

Blackpool Council

23 March 2022

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

The above members are requested to attend the:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Thursday, 31 March 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 3 FEBRUARY 2022 (Pages 1 - 6)

To agree the minutes of the last meeting held on 3 February 2022 as a true and correct record.

3 PUBLIC SPEAKING

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

4 ENHANCED ACUTE AND REHABILITATION STROKE SERVICES IN LANCASHIRE AND SOUTH CUMBRIA (Pages 7 - 18)

To provide an update on the Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria as previously agreed by the Committee.

5 BLACKPOOL SAFEGUARDING ADULTS BOARD ANNUAL REPORT (Pages 19 - 48)

This report is being presented to the committee prior to publication of the Blackpool Safeguarding Adults Board Annual Report. All partner agencies have been consulted with and contributed to the content of the report.

6 MENTAL HEALTH SERVICES (Pages 49 - 64)

The purpose of this report is to provide Blackpool Adult Social Care and Health Scrutiny Committee members a further update relating to the implementation of the Initial Response Service (IRS), which was presented to the Committee in February 2022, and to give a progress update in relation to actions following on from the Trust's CQC inspection in April 2021 at The Harbour, following the previous presentation to Committee members on 29 September 2021.

7 COMMITTEE WORKPLAN (Pages 65 - 76)

To review the work of the Committee, the implementation of recommendations and identify any additional topics requiring scrutiny.

8 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Thursday 23 June, subject to confirmation at Annual Council. A special meeting of the Committee will be held on 11 May 2022, commencing at 6pm.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building. Please ensure face masks are worn when moving around the building and maintain social distancing.

Other information:

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

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Public Document Pack Agenda Item 2

MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 3 FEBRUARY 2022

Present:

Councillor Hutton (in the Chair)

Councillors

D Coleman
Hunter

O'Hara
D Scott

Mrs Scott
Walsh

In Attendance:

Councillor Mrs Maxine Callow, Chair, Scrutiny Leadership Board

Sharon Davis, Scrutiny Manager
Judith Mills, Consultant in Public Health
Karen Smith, Director of Adult Services

Louise Giles, Deputy Director of Transformation, Lancashire and South Cumbria NHS
Foundation Trust, LSCFT
Joanna Stark, Director of Operations, LSCFT

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 2 DECEMBER 2021

The minutes of the last meeting held on 2 December 2021 were agreed as a true and correct record subject to the inclusion of Councillor Gerard Walsh in the list of attendees.

3 PUBLIC SPEAKING

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

4 EXECUTIVE AND CABINET MEMBER DECISIONS

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

5 BLACKPOOL FULFILLING LIVES

The Committee was advised that Mr Ian Treasure, former programme director of Blackpool Fulfilling Lives (BFL) was unable to attend the meeting. It was noted that any questions around the conclusion of the project would be taken at a future meeting when Mr Treasure was able to attend, however, Ms Judith Mills, Consultant in Public Health would answer any questions relating to how learning from the programme had been incorporated into Council services.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 3 FEBRUARY 2022**

Ms Mills reported that the key elements of Fulfilling Lives that had been taken forward were the Lived Experience Team (LET), homeless healthcare services and developments in mental health services. She noted that the LET had been a real success of BFL and had subsequently been expanded and involved in the shaping of services. The LET had ensured that services were trauma informed and had taken the lead on developing strategies to engage with people with multiple disadvantages.

Members raised concerns regarding the expiry of data used in the evaluation and accounting for the spending during the programme. In response, Ms Mills advised that the national lottery had required clear oversight of outcomes and spending and that the BFL programme had provided evidence of success which had led the Government to fund 'Changing Futures', the next iteration of Fulfilling Lives.

In response to a question regarding the legacy and sustainability of practices, Ms Mills advised that partners were committed to finding sustainability and growth and had recognised the benefits to service users of the approaches developed through BFL. She highlighted Project ADDER as a continuation of service provision.

The Committee agreed that a special meeting would be held later in the year to which Mr Treasure would be invited in addition to representatives of the Lived Experience Team (LET). The meeting would allow Members to fully explore the issues raised and link together the recommendations of the drug related deaths scrutiny review to be considered later during this meeting with the ongoing work of the LET.

6 ADULT SERVICES UPDATE REPORT

Ms Karen Smith, Director of Adult Services presented the Adult Services Update Report to the Committee and highlighted the continuing pressures on social care and health services. She advised that the latest wave of Covid infection had impacted services in different ways to previously with increases in the numbers isolating having an impact on the workforce. She also highlighted the work of the Transfer of Care hub, the high levels of workforce vaccination and the financial position of the service.

The Committee queried whether there had been any issues with regards to patients and families seeking care by vaccinated staff. In response, Ms Smith advised that she had only seen one such request. She noted that prior to choosing a residential home, clients could identify the rate of vaccination of staff in each home and that all providers of residential care or care at home ensured that the correct Personal Protective Equipment was used in order to protect clients.

Members noted concerns regarding the increasing costs of gas and electricity and the impact of the increase on older residents. Ms Smith acknowledged the detrimental impact of the cold on frail people and noted the availability of winter warmth grants. She added that it was hoped that service providers would identify people who were struggling when entering a cold home so that help could be provided as appropriate.

The issues for young people in transitioning between children's and adult mental health services were noted and Mrs Sharon Davis, Scrutiny Manager advised that the issue of mental health service provision for young people aged 18-25 years had been identified for

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 3 FEBRUARY 2022**

further scrutiny through a briefing held on Child and Adolescent Mental Health Services and had been included within the workplan for the Children and Young People's Scrutiny Committee.

Reference was made to delayed discharges from hospital and the report made by NHS colleagues in December 2021 and Members noted the resource put in place by Adult Services to facilitate hospital discharges. Ms Smith advised that the placement of social care staff in the hospital had been very successful and that daily meetings were held in order to spot trends and highlight issues. She added that the services in Blackpool worked also closely with colleagues from Lancashire County Council.

