referral by a carer / professional

[1] See glossary of terms in appendix
[2] See glossary of terms in appendix
[3] See glossary of terms in appendix

- Quick and efficient responses to requests for help
- Trusted Triage – patients will tell their story once
- Provide advice, support, triage and routing to appropriate mental health services and signposting to other local services as appropriate
- People enter the right pathway, easily and quickly
- Patients are directly booked into routine services via a trusted assessment through a centralised booking system for the locality
- Patients will be able to contact the IRS direct to book and reschedule appointments without having to go direct to teams
- Receive warm transfers from NHS111, North West Ambulance Service (NWAS) and Police
- No requirement for any separate lines which includes current Crisis Line, Volunteer and Access Line once rolled out across each locality
- IRS will work closely with Patient Advice and Liaison Service (PALS) service to resolve any disputes and low level concerns
- The Synergy service will be integrated into the model to support the reduction in 136 detentions and A&E attendances for those in crisis conveyed by the Police or Ambulance Service.

6.2 Engagement has been undertaken with key stakeholders and local patient groups on the proposed model for the Initial Response Service/

6.3 The table below provides an outline of the key benefits that we expect to be realised as part of the implementation of the IRS business case. We are working with Cumbria Northumberland Tyne and Wear (CNTW) to ensure that we establish from the outset the benefits we expect as a result of this change. We will address the service user/patient expected outcomes as outlined in the Mental Health Crisis Care Concordat and are keen to continue to engage service users/patients in the development and monitoring of the benefits to the new model of care.

The anticipated benefits of developing an Initial Response Service and improving our pathways are detailed below:

Identified Benefit	Category	Benefit Measure	Range of Improvement
Improved experience for patients, carers and referrers	Quality Improvement	• Friends & Family Test	Improvement in patient experience will be reflected in patient reported outcomes such as the family and friends.
Improved outcomes for people accessing services	Quality Improvement	• Outcomes report (RiO)	All calls to the IRS will be dealt with and patients will not be bounced around the

			system There will be no handoff and delay following assessment and initial treatment. Trusted assessments will reduce bureaucracy and delays in accessing treatment
Reduction in harm and serious incidents (learning from the themed SI's)	Quality Improvement	• Serious Incident Data	People will have timely specialist assessment that meets new standards
Improved signposting for people	Quality Improvement Quantifiable	• Increase in % signposted / completed • Decrease in % transferred internally (As per figure 1) • Increase in % transferred to 3rd Sector services	Timely face to face assessment for people in crisis will reduce the depth and breadth of the problems that ensue
Decrease in referrals bounced around the system, people will instead be transferred to the most appropriate service based on Trusted Triage	Quality Improvement Quantifiable	• Decrease in % of people returning to the front door (As per figure 1)	There will be no handoff and delay following assessment and initial treatment. Trusted assessments will reduce bureaucracy and delays in accessing treatment. Face to face contact time of staff will be increased from 25% to 50%
Reduction of non-clinical time - clinicians only undertake necessary clinical work	Time / Resource Releasing Quantifiable	• Currently, clinicians undertake triage for 100% of all referrals. Data reporting from RiO	Staff survey results are expected to improve Sickness levels will reduce Staff turnover will reduce with a motivated workforce
Quick and efficient responses to requests for	Time / Resource Releasing	• Reduction in time of call received to	There will be no handoff and delay following

help	Quantifiable	outcome recorded (RiO)	assessment and initial treatment
Positive Experience and improved wellbeing for Staff	Quality Improvement	• Independent staff feedback	Increased staff satisfaction
A 24/7 single phone number that signposts/ connects people to the right place first time, every time	Quality Improvement Time / Resource Releasing	• Patient, carer, referrer, emergency services and staff feedback • Decrease in % of people returning to the front door (As per figure 1)	Waiting times throughout the pathway should be minimal if services are operating efficiently. Including waiting times from referral to first assessment and GP notification.
Reduction in time taken to answer calls	Quality Improvement Quantifiable	• Duration of rings before call answered – call log data • Answered Vs unanswered calls – call log data	Quick and timely response to service users which will result in reduction in A&E attendances for an urgent attendance with savings to the health system.
Increase in self-referrals	Quality Improvement Quantifiable Time / Resource Releasing	• Referral data (RiO) • GP Feedback	Quick and timely response to service users which will result in reduction in demand for NWAS and the police
Contribute to the reduction in inpatient use as people will be supported in the least restrictive environment	Quality Improvement	• Reduction in inpatient admissions from Pennine Locality data • Readmissions	Re-admission should reduce as the skills of community teams will be enhanced to keep service users well.
Improved patient flow	Quality Improvement	• Case Note Audit • Outcomes Report (LoS) • Patient, Staff feedback	The number of DNAs is expected to reduce this will result in reduced duplication and better use of resources leading to improved efficiency Re-admission should reduce as the skills of community teams will be enhanced to keep service users well
Reduction in unallocated cases in CMHT	Quality Improvement Quantifiable	• ECR Unallocated Case Lists	Linking to the community transformation reduced waiting times

Upon completion of the IRS rollout across all localities (4 in total), the services below may be released by integrating them with the IRS functions: Mental Health Access Line £0.47m Mental Health Crisis Line £1.3m	Financial	• Integration of the two lines with the IRS functions, finance data	• Significant benefits realisation
Efficiencies released from the pathways redesign work (Value Stream Mapping etc.)	Quality Improvement Quantifiable Time / Resource Releasing Financial	• Capacity and Demand • Budgets • Patient Data	There will be a reduction in people presenting to A&E in mental health crisis Reduced waiting times and increased responsiveness Reduction in DNA rate
Reduction in s136 detentions	Quality Improvement Quantifiable Time / Resource Releasing Financial	• S136 data	People will be cared for the least restrictive setting

Table 1- Anticipated benefits and proposed measures

6.4 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 7(a): Presentation
Appendix 7(b): Glossary of terms

8.0 Financial considerations:

8.1 N/A

9.0 Legal considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 A number of key risks across all localities have been identified for IRS including:

Risk Identified	Mitigating Actions
Fylde Coast – Accommodation yet to be identified	Options appraisal and funding requirements to be agreed
CMHT - Currently have a high number of unallocated cases, this in turn impacts on the ability to undertake planned appointments booked from the IRS	Interim solution agreed that IRS Routine Care team will undertake the first appointment. This will reduce immediate pressure on CMHT and enable the service to work on current demand and unallocated cases
START Waiting lists/Caseloads - Team currently holds an existing caseload. This will impact on capacity	Team currently working through the trajectories and plan to clear the backlog, utilisation of bank staff will also support this process.
Recruitment to vacancies (new roles) identified will impact on the safe delivery of an effective and safe IRS Service.	Recruitment options via agency, bank and HEE to be considered to support transition and soft launch of IRS. Opportunity to have a rolling programme of recruitment and share resources in the early implementation / go live of the programme with other localities.
Digital Dictation solution yet to be defined.	Staffing model for IRS has been developed without enablers such as digital dictation in place. Interim solution identified as the current Dragon Software. Manual process would need to be put in place until enablers are live.
Transition of All age / children's services to Go Live as part of IRS	Working with ELCAS, BTH CAMHS services and LSCFT CAMHS services to agree.

11.0 Equalities considerations:

11.1 Quality Impact Assessment and Equality Impact assessment has been undertaken and was included within the full business case.

12.0 Sustainability, climate change and environmental considerations:

N/A

13.0 Internal/external consultation undertaken:

13.1 Since the initial diagnostic in 2019 and subsequent workshops, the IRS programme team along with

significant input from service users, staff, third sector, partner organisations and corporate support services, have worked through detailed pathways from initial call to triage and onward transfer. To date, over 50 design development sessions have been held with over 250 people involved. Stakeholder engagement sessions across the system have also been held with the Bay session planned in November.

14.0 Background papers:

14.1 Lancashire and South Cumbria NHS Foundation Trust IRS Business Case available on request.

NHS
Lancashire & South Cumbria
NHS Foundation Trust

Initial Response Service

Steve Christian Chief Integration Officer
Louise Giles Deputy Director of Transformation
Date: February 2022

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Initial Response Service (IRS) Transformation Programme

NHS
Lancashire & South Cumbria
NHS Foundation Trust

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The Journey so far…

2018 – ICS Review

- ICS-commissioned review of the Urgent Care Pathway across Lancashire
- Identified significant opportunities for improvement in quality of LSCFT
- Challenges across Pennine around the Mental Health/Acute Sector interface and the pressures within the system
- Recognised the need to transform

October 2019 – Pennine Diagnostic

- Data analysis indicated Patients bouncing around the system - average 400+ every month
- Approaches to Access – too many choices but not flexible and not always needs led
- Workforce maintained service delivery with limited enablers in place (Estates, IM&T, fit for purpose patient record systems, Lean processes, limited admin provision)
- Patients have to repeat their story multiple times
- Clinicians undertaking multiple assessments for the same patient

December 2019 – Pennine Design

- 15 Design Workshops took place between December 2019 & January 2020 that including key stakeholders from the Pennine Locality

February 2020 – Planning & Quick Wins

- Two Planning Workshops undertaken with enabling services
- Identified Quick Wins and commenced immediate changes

May 2020 – Business Case

- Commenced development of the Business Case for Pennine Access (IRS)
- Engagement with the other LSCFT Localities with regards to Access (IRS) – Central & West Lancs, Blackpool & The Bay
- Commenced development of modelling for 4x LSCFT Access models

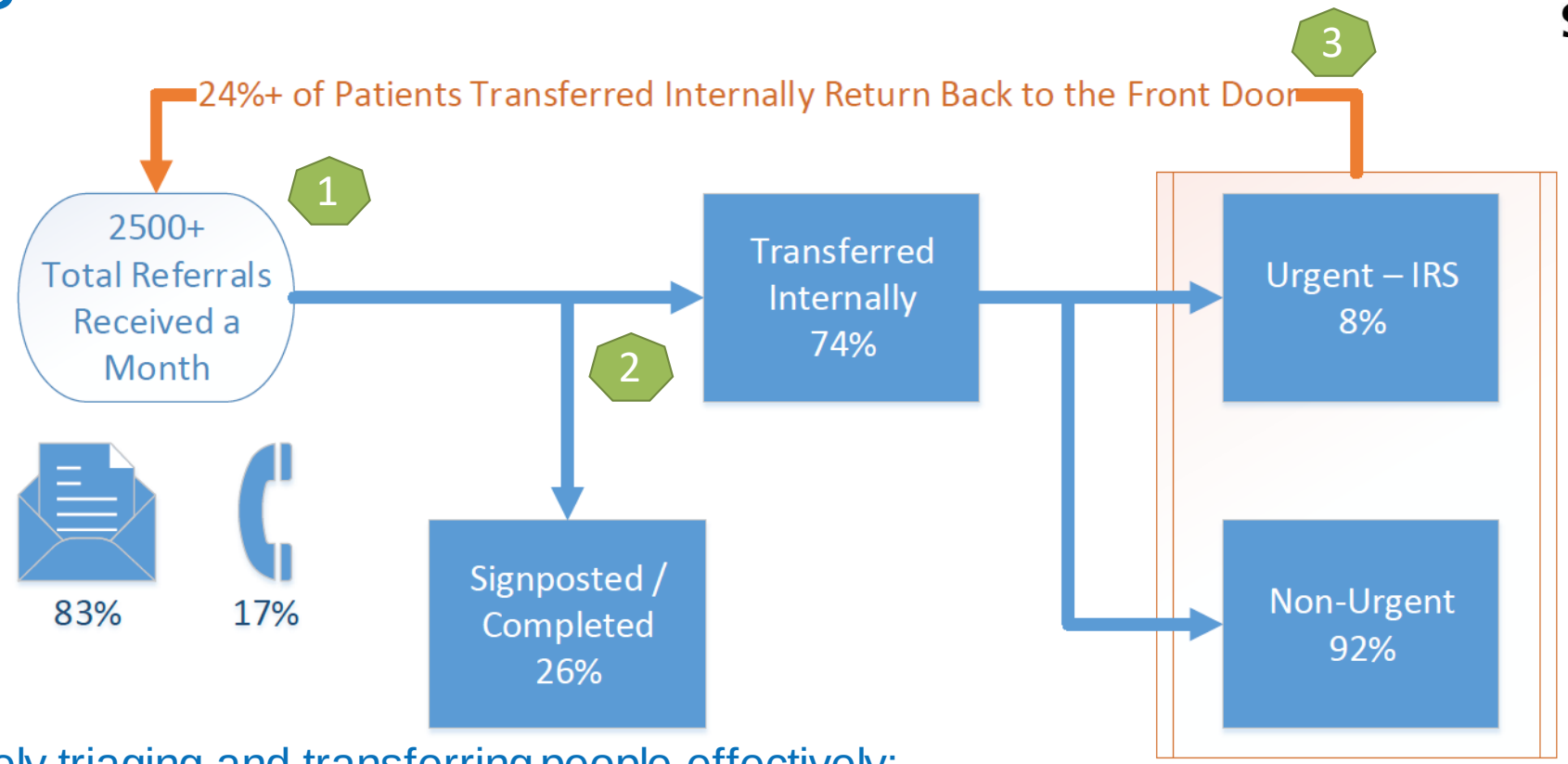
March 2021 – Business Case Approval & Project Start