In response to a question, Members were advised that care homes had used the additional funding in many ways such as to support recruitment and retention, to increase staff pay or pay for additional hours. She noted that the Council received monthly returns from care homes and had the right to carry out a more detailed audit of spend if deemed necessary.

7 INITIAL RESPONSE SERVICE

Ms Joanna Stark, Director of Operations, Lancashire and South Cumbria NHS Foundation Trust (LSCFT) and Ms Louise Giles, Deputy Director of Transformation, LSCFT provided a presentation on the new Initial Response Service (IRS) to the Committee and highlighted how the proposals would transform care for patients. The aim of the service was to provide a single point of contact and access to mental health services.

The Committee welcomed the work undertaken to date and noted its considerable size. The complexities of the population of Blackpool were highlighted and it was queried how the service would ensure it could meet the needs of the residents. In response, Ms Giles advised that the service had been modelled on all calls to be received with capacity built in for unmet demand and the impact of Covid. She advised that partners from across Blackpool had been involved in the development of the service in order to ensure that provision was reflective of need. It was reported that a soft launch to the service would take place in order to assess pathways, processes, systems and call handler etiquette. Intensive training would be held for all staff in order to create the right team ethos.

In relation to the single point of access in each of the four separate localities, Members queried how LSCFT could ensure that a consistent approach was taken across all services and that patients received an equality of service across the whole region. In response, Ms Giles noted that the voluntary sector in particular varied significantly in each locality and that it would be important for staff to have a good understanding of the different provision in the voluntary sector in order to refer patients to the most appropriate place should they not meet the criteria for the IRS. She added that that an asset map of provision was being developed and that the aim of the service was to meet the differing needs of the population in each locality.

In response to further questions, Ms Giles advised that significant funding had been received and a large proportion of that was being used to support the voluntary sector. The live data of the soft launch would be monitored closely for trends and transformation work would continue in order to address the level of demand. It was noted that any

MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 3 FEBRUARY 2022

person in Blackpool would be eligible for crisis support from the service whether they were a resident or tourist.

In reference to the age range for the service, it was reported that it would be for all ages and that work was ongoing with Child and Adolescent Mental Health Services in order to develop appropriate links. All staff would be appropriately trained in responding to children and young people.

Members noted that there had already been a delay in launching the service in Blackpool and sought assurance that there would be no further delays. Ms Giles advised that some staff had already been recruited whilst others would transfer from existing service provision. There was a timeline in place for the recruitment to the remaining vacancies. There was no reason to believe that there would be any further delays. In response to further questions, it was noted that the patient could refer themselves, in addition to a carer or family member but that informed consent would always be sought from anyone calling on behalf of the patient.

The Committee noted the concerns regarding the timeline and potential for delay and requested that a brief update be provided as part of the report to be received at the meeting on 31 March 2022 on mental health services covering progress made in identifying premises, recruitment and capacity of services. A further specific report would be received once the service was operating.

8 DRUG RELATED DEATHS SCRUTINY REVIEW: UPDATE ON RECOMMENDATIONS

The Committee considered the update provided on the recommendations of the Drug Related Deaths Scrutiny Review.

The Committee agreed to note the update and requested that a further update on progress be provided to a special meeting to be set up in due course. The meeting would also consider the work of ADDER and the Lived Experience Team.

9 SUPPORTED HOUSING SCRUTINY REVIEW FINAL REPORT

The Committee approved the Supported Housing Scrutiny Review Final Report for submission to the Executive.

10 SCRUTINY WORKPLAN

The Committee considered its workplan and agreed to add in an item on North West Ambulance Service in October 2022.

Upon considering the table of Committee recommendations, Members noted that an action from November 2020 had not yet been completed, which was to receive information on a discharge trial in two wards at Blackpool Victoria Hospital and requested that Dr Jim Gardner be contacted again in order to try to expedite receipt of the information requested.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 3 FEBRUARY 2022**

11 DATE AND TIME OF NEXT MEETING

The Committee agreed the date and time of the next meeting as Thursday 31 March 2022, commencing at 6pm.

Chairman

(The meeting ended at 8.06 pm)

Any queries regarding these minutes, please contact:

Sharon Davis, Scrutiny Manager

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E-mail: sharon.davis@blackpool.gov.uk

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Walkden, Project Manager, Acute and Specialised Services Portfolio, Lancashire and South Cumbria ICS
Date of Meeting:	31 March 2022

ENHANCED ACUTE AND REHABILITATION STROKE SERVICES IN LANCASHIRE AND SOUTH CUMBRIA

1.0 Purpose of the report:

1.1 To provide an update on the Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria as previously agreed by the Committee.

2.0 Recommendation(s):

2.1 To consider the update provided and provide robust challenge, identifying any further scrutiny required.

3.0 Reasons for recommendation(s):

3.1 To maintain review of the service development.

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

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

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 The Committee previously met to consider this topic on 20 September 2021. The outcomes of that meeting are detailed below having been previously reported to Members on 14

October 2021. A presentation is attached at the appendix, which will be presented at the meeting.

6.2 Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria

Councillors Hutton, O’Hara, D Scott, M Scott, Hunter and Wing attended a briefing led by Catherine Curley, Clinical Director, Sharon Walkden, Project Manager and Jack Smith, Director, all from the network model of stroke and rehabilitation.

Members were provided with an overview of the key concerns in stroke care provision and rehabilitation in Blackpool and noted that the performance of key services in Blackpool was significantly behind other areas in Lancashire and South Cumbria. It was noted that a key aim of the new model was to level up provision and make significant improvements to services in Blackpool.

The key to good outcomes was the speed at which a stroke was accurately diagnosed and it was noted that in order to address this it was important to have good paramedics, a specialist team at the door to the emergency department and a 24/7 presence in the department. Members asked numerous questions with regards to how the improvement would be achieved in Blackpool and the timescales for this improvement.

It was reported that there would be three acute stroke centres in Lancashire and South Cumbria, one of which would be located in Blackpool. There was ringfenced capital funding to modify and provide the necessary equipment for improved provision and recruitment would commence in January 2022. The difficulties in staffing in the NHS were noted and it was highlighted that well trained stroke specialists were required which made these positions attractive to existing staff in other departments. It was hoped that staff would be ready to commence in post in April 2022.

The representatives in attendance felt that improvement would be seen in the statistics for Blackpool in the new financial year and that the new staff, when in place, would make a significant difference to performance as they had in Blackburn. The importance of leadership was also noted.

It was agreed that a further update would be provided to the Committee at its meeting on 31 March 2022 to update on the recruitment position and other action taken in order to improve stroke services in Blackpool.

6.3 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 4(a): Presentation

8.0 Financial considerations:

8.1 None associated with this report.

9.0 Legal considerations:

9.1 None associated with this report.

10.0 Risk management considerations:

10.1 None associated with this report.

11.0 Equalities considerations:

11.1 None associated with this report.

12.0 Sustainability, climate change and environmental considerations:

12.1 None associated with this report.

13.0 Internal/external consultation undertaken:

13.1 None associated with this report.

14.0 Background papers:

14.1 None associated with this report.

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Enhanced acute and rehabilitation stroke services in Lancashire and South Cumbria

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Presented by: Hayley Michell
Interim Programme Director
Lancashire and South Cumbria Integrated Stroke and
Neurorehabilitation Delivery Network (ISNDN)

Audience: Blackpool Adult Social Care and Health Scrutiny Committee
– 31 March 2022

Purpose of today's visit

- Reminder of the whole system network approach, the drivers for change and the proposed model of care
- The progress made so far
- Receive feedback from the Committee to inform the implementation of the programme
- Members of the programme team can answer the Committee members' questions

Case for Change

- 6,409 people attended a hospital A&E department in LSC with either stroke or stroke mimic symptoms in 2020/21.
- There were 2,575 patient admissions for acute stroke care and 442 deaths due to stroke in 2020/21.
- None of the hospitals in L&SC currently provide hyper-acute stroke care or in-patient stroke rehabilitation 7 days a week, 24 hours a day in line with national expectation or ISNDN ambition.
- Thrombolysis rates in LSC is 8.9%, below the national ambition of 15%
- Thrombectomy rates in LSC is 2%, well below the national ambition of 10%
- The average length of stay in hospital across the 4 Providers in 2019/20 was 25 days (admission through to discharge). This is well above the LOS found in London (16 days) and Greater Manchester (17 days) stroke services.
- There is a significant shortfall in medical, nursing and allied health professional staffing in all LSC acute stroke services compared to the RCP national minimum staffing standards.
- The current configuration is not delivering positive patient experience as reflected through the engagement exercises with stroke survivors and carers in the development of this business case

Proposed Model of Care

Having an enhanced Network model will mean more equitable access to important life-saving care 7 days a week and an increased availability of treatments reducing long-term disability, deaths and costs to health and social care economy.

3 Acute Stroke Centres offering 24 hour stroke specialist care available 7 days a week – Preston, Blackburn and Blackpool; 72 hours then repatriate (to Furness and Lancaster)

Stroke triage nursing and ambulatory care pathways in all hospital sites providing urgent stroke care to better manage/refer stroke mimic presentations and protect stroke beds

In-patient Stroke Rehabilitation Units available at all hospitals including Furness and Lancaster - 7 day working

Triage, treat and transfer from Furness General Hospital to Preston Comprehensive Stroke Centre

Direct divert ambulance transfer to Preston for people typically attending the Royal Lancaster Infirmary and Westmorland Hospital

Appropriate ambulance cover for patient repatriation to local in-patient stroke rehabilitation units after first 72 hours

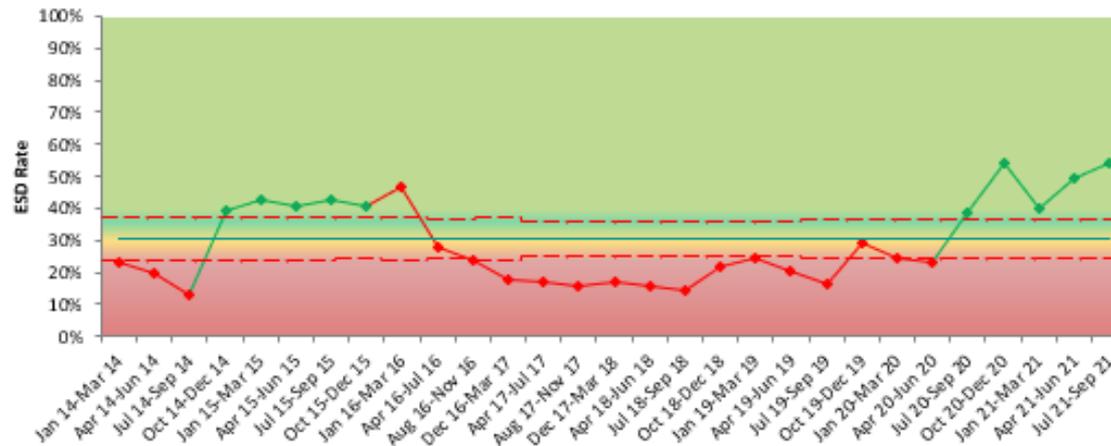
Integrated Community Stroke Rehabilitation Teams in all localities

Year 1 - Progress to date

- Build started on the new ambulatory care area at Blackpool Victoria
- Recruitment process commenced to strengthen the Emergency Departments with specialist stroke staff e.g. differences ambulatory care has made already at Royal Blackburn Hospital
- Recruitment taking place to increase the thrombectomy service from a Monday to Friday service to being accessible seven days a week
- Working with UCLAN to provide appropriate courses to grow own workforce
- Significant improvements have been made in the rehabilitation element through investment in out of hospital high intensity community stroke rehabilitation teams.