- Approval of Pennine Access IRS Business Case
- Approval of LSCFT Trustwide Model
- Commenced Implementation of Pennine Access (IRS)

Case for Change – Current Patient Access

Lancashire & South Cumbria NHS Foundation Trust

Referral Source	
GP	72%
Internal	11%
Self Referrals	11%
Police	3%
H/C Professional	1%
Local Auth Social Services	1%
Family / Friend / Carer	1%



- By not appropriately triaging and transferring people effectively:
- 24% (400+) patients per month referred into Pennine Services through START, go on to be transferred back to the front door
- Our services became overwhelmed through inappropriate referrals

In comparison to the above diagram, the CNTW IRS signpost / complete 76% of referrals and transfer 24% internally.

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IRS Overview

The IRS is a 24/7 responsive all age single point of access across Lancashire and South Cumbria for urgent and routine requests for help and advice through a single triage based on trusted assessment, through which people can access the mental health pathway including signposting to relevant services within and outside of LSCFT.

IRS Go live across localities is dependent on:

- Recruitment of Workforce
- Estates

Pennine	• 12TH Jan 2021
Central & West	• APR 2022
The Bay	• SUMMER 2022
Fylde Coast	• SUMMER 2022

Caroline Donovan @CDonovanCEO · Dec 5, 2019

Thanks so much for inviting me - so impressed with the transformation work form Penine teams and partners and their mature and thoughtful approach - very excited for the future @Nell1Maria @MartinUrty1 @RichardLSCFT @DrGarethEThomas @MarkPWorth @pacullen123 @ukstewg1

> **Sarah Keetley** @keetley39 · Dec 4, 2019
>
> Thanks to @CDonovanCEO for joining the Pennine Access transformation workshop today, and for helping to unblock some of the challenges faced by staff day by day - we look forward to the Assessment workshop on Monday!

Scott Smith @xxScottSmithxx · Jan 7, 2020

Great day today developing new clinical pathways for psychosis for East Lancs @LSCFT_NHS some great work with great colleagues and lots of positivity in the room. Good times ahead 😍 @pacullen123 @MHAMcGinty @jensen1cat @CNTWInnovation @CDonovanCEO @RichardLSCFT

Room full for the Pennine feedback sessions. Real buzz, exciting times ahead! #StaffLedChange @pacullen123 @jensen1cat @LouiseGiles321 @yeahbigfoot @xxScottSmithxx @LSCFT_NHS

10:07 AM · Feb 14, 2020 · Twitter for Android

Pauline Cullen @pacullen123 · Jan 9, 2020

Andrea feeding back the care plan that has been designed in collaboration with the professionals. Great work @o_tweeters @FeatherRachel @jensen1cat @keetley39 @CDonovanCEO @xxScottSmithxx @1987adz @SRamdour @flanagan_81 @LouiseGiles321 @LSCFT_NHS @WoodburnDenise @thornton_angela

The Design Outputs

NHS
Lancashire & South Cumbria
NHS Foundation Trust

Access

- A **24/7** Single phone number, that signposts/connects people of all ages to the right place first time, every time and identifies urgency
- Enables self-referral or referral by a carer /professional
- Quick and efficient responses by trained call handlers. This allows the clinicians to focus on the clinical elements of the triage process
- Trusted Triage – patients will tell their story once
- Provide advice, support, triage and routing to appropriate mental health services and signposting to other local services as appropriate
- People enter the right pathway, easily and quickly

Assessment

- A trusted assessment will be provided using the 5Ps formulation
- Based upon a trusted triage by a clinician
- People will tell their story only once
- Personalised service user outcome focused care packages will be formulated in collaboration with the person, carers and all service providers involved
- Upon completion, the person will rapidly enter the treatment phase