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Lancashire and South Cumbria ESD Rate



Fylde coast - Progress to date

- Live dashboard at Blackpool Victoria helps to resolve issues in real time, and provides data to work on retrospectively
- 24/7 cover by stroke specialist nurse to meet patients at the Emergency Department and quickly get them on right care pathway
- Focus on increasing the % of patients admitted to the stroke unit within 4 hours
- Successful recruitment of a regional AHP workforce development role
- A therapies focus workshop has identified opportunities for improvement
- Recruited to a number of the Integrated Community Stroke Team vacancies
 - Trainee Associate Psychological Practitioner
 - Improving the quality and timeliness of referrals to the TIA clinic
 - Follow up clinics re-established following reduction in some system pressures

Future plans

- SSNAP plus
- plans review of discharge pathway processes
- Ongoing recruitment to the Integrated Community Stroke Team
- Recommence ambulatory clinic
- Recruit a consultant nurse post
- Completion of new ambulatory care area in September 2022
- Regeneration of garden area
- Possibility of starting a botox/spasticity clinic at BVH to localise those patients that currently travel to Preston for this service

Questions & Committee feedback

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Stephen Ashley, Independent Chair, Blackpool Safeguarding Adult Board
Date of Meeting:	31 March 2022

BLACKPOOL SAFEGUARDING ADULT BOARD ANNUAL REPORT

1.0 Purpose of the report:

1.1 This report is being presented to the committee prior to publication of the Blackpool Safeguarding Adults Board Annual Report. All partner agencies have been consulted with and contributed to the content of the report.

2.0 Recommendation(s):

2.1 The Adult Social Care and Health Scrutiny committee is asked to note the contents of the report and comment on any key issues and consider the implications for the conduct of council business.

3.0 Reasons for recommendation(s):

3.1 To ensure relevant partners are sighted on, and have opportunity to comment on the BSAB Annual Report for the 2020-21 reporting period.

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? No

4.0 Other alternative options to be considered:

4.1 None

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

- 6.1 The Care Act requires that in every local authority administrative area there must be a Safeguarding Adults Board. Key local agencies are represented on the Board at a senior level with an Independent Chair.

The Safeguarding Adults Boards are required to produce and publish an annual report which reflects on safeguarding practice and issues in the area. The draft Annual Report which covers the period from April 2020 to end of March 2021 is attached at Appendix 5(a). The Annual Report provides a summary of the work undertaken by the Safeguarding Adult Board in Blackpool over the last year.

During this reporting period the Covid-19 pandemic has affected the way in which many agencies who are part of the Adults Board have worked. The Department of Health acknowledged this last year and to alleviate additional pressures associated with producing the report, permitted the Adults Boards to produce condensed reports during this reporting period. Blackpool Safeguarding partners felt it was important to have an annual report and acknowledge the work that had been undertaken.

Agencies that are responsible for safeguarding and protecting our most vulnerable adults have been able to maintain their services and our thoughts and gratitude are with those professionals that have worked on the front line.

Adult Services in Blackpool, supported by the Council have continued to work hard to protect and support people. During the Covid- 19 pandemic the agencies that form the Lancashire Resilience Forum agencies ensured that there was an efficient system of maintaining contact with elderly and 'shielded' residents and an efficient system to ensure food deliveries were made to those that needed them.

All Statutory work of the Blackpool Safeguarding Adult Board continued during the pandemic with Board meetings held virtually and Safeguarding Adult Reviews continued to be undertaken. The Joint Partnership Business Unit has continued to operate during the pandemic to ensure the functions of the Board have been fulfilled.

The Adult Executive Board, comprised of Senior Executive Leads from Statutory Partners, has continued to meet and has been chaired by Mr Stephen Ashley and includes the three Safeguarding Adult Boards across Blackburn with Darwen, Blackpool and Lancashire.

All Board partner agencies have been consulted during the preparation of the Annual Report. The report reflects comments made and includes information directly provided by the agencies.

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

7.0 List of Appendices:

7.1 Appendix 5(a): Blackpool Safeguarding Adult Report 2020-21

8.0 Financial considerations:

8.1 The Board's Joint Partnership Business Unit and activity is financed from multi-agency contributions. For the year 2020/21, support for the Board will be structured to fall within available resources.

9.0 Legal considerations:

9.1 Failure to meet the statutory requirements in the provision of services could increase the risk of harm. It would also impact on the reputation of the council and partner agencies.

10.0 Risk management considerations:

10.1 The risks are as set out in the report, monitored by the Blackpool Safeguarding Adult Board.

11.0 Equalities considerations:

11.1 Any deficits in service are likely to impact more significantly on those living in areas of high deprivation.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 All Board Partner Agencies have been consulted during the preparation of the Annual Report. The report reflects comments made and includes information directly provided by the Agencies. This report is currently in draft form and is out for comments and feedback from Agencies.

14.0 Background papers:

14.1 Care Act 2014

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**BLACKPOOL
SAFEGUARDING ADULTS BOARD
Annual Report 2020-21**

DRAFT

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Foreword

This annual report provides a summary of the work undertaken by the Safeguarding Adults Board in Blackpool over the last year.

The period covered by this report was of course dominated by the ongoing Covid-19 pandemic. Over the course of the year there were restrictions in place on everyone, and this included a number of 'lockdowns' and restrictions. All the agencies and organisations that are engaged in protecting our most vulnerable citizens were under immense pressure. I think we will all reflect on the work they have done and be impressed with the commitment and professionalism shown.

As part of the government response to the pandemic the Lancashire Resilience Forum (LRF) was put in place. Over the year there was considerable support provided and coordinated through the forum. One of the sub-groups of the LRF dealt specifically with adult safeguarding and this group was led by the three Directors of Adult Services. Health organisations, the Police, third sector organisations and Public Health worked closely together to coordinate their response to the pandemic. This ensured that the most vulnerable received food and medical treatment and that care homes were able to function effectively. I have spent 40 years working in the public sector and I have never seen such an efficient and coordinated response to a crisis. We all owe a huge debt of gratitude to the work of the forum and those that implemented emergency plans, especially the army of volunteers that stepped forward.

It was clear that the work of the LRF was the priority in terms of safeguarding and as such much of the work of the safeguarding adult board was suspended. Sub-groups dealing with specific issues were put on hold to give professionals the time to concentrate on their front-line responsibilities. The Board did remain in place to ensure that its statutory functions were fulfilled. Consequently, this year's annual report may not fully reflect the huge amount of work undertaken.