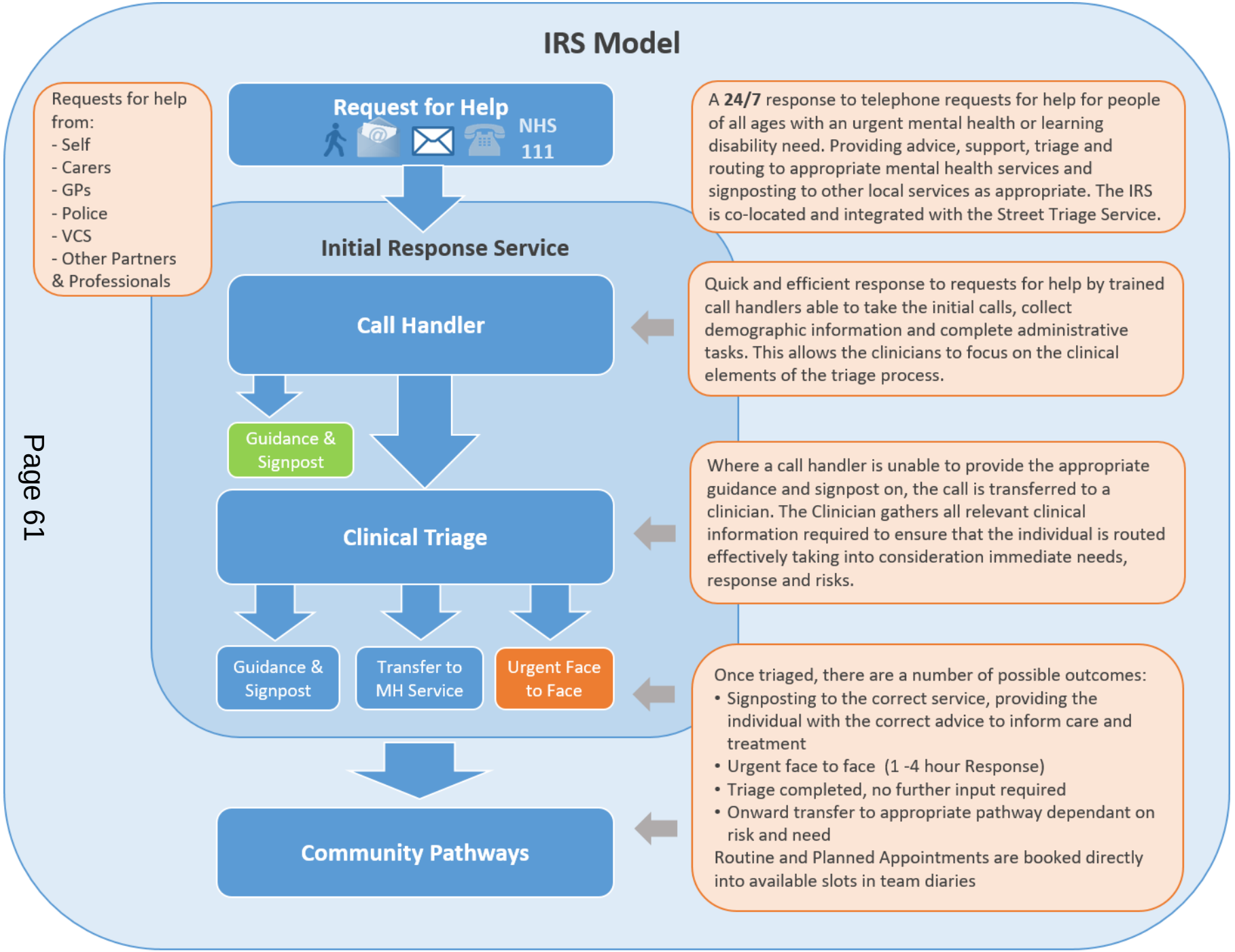
Clinical Pathways

- People will access the right pathway (Psychosis, Non-psychosis and Cognitive) to the most appropriate services to meet their needs
- They will receive a care package of outcome focused, safe, evidence-based interventions from highly skilled staff
- Individuals will be supported to self-manage their health and condition
- This will be personalised and designed to maximise users' choice and control
- When it is identified that a persons' needs would be better met on a different pathway, the transition to that pathway will be effectively managed
- Discharge planning is an explicit element of the care planning process, with plans formulated collaboratively between the person, carers and providers
- When a person relapses, they will receive rapid access back to services

Key Design Elements

- A free phone 24/7 single phone number that signposts/connects people to the right place first time, every time working with 111 first to go live in line with the Northwest 2023/2024
- Enable self-referral or referral by a carer/professional
- Quick and efficient responses to requests for help
- Trusted Triage – patients will tell their story once
- Provide advice, support, triage and routing to appropriate mental health services and signposting to other local services as appropriate
- People enter the right pathway, easily and quickly
- Patients are directly booked into routine services via a trusted triage
- Patients will be able to contact the IRS direct to book and reschedule appointments
- Street Triage integrated into the model (Pennine only)

IRS Model



Lancashire & South Cumbria NHS Foundation Trust

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Progress Overview

Lancashire & South Cumbria NHS Foundation Trust

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Glossary of Terms from Lancashire and South Cumbria Foundation Trust

Term	**Description**
Home Treatment Team (HTT)	Home Treatment Team supports people living in the community, aged 16 years old or above who have moderate to complete or serious mental health problems. HTT has various functions including assessment, gate keeping and a home treatment function as an alternative to admission. This also includes facilitating early discharge from hospital.
Community Mental Health Teams (CMHT)	The CMHT currently performs two functions. The main function of the team is to support service users who require a multi-disciplinary approach under the Care Programme Approach (CPA). The Team consists of: • Registered Mental Health Nurses; • Social Workers; • AMHPs; • Advanced Practitioner in Social Work; • Consultant Psychiatrist; • Psychologists; • ST&R Workers; • Occupational Therapists; and • Healthcare Assistants. The Team also maintains a dedicated Mental Health Nurse Practitioner who supports those service users with long-term and stable mental health conditions.
Specialist Triage, Assessment and Referral Team (START)	The Specialist Triage Assessment Referral and Treatment Team provides timely triage, assessment, onward referral/signposting and treatment for Service Users referred without the need for multiple assessments. The team screens and assesses the needs of all referrals and signposts on to other services, creating a seamless and timely care pathway. The team provide functions which include ongoing assessment, brief interventions and a Case Management function for some service users.
Synergy service	A team comprising of Police, North West Ambulance Service and

	Mental Health Practitioners from our Trust. Synergy responds to people in the community who are in mental health crisis, and who may have previously been automatically taken through to A&E or placed on a section 136 of the Mental Health Act. The team offers an immediate response and is able to assess individuals to explore alternative ways to support the person through the crisis rather than default to A&E or Section 136 detainment. The team has access to a broad range of information, both clinical and nonclinical, to enable them to make an appropriate decision that best supports individuals, with the principle of diversion to alternative provision being the key outcome.

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Arif Rajpura, Director of Public Health
Date of Meeting:	3 February 2022

DRUG RELATED DEATHS SCRUTINY REVIEW: UPDATE ON RECOMMENDATIONS

1.0 Purpose of the report:

1.1 As set out in the Drug Related Deaths Scrutiny Review action plan, an update on the recommendations of the review is now due. This report aims to summarise the ongoing work in relation to the recommendations.

2.0 Recommendation(s):

2.1 To monitor the implementation of the recommendations, identifying any further comments for consideration.

3.0 Reasons for recommendation(s):

3.1 To ensure the Committee's agreed recommendations are implemented and prevent drug related deaths and harms associated with drug use.

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:

The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

This report sets out the recommendations made by the Drug Related Deaths Scrutiny Review and agreed by the Executive and provides an update on the work carried out to date in implementing the recommendations.

6.1

	Timescale
Recommendation One: **That services, led by Emily Davis and Jon Clegg, work together to map the location of death, place of residence, and location of non-fatal overdoses and related organised crime in order to identify where to target joint resources and to share the intelligence as appropriate, reporting back to Committee in six months on progress.**	Progress report 3 February 2021

Blackpool Council, Lancashire Constabulary and partners from all organisations have continued to meet regularly to address the ongoing issues related to high levels of drug related deaths in the town. Whilst Public Health lead on the review of deaths of those in treatment services and those not in treatment, many of the functions have been delayed due to the Covid 19 pandemic. To ensure we have all the information relating to each individual death we rely on partners to provide that information in order to build a picture and compare to previous years data. Therefore we are unable to provide the maps at this stage. We hope to have all the relevant data midway through 2022.

6.2

Recommendation Two **That Public Health continue to work in order to increase messaging about Naloxone use and the importance of not being alone when using drugs and report back to Committee on the interventions put in place in approximately 6 months.**	Progress report 3 February 2021

During 2021 (April – December) a total 389 Naloxone kits were distributed. These were distributed from the core drug and alcohol service (157) with the rest via the Lived Experience Team (LET) and the outreach team. The LET, as part of their role access and outreach too many of the hostels, EBU and recovery housing and regularly have harm reduction conversations with individuals who may be at rick or not someone who may be at risk of an overdose. In addition to the great work in an outreach capacity, Blackpool Teaching Hospitals are awaiting sign off for their Emergency department to distribute Naloxone to people identified as injecting drug users, their friends and family. In addition, Public health

are developing a communications strategy for ADDER, one element of which will focus on the promoting International overdose awareness day, August 31st 2022. Public Health have also commissioned a non-fatal overdose worker who will work across the treatment system. The role will support those not in treatment with overdose awareness advice, harm reduction initiatives such as naloxone and support into treatment services.

6.3

Recommendation Three **That Karon Brown and Emily Davis commence work on a comparative costing of Heroin Assisted Treatment and Overdose Prevention Centre's to share with all partners and identify what aspects could be legally introduced into services already being provided in order to make an immediate impact, reporting back to Committee in approximately 6 months.**	Progress report 3 February 2021
Recommendation Four **That the Council led by the Cabinet Member for Adult Social Care and Health continues to lobby Government to change the legislation to allow the local authority to introduce a drug consumption room including the lobbying of local MPs.** **See recommendation 3: The topic of overdose prevention centre's will be an agenda item at the roundtable discussion.**	Progress report 3 February 2021

Exploratory work continues with both overdose prevention centres and heroin assisted treatment (HAT) centres. Both have been costed and whilst HAT is likely to receive approval from the Home Office we still have some way to go before we receive the same approval for an overdose prevention centre. An overdose prevention centre would serve many more people than a HAT with the main outcomes of an OPC would be a reduction in the number of drug related deaths and associated harms from injecting drugs. The Public Health team are in regular contact with the Home Office and we have had regular discussions about piloting an OPC in Blackpool but the HO are reluctant to approve this at the moment. Public Health are in discussions with Transform Drug Policy Foundation and are planning a round table discussion in 2022. Discussion topics will include Overdose Prevention Centre's, Heroin Assisted Treatment and other harm reduction initiatives.

6.4

Recommendation Five **That the CCG's medication optimisation team work with GPs to ensure safe prescribing methods were embedded within practices with an update on progress provided in approximately 6 months.**	Progress report 3 February 2021

Recommendation Six **To request that the CCG and Integrated Care Partnership work collaboratively with all partners to reduce the long term negative health effects of prescribed controlled medication with an update to be provided on the interventions put in place in approximately 6 months.**	Progress report 3 February 2021

Due to Covid and the vaccination programme led by the CCG, the recommendations relating to prescribed controlled medications have been put on hold. We are continuing to monitor this with the clinicians within Horizon and other clinicians who are members of the DRD panel. During the past year there have been occasions when diversion of prescribed controlled drugs has been highlighted to front line staff, on these occasions CCG and Public health have assisted the providers in identifying individuals and preventing further diversion. In addition a clinician from Delphi Medical will be working with the Coroner to identify areas of concern in relation to prescribed medications, again due to other commitments and the pandemic this has been put on hold until later in the year.

6.5

Recommendation Seven **That the Council and Blackpool Clinical Commissioning Group be requested to continue the outreach homeless provision continue post pandemic and that the Committee receive an update on the provision and impact in approximately 12 months time.**	Progress report 23 June 2021

Public Health are evaluating the homeless health pilot to understand what the long-term investment needs to be to ensure the service is sustained and the service offer aligns to what we have learnt. The project has just been highlighted as best practice by DHSC and they will be putting the work forward as a demonstrable example of how ICS can support co-occurring drug and alcohol and physical health across a range of needs as well as how this is now supporting the broader mental health need within the town. In addition to the Homeless Health Project, Blackpool, Fylde & Wyre CCG have also funded a Homeless Mental Health Project. The team will be based in a central location alongside the LET and ADDER and will work in an outreach capacity to best serve the needs of the residents of Blackpool.