This report describes the structures that are in place and our priorities as we move forward. It provides considerable detail about the level of safeguarding need over the year. At this point we cannot be entirely clear how prolonged 'lockdowns' and restrictions may impact on services moving forward. This is an area that the Board will focus on this year. We do know for instance, that the effect of the pandemic on health care and the care home sector will stretch long into the future.

I would like to finish by thanking all of those that have worked so hard to maintain our high levels of safeguarding. The Board is now fully functioning, and I look forward to driving forward new initiatives and focussing on our priorities over the coming months.

Stephen Ashley

Independent Chair, Blackpool Safeguarding Adult Board

1. THE BOARD

1.1 Purpose of the Board

The Care Act 2014 requires a local authority to establish a Safeguarding Adults Board (SAB), which aims to help and protect individuals who it believes to have care and support needs and who are at risk of neglect and abuse and are unable to protect themselves, and to promote their wellbeing. Section 43 (3) sets out how the SAB should seek to achieve its objective, through the co-ordination of members' activities in relation to safeguarding and ensuring the effectiveness of what those members do for safeguarding purposes. A SAB may undertake any lawful activity which may help it achieve its objective. Section 43 (4) sets out the functions which a SAB can exercise in pursuit of its objective are those of its members. Section 43 (5) Schedule 2 includes provision about the membership, funding and other resources, strategy and annual report of a SAB. Section 43 (6) acknowledges that two or more local authorities may establish a SAB for their combined geographical area of responsibility. <https://www.legislation.gov.uk/ukpga/2014/23/section/43>

Six principles set out in the Care Act:

Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability

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

Publish a Strategic Plan

Publish an Annual Report

Undertake Safeguarding Adults Reviews

1.2 Partnership Structure

The Safeguarding Adults Board is supported by an Independent Chair to oversee the work of the Board, to provide leadership, offer constructive challenge, and ensure independence. The day-to-day work of the Board is undertaken by the Sub-Groups and the Safeguarding Business Unit. The Business Unit supports the operational running of these arrangements and manages the Board on behalf of the multiagency partnership. The Board facilitate joint working, ensure effective safeguarding work across the region, and provide consistency for our partners who work across Pan Lancashire.

2. WHAT DOES ADULT SAFEGUARDING LOOK LIKE IN BLACKPOOL

2.1 Population

The resident population of Blackpool is approximately 138,000. Mid-2020 ONS estimates illustrate that older people (65 years plus) account for a greater proportion of Blackpool's resident population than is observed at a national level.

	Total population	Males		Females		Age 0-15		Age 65 and over	
	No.	No.	%	No.	%	No.	%	No.	%
England	56,550,138	27,982,818	49.5	28,567,320	50.5	10,852,240	19.2	10,464,019	18.5
Blackpool	138,381	68,740	49.7	69,641	50.3	26,083	18.8	28,433	20.5

Source: ONS 2020 mid-year population estimates, ONS (2021)

2.2 Blackpool's Health and Deprivation

Health in summary

Across many areas of health, health in Blackpool is worse than the national average. According to the latest English Indices of Multiple Deprivation in 2019, Blackpool is the most disadvantaged local authority in England across several measures, including having the lowest overall average score across Lower Super Output Areas in the borough. As of 2020, about 20% (5,205) of children under 16 live in absolute low-income families. Life expectancy at birth is one of the key indicators of health in a population, and Blackpool has the lowest average life expectancy at birth in the country, for both men and women.

Health Inequalities

Life expectancy is up to 13.2 years lower for men on average and up to 9.4 years lower for women on average in the most deprived areas of Blackpool compared to the least deprived areas.

Adult Health

While people may be living longer than in 2000, life expectancy at birth has remained broadly static for the last decade, and has fallen in 2020 due to the impact of Covid-19. Residents of Blackpool are spending more years in ill health and the overall health burden is increasing. Sickness and chronic disability are causing a much greater proportion of the burden of disease as people are living longer with several illnesses. Across Blackpool, this burden happens at a much earlier age than in other areas.

Alcohol-related mortality and harm is amongst the highest in the country; the most recent rate of admissions for alcohol-specific conditions is 1,282 per 100,000 population, significantly higher than the national average of 587 per 100,000 and accounts for over 1,700 admissions to hospital per year.

Estimated levels of smoking and physical activity are worse than the national average, with 19.8% of adults aged 18 and over estimated to be current smokers, compared to 12.1% nationally. The Active Lives Survey latest estimates that 27% of adults aged 19 and over are currently physically inactive (engaging in less than 30 minutes of physical activity per week), compared to 22.9% nationally.

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

- [Tobacco Free Lancashire Strategy 2018-2023](#)
- [Blackpool Alcohol Strategy 2019-2022](#)

Mental Health

As well as poor physical health, Blackpool is estimated to have a significantly higher prevalence of mental health disorders than England as a whole¹. Mental health problems are among the most common forms of ill health and can affect people at any point in their lives. Mental health and physical health are inextricably linked. Poor physical health may increase the likelihood of developing poor mental health, and poor mental health may increase risks of developing, or not recovering, from physical health problems.

There were over 350 hospital admissions for self-harm in 2020-2021, a rate of 273.3 per 100,000 population. Despite the rate being nearly 50% higher than the national average, since 2014-2015 the number of admissions has reduced year-on-year. As of 2020-2021, since 2006 over 28,000 people in Blackpool have been diagnosed with depression on their practice register. More than 2,700 people have a severe mental illness (e.g. a diagnosis of schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers) with prevalence rates significantly higher than the national average. 12% of respondents to a GP patient survey stated they had a long-term mental health problem and claimant rates for benefits for mental and behavioural disorders are amongst the highest in the country.

Suicide rates are significantly higher than the national average, in the period 2018-2020, 63 people took their own lives in Blackpool.

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

Drug Misuse

Drug misuse is a significant cause of premature mortality in the UK, and Blackpool has significantly higher rates of drug users and drug related deaths than the national average. There are more an estimated 2,000 opiate and/or crack cocaine users in Blackpool and the rate of 23.5 per 1,000 population is over two and a half times higher than the national average. The town has the highest rate of drug related deaths in the country, which is over four times higher than the national average; in the period 2018-2020 there were 86 drug related deaths.