6.6

Recommendation Eight **At the same meeting that the Committee invite the Lived Experience Team, in order to assess improvement and how things had changed across the whole remit of mental health and substance misuse service provision.**	Progress report 23 June 2021

The Lived Experience Team continue to provide an excellent service meeting the needs of those with multiple complex needs and will provide an update at a subsequent scrutiny meeting.

6.7	**Recommendation Nine** **That the Committee receives regular updates on the ADDER project in order to monitor the performance, impact and success of the project.**	Progress report 3 February 2021

The ADDER interim evaluation is currently underway. This has been coproduced with members of the Lived Experience Team. One the report has been approved by members of the ADDER stakeholder group, we will share with members of the scrutiny panel.

6.8 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None associated with the report.

8.0 Financial considerations:

8.1 None associated with the report.

9.0 Legal considerations:

9.1 None associated with the report.

10.0 Risk management considerations:

10.1 None associated with the report.

11.0 Equalities considerations:

11.1 None associated with the report.

12.0 Sustainability, climate change and environmental considerations:

12.1 None associated with the report.

13.0 Internal/external consultation undertaken:

13.1 Consultations with service users are carried out regularly by the Lived Experience Team.

14.0 Background papers:

14.1 None

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting:	3 February 2022

SUPPORTED HOUSING SCRUTINY REVIEW FINAL REPORT

1.0 Purpose of the report:

1.1 To consider the final report of the scrutiny review of Supported Housing.

2.0 Recommendations:

2.1 The Committee to recommend the approval of the final report of the scrutiny review of Supported Housing for submission to the Executive.

2.2 To monitor the implementation of the report's recommendations/actions should the report be approved by the Executive.

3.0 Reasons for recommendations:

3.1 To review the findings and recommendations of the scrutiny review prior to further approval by the Executive.

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. At its Workplanning Workshop in July 2020, the Adult Social Care and Health Scrutiny Committee identified Supported Housing as an area which Members wished to review in

response to the concerns raised regarding the standard of accommodation and support provided to vulnerable adults. This final report follows on from the interim report submitted to the Executive in March 2021. As a result, Committee Members were invited to join a working group to undertake a scrutiny review of the issue.

6.2 The findings and resulting recommendations from the working group's review are contained within the final report for consideration and approval by the Adult Social Care and Health Scrutiny Committee, following which the report will be submitted to the Executive for approval.

Once approved, the Adult Social Care and Health Scrutiny Committee will monitor the implementation of the recommendations.

6.3 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 9(a): Supported Housing Scrutiny Review Final Report

8.0 Financial considerations:

8.1 Contained within the final report.

9.0 Legal considerations:

9.1 Contained within the final report.

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 Members consulted with the relevant Cabinet Members and key officers throughout the review process.

14.0 Background papers:

14.1 None

Supported Housing Scrutiny Review

CONTENTS **PAGE**

1.0 Foreword

1.1 The Adult Social Care and Health Scrutiny Committee identified the issue of supported housing as one of serious concern. The lack of regulation provides the potential for vulnerable adults to be exploited and not be provided with the support they require. As a result of this key concern being identified, the Committee resolved that a review panel was required to take a deep-dive into this issue to try and come up with ways in which the sector could be improved in Blackpool.

1.2 The Review Panel gathered a lot of information in order to form its conclusions, and as a result of the interim report, Blackpool standards for adults and young people have been developed. This is the first step in setting out what we want for our residents. These standards might not be enforceable until a change in regulation but with the tireless efforts of our officers, providers will be encouraged and supported to attain these standards ensuring that those residing in this type of accommodation receive the help they need. It is hoped that the Council will formally adopt these standards and continue to lobby MPs and Government for the changes to regulation so desperately needed.

1.3 I would like to thank the key officers that participated in this review for their knowledge, input and dedication, namely Kate Aldridge, Vikki Piper and Louise Jones, and their teams for carrying out the work on the supported housing pilot scheme which has demonstrated what can be achieved. I would also like to thank all of the Members that participated in this review for their time and contribution, which has resulted in something that can provide real change and improvement for Blackpool residents.

Councillor Adrian Hutton
Chairman, Supported Housing Scrutiny Review Panel

2.0 Summary of Recommendations

	Timescale
Recommendation One **That the Supported Housing Scrutiny Review Panel endorses the Supported Housing Standards for Adults and separate Youth Standards and Charter for adoption by the Executive.**	
Recommendation Two **That the Council continues to lobby the Government to introduce regulation or legislation to allow the Council to enforce its approach to supported housing as set out in the agreed standards.**	

3.0 Background Information

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

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

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

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

3.4 This review related to the following priority of the Council:

Communities: Creating stronger communities and increasing resilience.

4.0 Methodology

4.1 The Panel held three formal meetings where they gathered evidence and began to form their conclusions and recommendations during these meetings.

Details of the meetings are as follows:

Date	Attendees	Purpose
10 November 2020	Councillors Burdess (in the Chair), Hunter, O'Hara, Mrs Scott, Walsh and Wing Vikki Piper, Acting Head of Housing Councillor Neal Brookes, Cabinet Member for Housing and Welfare Reform Sharon Davis, Scrutiny Manager	To receive details regarding the Ministry of Communities, Housing and Local Government pilot scheme for supported housing in Blackpool.
3 March 2021	Councillor Burdess (in the Chair), Galley, O'Hara, Hunter, Hutton, Mitchell, D Scott, Mrs Scott, Walsh and Wing Kate Aldridge, Head of Commissioning and Corporate Delivery Vikki Piper, Acting Head of Housing Louise Jones, Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health Councillor Neal Brookes, Cabinet Member for Housing and Welfare Reform	To receive an update on the progress of the pilot scheme, an overview of the current situation regarding supported housing in Blackpool, the existing threshold and current criteria for supported housing, the potential vulnerabilities of adults in supported housing, the impact on anti-social behaviour, the cost to the Council and the current role of the Council.
17 March 2021	Supported Housing Scrutiny Review Interim report submitted to the Executive for approval.	
9 November 2021	Councillors Hutton (in the Chair), O'Hara, Jackson, D Scott and Mrs Scott Kate Aldridge, Head of Commissioning and Corporate Delivery Vikki Piper, Head of Housing Lance Postings, Benefits Manager Sharon Davis, Scrutiny Manager	To consider the progress made on the recommendations in the interim report namely the development of the standards for supported housing, plus an update following the conclusion of the pilot scheme.

5.0 Detailed Findings and Recommendations

5.1 Introduction

5.1.1 This final report follows on from the interim report submitted to the Executive in March 2021 when the following recommendations were approved:

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

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

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

5.1.2 The final report reiterates the findings set out in the interim report and also adds the detail of the final meeting of the Panel when the draft standards were presented and considered by Members and the response of the MPs to the recommendation to write to them regarding the concerns raised during the review.

5.2 Recap of the interim report

5.2.1 The Review Panel was established comprising members of the Adult Social Care and Health Scrutiny Committee and three members of the Tourism, Economy and Community Scrutiny Committee due to the cross-cutting nature of the issue. It was originally scheduled to meet during March 2020, however, due to the Covid-19 pandemic the meeting was postponed and the Review Panel eventually held its first meeting in November 2020. At this first meeting, Members were informed that the Council had successfully bid to participate in a pilot scheme related to supported housing with the then Ministry of Communities, Housing and Local Government. As part of the pilot, the authority would be looking to use the existing tools, powers and regulations in order to try and influence supported housing developments and gain some control over the support provided to residents and where the provision was located. This would then create an evidence base to be submitted to Government to allow them to see what worked and what might need changing in order to gain control of the issue.

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

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

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

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

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

5.2.7 A final key area of concern identified during the meeting was the high number of vulnerable people being brought in from out of area by providers in order to take places within supported housing in the town. Concern was raised that some other local authorities might be aware of the practice and appointed agencies to locate vulnerable and difficult to place adults in Blackpool, resulting in a person outside of their home town with no local connections and therefore increasing their vulnerability. It was noted that in 2018, 84% of new housing benefit claimants for all types of accommodation in Blackpool had been made by adults from out of the area. Members considered that this issue required further investigation to determine whether any action could be taken in order to influence future placements.

5.2.8 The Review Panel agreed that in order to progress with the recommendations identified as quickly as possible that an interim report of the Panel be submitted for consideration by the Executive with a further meeting established in due course to consider the outstanding issues.

5.3 Consideration of the draft standards

5.3.1 The Supported Housing Scrutiny Review Panel was reconvened on 9 November 2021 in order to consider the suite of documents that had been developed following the first two meetings of the Panel and the outstanding issue of out of area placements. The comments and concerns raised by Members in previous meetings had been used to

shape the work and Officers had worked closely with young people in order to co-produce the standards of supported housing for young people. The documents considered were as follows:

- Quality Standards for Adults
- Quality Standards for Young People
- Charter of Rights Young People
- Charter Mark Young People
- Sufficiency and Market Position Statement (Needs Assessment)
- Costing Report

5.3.2 The Panel was informed that the pilot scheme had concluded and the evidence gathered passed to the Government for consideration. The learning from the pilot had been used in the development of the draft quality standards and a number of key processes had been introduced. A new multi-disciplinary team was providing a single point of contact for new providers, existing supported housing schemes had been reviewed to compare what had been promised by the scheme with what was actually being delivered and a team of young inspectors had been assembled. Enforcement visits had also been undertaken where appropriate.

5.3.3 A clear market position statement had been developed in order to inform of the requirements for supported housing in Blackpool. It was important to note that good quality supported tenancies helped people hugely and could produce fantastic outcomes. There was no desire to remove the providers that produced great work and a positive experience for people.

5.3.4 Two different sets of quality standards had been produced, one set for adults and the other for young people. This was due to differences in requirement and enforceability in the youth market. The supported housing market for adults was larger but as yet there had been no changes with regards to the introduction of any new legislation and the standards had been developed to identify best practice. A self-assessment toolkit had been developed to allow providers to measure for themselves whether they were meeting the standards set out with the expectation they would be adhered to. If and when new legislation was introduced the standards could be amended to include any additional powers. This differed from the sector for young people which was commissioned by the Council, ensuring that there was more ability to make changes when standards were not being met. Whilst co-producing the standards for supported housing for young people, the young people had determined that they also wished to introduce a charter mark and have a role in developing such a mark.

5.3.5 The outcomes of the pilot included some reduction in spend mainly due to the prevention of new provision. There had been 23 enquiries made during the pilot scheme for new provision, the majority of which had been prevented. Other outcomes included better working relationships with many providers, a best practice model of young inspectors which had been utilised in a number of settings and a network of intelligence across partners. The Panel discussed the sustainability of the processes put in place during the pilot when further budget reductions must be met and it was noted that many processes could be continued through the passion and determination of staff to ensure supported housing was monitored.

5.3.6 The specific issue of out of area placements was raised as an outstanding issue from previous discussions. It was noted that the issue had been that vulnerable adults from a wide geographical area were being placed in supported housing in Blackpool when they had no prior links to the town. This then had an impact on other service provision required to support the individuals. It was noted that due to the impact of the work carried out to date and the general reduction in new supported housing schemes, that there had also been a positive impact on this specific issue. It was recognised that there remained legacy issues from those schemes established prior to the pilot.

5.3.6 Members considered the suite of documents in detail and commended the work that had gone into the development of the documents and highlighted the importance of having the legislation in place to give additional strength to enforcing the standards required by the Council. The Panel agreed to endorse the documents for adoption by the Council.

5.4 Lobbying for formal regulation

5.4.1 The interim report contained a recommendation to write to the MPs for Blackpool which had been completed. It was reported that both MPs had responded positively to the concerns raised by the Scrutiny Panel. Members determined that formal regulation was still required and requested that the MPs be contacted again in order to further highlight the legislative changes needed and seek their support. The meeting could also be used to set out the contents of the draft standards in Blackpool, the impact on residents when supported housing was not run adequately and the consequences of failings in support of residents.