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

These issues are being addressed by, the Health and Wellbeing Board and Public Health, through the development and implementation of the [Blackpool Drug Harm Reduction Strategy 2020-22](#).

¹ [Mental Health and Wellbeing JSNA - OHID \(phe.org.uk\)](#)

2.3 Safeguarding Adults Section 42 Enquiries

There has been an 8.2% increase in safeguarding concerns during 2020/21 when compared with the previous year, with 40.3% progressed to enquiry (fewer than in 2019/20 (47.8%). Similar to last year, almost a third of concluded enquiries related to neglect/acts of omission and a fifth to physical abuse, and there have been slight increases in sexual and organisational abuse. The lowest reported type of abuse alleged in concluded enquiries involved sexual exploitation, followed by modern slavery and discriminatory abuse.

The most common place reported in enquiries concluded this year remains in an individual's own home. A higher proportion of enquiries related to abuse in nursing homes, acute hospital settings and 'other' locations; reductions can be seen across the remaining categories reported in the return.

When considering the outcome of concluded enquiries, although there is a slight increase in the proportion of cases where the risk has remained, numbers are still low and a higher proportion of cases have had all risk removed as a result of any action that was taken.

A similar number of people expressed their desired outcomes (275 last year; 277 this year). A higher proportion went on to have them fully or partially achieved and fewer people did not have any of the outcomes they expressed achieved.

Key points:

- More concerns raised this year.
- Reductions appear to correlate with periods of lockdown during 2020/21, peaking when restrictions were lifted.
- More enquiries not meeting Section 42 criteria, reporting as 'other' enquiries.
- Small increase in numbers where action was taken and risk remained but a more significant increase in those where the risk was completely removed.
- Of those expressing their desired outcomes, the most significant change is for those that were fully achieved (increased from 62.2% to 65.3%).

Safeguarding concerns raised or enquiries that commenced during 2019/20 with the previous year comparison:

	2019/20	2020/21	Comments
Number of individuals involved in safeguarding concerns	624	675	8.2% increase in the number of individuals with one or more concern raised or concluded during the year.
Number of individuals involved in 'Section 42' safeguarding enquiries	298	272	40.3% of people included above saw their concern turn into a Section 42 enquiry (2019/20 = 47.8%).
Number of individuals involved in 'other' safeguarding enquiries (raised in year)	8	32	We see a substantial increase in the number of concerns resulting in 'other' enquiries (4.7% in comparison to 1.3% last year).
Total number of concerns raised	770	841	71 additional concerns were raised this year (+9.2%)

Total number of 'Section 42' enquiries	322	301	35.8% of concerns became Section 42 enquiries in comparison to 42.8% last year.
Total number of 'other' enquiries	8	32	4 times as many enquiries classed as not meeting the Section 42 criteria. This year, 3.8% of all concerns became 'other' enquiries.

Proportion of type of alleged abuse for enquiries concluded in the year with the previous year comparison:

	2019/20	2020/21	Comments
Physical	23.0%	20.2%	Proportions remain similar to last year with slight increases in sexual and organisational abuse.
Sexual	2.8%	4.4%	
Psychological	11.8%	11.2%	
Financial/Material	19.1%	18.4%	The highest reported type of abuse, involved in a third of all concluded enquiries relates to neglect/acts of omission.
Discriminatory	1.1%	0.7%	
Organisational	4.9%	7.9%	
Neglect/Acts of Omission	32.4%	32.3%	
Domestic	1.3%	1.4%	The lowest reported type of abuse alleged in concluded enquiries involved sexual exploitation, closely followed by modern slavery and discriminatory abuse.
Sexual Exploitation	0.6%	0.2%	
Modern Slavery	0.2%	0.5%	
Self-Neglect	2.8%	2.8%	

3. ROLE AND ACHIEVEMENTS OF THE SUB-GROUPS

During the reporting period significant changes were made which resulted in a single central joint partnership business unit (JPBU) to support the three Safeguarding Adult Boards across Blackburn with Darwen, Blackpool and Lancashire.

The Covid-19 pandemic has caused disruption during the reporting period and the commitment of Board Partners to attend meetings was impacted due to prioritising emergency service provision, particularly those in Health and Social care. The Partners agreed to suspend all sub-groups during the reporting period until the pandemic had settled. The sub-groups re-convened after the reporting period and have merged into 'single' sub-groups to function across the three Safeguarding Adult Board areas, rather than separate sub-groups in all three areas. The exception to this, are Safeguarding Adult Reviews, as each SAR would be linked to their individual Safeguarding Adult Board. 'Single' sub-groups ensure consistency, improved communication and information sharing, showcase best practice, address common challenges and identify mutual priorities.

The function of the 3 Safeguarding Adult Boards includes developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused, harmed or neglected. This is a key operational and strategic goal. An overview of the purpose and functions of the new sub-groups to address the strategic priorities as identified in the strategic plan is provided below. At the time of writing this report, work plans for the sub-groups were in development.

3.1 COMPLEX VULNERABILITIES SUB-GROUP

The purpose of the Complex Vulnerabilities Sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to Complex Safeguarding Vulnerabilities.
- To monitor the delivery of its statutory duties in relation to Complex Safeguarding Vulnerabilities
- Improve collaborative work across the partnership to provide a consistent approach to support people experiencing complex vulnerabilities.
- Ensure approaches to complex vulnerabilities are meaningfully implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence.

The function and key objectives of the 'Complex Vulnerabilities' Sub-group are:

- To ensure an effective mechanism is in place to tackle the complexities associated with safeguarding adults in line with the 'prevention' principle of the Care Act 2014.
- To develop a mechanism to support those individuals that do not meet the thresholds of statutory criteria to access support from statutory services.
- To provide oversight and direction to Partners to ensure appropriate approaches to complex safeguarding are embedded within practice and partner systems, policies, processes and identified training needs.