Recommendation One

That the Supported Housing Scrutiny Review Panel endorses the Supported Housing Standards for Adults and separate Youth Standards and Charter for adoption by the Executive.

Recommendation Two

That the Council continues to lobby the Government to introduce regulation or legislation to allow the Council to enforce its approach to supported housing as set out in the agreed standards.

6.0 Financial and Legal Considerations

6.1 Financial

6.1.1 There will be an ongoing cost of continued challenge and scrutiny of support housing providers to the Council as set out in the report. Officers aim to ensure the legacy of the pilot is continued and sustainable.

6.2 Legal

6.2.1 There are no regulations as yet in place for supported housing, the recommendation supports the continued lobbying of the Government for formal regulation of services and providers.

Supported Housing Scrutiny Action Plan

Recommendation	Cabinet Member's Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes
Recommendation One **That the Supported Housing Scrutiny Review Panel endorses the Supported Housing Standards for Adults and separate Youth Standards and Charter for adoption by the Executive.**						
That the Council continues to lobby the Government to introduce regulation or legislation to allow the Council to enforce its approach to supported housing as set out in the agreed standards.						

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting:	3 February 2022

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 briefing on Child and Adolescent Mental Health Services.

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 Child and Adolescent Mental Health Services.

3.0 Reasons for recommendations:

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

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

4.0 Other alternative options to be considered:

None.

5.0 Council Priority:

5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background Information

6.1 Scrutiny Workplan

The Committee's Workplan is attached at Appendix 9(a) and was developed following a workplanning workshop with the Committee in 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 9(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 Dentistry and Oral Health Scrutiny Review

6.3.1 The next review in the Committee's workplan is on dentistry and oral health. A scoping meeting will be held on 26 January 2022 in order to determine what the review will consider.

6.4 Children and Adolescent Mental Health Services Briefing

6.4.1 Members of the Children and Young People's (CYP) Scrutiny Committee and the Adult Social Care and Health (ASCH) Scrutiny Committee attended a briefing session with health representatives on 22 November 2021 to receive an update on the service re-design in relation to Child and Adolescent Mental Health Services (CAMHS).

The following actions were agreed and have been incorporated into the Children and Young People's Scrutiny Committee Workplan:

1. That a joint scrutiny review be undertaken looking specifically at mental health support for young men (aged 16-25) and suicide prevention services. To include further information on the Elliot's House project. Links between self-harm and suicide rates were discussed and further information requested on real-time surveillance work;
2. To receive a future update on the ongoing work aimed at increasing awareness of voluntary sector organisations in Blackpool and the measures in place to improve collaboration with such groups. The importance of engaging with individuals in places where they had established trusted relationships was noted;
3. The transition of individuals from children's services to adults' services was discussed, with a future update requested;
4. To receive a future progress update on the mental health support recently introduced within schools, along with the identified link to healthy eating learning programmes and eating disorder support. Members were advised that September 2022 would be an appropriate time for an update in order to allow the new service to be sufficiently embedded. The planned CYP Scrutiny review of mental health and well-being in schools to be postponed until after the update.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

Appendix 9(a): Adult Social Care and Health Scrutiny Committee Workplan
Appendix 9(b): 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	
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. **Initial Response Service** 4. **Drug Related Deaths Scrutiny Review** update on implementation of recommendations 5. **Supported Housing Scrutiny Review Report** final report for approval
Briefing Session 15 March 2022	**Pathology Collaboration** final update on the implementation of the changes made as a result of the pathology collaboration.
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. **Enhancing the Stroke Network** update on actions taken and recruitment. 3. **Blackpool Safeguarding Adults Annual Report** 4. **Mental Health Services** Update on CQC inspection outcomes
Training/ Briefing Session 20 April 2022	**Fylde Coast Place-Based Partnership –** update on establishment and briefing on the NHS picture in Blackpool going forward.
TBC 23 June 2022	1. **CCG End of year performance** 2. **Smoking cessation** new model application and impact. 3. **Delayed discharges** as agreed in December 2021 including an update on reducing delays and care plan issues 4. **Adult Services** – complete service overview**.** Also to include and financial performance.
TBC 6 October 2022	1. **Impact of alcohol during lockdowns** levels of alcohol consumption, deaths related to alcohol, the role of the new Alcohol Lead (and details of the strategic needs assessment they are developing), how services can be target at women (it was noted that uptake among women is traditionally very low) and what sobriety services are available.
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	
26 January 2022	**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** to also include long covid.
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 2022 (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.

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.	On agenda
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 June 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. No response received.	

	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	Training set up for 17 April 2022.	
8	11.10.21 (EX)	Meals on Wheels Scrutiny Review **That in order to address the concerns raised by the Panel, a leaflet be developed by the Corporate Delivery Unit containing the details of all meals on wheels schemes and providers in Blackpool:**	Original aim was before Christmas	Kate Aldridge	Previous update provided to Committee in December 2021: 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	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		A) That the Scrutiny Panel considers the draft leaflet prior to circulation. **B) That the leaflet be circulated to GP surgeries, libraries, community centres and churches and be included in Council Tax bills.** **C) That the leaflet and/or corresponding information be provided to domiciliary care providers, social workers, community based health practitioners and the Council's Customer Service staff to ensure they can provide advice as appropriate.** **D) That the leaflet contain advice regarding accessing benefits and be appealing and colourful.** **E) That the information contained within the leaflet also be provided through a Council webpage and in Your Blackpool.** **F) That the leaflet be updated on an annual basis by the Corporate Delivery Unit to ensure the information is current and recirculated.**			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.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
9	02.12.21	That a summary of CCG performance across Lancashire be provided to the Committee to allow comparison.	February 2022	Janet Barnsley	Response requested.	Not yet due.
10	02.12.21	That the number of operations/procedures that had been cancelled due to a positive Covid-19 test be provided to members; and That figures breaking down the number of delays in discharge attributed to Lancashire and Blackpool ASC teams be provided to members of the Committee.	February 2022	Janet Barnsley	Response requested.	Not yet due.