The Blackburn with Darwen, Blackpool and Lancashire SABs, can play a role in developing an approach to 'complex safeguarding' across agencies by establishing and developing the following areas:

- Consider emerging themes such as domestic abuse, suicides, self-neglect, homelessness, adult exploitation and discrimination linked to vulnerability.
- Consider how Partners can engage with individuals who disengage with services
- Encourage a joined-up approach between agencies to support people with complex vulnerabilities
- A focus on outcomes for those with complex vulnerabilities
- Person-centred approaches to working with varied risk and vulnerabilities
- Policies and procedures that are in line with a personalised safeguarding approach
- Strategies to enable practitioners to work more effectively with the skills and support needed to help those with complex vulnerabilities.

The 'Complex Vulnerabilities' Sub-group will link to other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through the Complex Vulnerabilities sub-group with the Performance, Assurance and Impact, Learning and Development Sub-groups.
- Sharing any communication and public interest matters on complex issues from SARS to ensure that partners are aware of any implications for their organisations.
- There will be links to Community Safety Partnerships, Health and Wellbeing boards, Local Criminal Justice Boards (LCJB), Violence Reduction Network (VRN) and Pan Lancashire anti-slavery partnership (PLASP) to ensure consistency, eliminate duplication and to capture the governance arrangements, to ensure clarity of responsibilities and the Safeguarding Board's role to seek assurances of the above.

3.2 'VOICE' MAKING SAFEGUARDING PERSONAL (MSP) SUB-GROUP

The purpose of 'Voice' Making Safeguarding Personal (MSP) Sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to MSP
- To monitor the delivery of its statutory duties in relation to embedding person centred approaches through Making Safeguarding Personal (MSP)
- Improve the use across the partnership of qualitative information on people's experience of the safeguarding system
- Ensure MSP is meaningfully implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence

The function and key objectives of Voice' Making Safeguarding Personal (MSP) Sub-group are:

- To ensure an effective mechanism is in place to capture the 'voice' of the adult in line with requirements of The Care Act 2014.
- To provide oversight and direction to Partners to ensure person centred approaches to safeguarding are embedded within practice.
- To ensure 'engagement' at the ground level is included in strategic decision-making processes when reviewing partner systems, policies, processes and to identify training needs.

The Blackburn with Darwen, Blackpool and Lancashire SABs, can play a role in embedding the 'Making Safeguarding Personal' approach across agencies by establishing and developing:

- A broader participation strategy
- Accessible information to support participation of people in safeguarding support
- A focus on qualitative reporting on outcomes as well as quantitative measures
- Advocacy
- Person-centred approaches to working with risk
- Policies and procedures that are in line with a personalised safeguarding approach
- Strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture.

The 'Voice'/ MSP Sub-group will link to other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through the Voice/ MSP sub-group with the Performance, Quality Assurance and Learning and Development Sub-groups.
- Communicate with Partners and the Safeguarding Adult Review Sub-group and ensure publication of SARS on the SAB website(s) is promoted
- Sharing any communication and public interest matters on MSP related issues from SARS to ensure that partners are aware of any implications for their organisations.

3.3 MENTAL CAPACITY ACT (MCA)/DEPRIVATION OF LIBERTY (DOLS), LIBERTY PROTECTION SAFEGUARDS (LPS) SUB-GROUP

The group will advise the Safeguarding Adult Boards on processes, procedures, and outcomes in relation to the implementation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2009, including progress of how the Act is embedded in practice across the multiagency/ multicultural partnerships. The Mental Capacity (Amendment) Act 2019 introduced the Liberty Protection Safeguards (LPS) and is expected to replace the current DoLS in 2022. The LPS will deliver improved outcomes for people who are deprived of their liberty.

The purpose of the MCA/DoLS/LPS sub-group aims:

- To develop and lead on a multi-agency implementation work plan against the recommendations outlined from the House of Lords 2014 report into the implementation of MCA and MCA/DoLS/LPS and the Supreme Court Ruling 2014 as well as the MCA (Amendment) Act 2019 and ongoing case law developments.
- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to MCA/DoLS/LPS.
- To monitor the delivery of its statutory duties with regard to carrying out MCA/DoLS/LPS.
- Improve collaborative work across the partnership to provide a consistent approach to support MCA/DoLS/LPS.
- Ensure approaches to MCA/DoLS/LPS are meaningfully implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence.

- Adopt a shared learning approach identifying good practice and relevant quality standards in MCA/DoLS/LPS and be instrumental in supporting and developing best practice across the Safeguarding Adult Boards.
- Identify potential barriers to best practice or areas of risk regarding implementation for MCA/DoLS/LPS, with a view to identifying strategies to address them and standardise where possible.
- Develop systems to ensure best practice information is available for service users, families/carers, and the public about MCA/DoLS/LPS and promote the rights of individuals who may lack capacity to consent, incorporating service user views into practice development initiatives where appropriate.
- Practice development initiatives based on identified themes and trends within agencies and learning from reviews to be shared through the Safeguarding Adult Boards and appropriate sub-groups for relevant action.

The functions and key objectives of the MCA/DoLS/LPS Sub-group are:

- To ensure an effective mechanism is in place to tackle the complexities associated with safeguarding adults in line with the 'prevention' principle of the Care Act 2014.
- To develop a mechanism to support those individuals that do not meet the thresholds of statutory criteria to access support from statutory services.
- To provide oversight and direction to Partners to ensure appropriate approaches to MCA/DoLS/LPS are embedded within practice and partner systems, policies, processes and identified training needs.

The MCA/DoLS/LPS Sub-group will link to other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through the MCA/DoLS/LPS sub-group with the Performance, Assurance & Impact, and Learning and Development Sub-groups.
- Sharing any communication and public interest matters on complex issues from SARs to ensure that partners are aware of any implications for their organisations.
- There will be links to Community Safety Partnerships, Health and Wellbeing boards, Local Criminal Justice Boards (LCJB), Violence Reduction Network (VRN) and Pan-Lancashire anti-slavery partnership (PLASP) to ensure consistency, eliminate duplication and to capture the governance arrangements, to ensure clarity of responsibilities and the Safeguarding Board's role to seek assurances of the above.
- Where appropriate, the Sub-Group will also make links with other local authority areas, such as South Cumbria, where partner agencies work across geographical boundaries.

3.4 LEARNING AND DEVELOPMENT SUB-GROUP

The purpose of the learning and development sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust and consistent approach to learning and development in stakeholder agencies.
- To monitor the delivery of the training programme.
- Ensure safeguarding messages are implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence.

The functions and key objectives of the learning and development Sub-group are:

- To facilitate an integrated approach to safeguarding learning and development across Blackburn with Darwen, Blackpool and Lancashire.
- To ensure 'engagement' at the ground level is included in strategic decision-making processes when reviewing partner systems, policies, processes and to identify training needs.
- Develop an annual safeguarding adult workforce development plan alongside an operational plan in line with the Boards priorities.
- Development of multi-agency training resources
- Quality assure and approve any learning being delivered. The Sub-group may establish task and finish group with co-opted members from partner organisations to undertake specific activities such as quality assurance of current training material and newly commissioned courses.
- Drive forward the recommendations of safeguarding adult reviews, domestic homicide reviews and learning reviews across the partnership and seek assurance that learning is embedded within practice

The learning and development sub-group will link to other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through the sub-group with the Performance, Quality Assurance and MSP Sub-groups.
- Communicate with Partners and the Safeguarding Adult Review Sub-group and ensure publication of SARS on the SAB website(s) is promoted
- Sharing any communication and public interest matters on safeguarding related issues from SARS to ensure that partners are aware of any implications for their organisations

During this reporting period and the ongoing challenges due to the Covid-19 pandemic, the main priority has been to ensure all training was accessible to both the adults and children's workforce, with the majority of training sessions made available in a virtual format using platforms such as Microsoft teams, as a new way of working. Many work streams were placed on hold or transferred to virtual meetings due to the restrictions, which has resulted in exploring different ways of working. All learning and development is currently held on the Inspire Learning Management System (LMS) which has continued to be procured whilst new systems are explored, there is a hope that we are able to find a system that is able to meet the wider demand as the business unit expands its remit across the wider area and offers more automated functions for a more streamlined process.

All training courses are now aligned to the core programme and priorities of the Children's Safeguarding Assurance Partnership and the Safeguarding Adult Boards. Courses included, Child Neglect, Multi agency approaches to the impact of Domestic Abuse focusing from an Adult and Child perspective. Hope4Justice support the delivery of Modern-day slavery and Human trafficking awareness sessions. A new session is planned around managing disclosures and have hosted the Violence reduction unit (VRN) with their Trauma informed practitioner sessions. Training has continued to be delivered by a mix of external trainers and the multi-agency practitioner training pool. Focusing on the key adult priorities, a new course titled 'a multi-agency approach to Domestic Abuse on adults' has been co-developed and co-delivered by a wider group of professionals from across the three areas of Blackburn with Darwen, Blackpool and Lancashire. A training session on the impact of Domestic abuse on older people was commissioned and well received.

Learning and Development Priorities:

- **Improvement and maintenance** of the present training availability through the safeguarding partnerships
- **Respond to and adapt to new opportunities** for Learning and Development for an all-age workforce and throughout the transition to new CSAP arrangements
- **Platforms and delivery methods** reactive to meet changing expectations, whether its face to face, virtual or a hybrid model. Look at talking heads, animations and extended 7MB offer
- **Transition to a new system** upgrade for delivery of an e-learning and learning management system
- **Continue to respond to identified need** from Safeguarding Adult Reviews (SARs) and national and local agendas to deliver evidence based, responsive, effective and cost-efficient learning and development opportunities to Lancashire safeguarding practitioners.

3.5 PERFORMANCE, ASSURANCE AND IMPACT SUB-GROUP

The purpose of Performance, Assurance and Impact sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to multi-agency Performance, Assurance and measuring Impact.
- To seek assurance from multi-agency partners that services for adults with care and support needs across Lancashire are safe, continually improving and aspiring to be of high quality.
- To challenge agencies regarding the impact of their safeguarding activity and establish how the safeguarding partnership can be assured that it is making a difference.
- To seek assurance that agencies have sufficient performance information and appropriate analysis available to evidence their safeguarding activity.

The function and key objectives of Performance, Assurance and Impact Sub-group are to oversee activities in respect of Performance, Assurance and Impact, including:

- To develop, implement and deliver a programme of multi-agency audit activity, to be based on board priorities.
- To seek assurance regarding actions and learning from Safeguarding Adults Reviews.
- To have oversight of themes and learning arising from single agency audit activity and to challenge any quality issues that may emerge.
- Agencies to complete an annual compliance audit, providing assurance to the sub-group that they are compliant with minimum safeguarding standards as specified in the Care Act. Returns to be analysed with challenge as appropriate.
- To provide a multi-agency forum where safeguarding quality assurance issues can be discussed, resolved and shared.
- Provision of regular, timely, meaningful performance data with single agency analysis to accompany the quantitative information.

The Performance, Assurance and Impact Sub-group will link to other SAB Sub-groups where there are cross-cutting themes, including matters such as:

- Sharing learning identified through audit activity with the Learning and Development Sub-groups.

- Communicating with the SAR sub-group regarding completion of SAR action plans and measuring the impact of review activity.
- Working alongside the 'Voice' sub-group to ensure that the views of service users and incorporated in quality assurance activity
- The Performance, Assurance and Impact Sub-group may be required to liaise with the CSAP Scrutiny function on some key theme areas.

The Performance, Assurance and Impact Sub-Group reformed in September 2021, having not met during the height of the Covid-19 pandemic. The group now meets quarterly (currently via MS Teams) and is attended by statutory partners from across the 3 Local Authority areas of Lancashire.

The primary purpose of the group is to ensure a robust and consistent approach to measuring multi-agency performance, assurance and impact from across the various layers of the partnership.

The group will do this implementing a new approach; the 4 Pillars model of assurance. The 4 Pillars model has been developed by the Joint Partnership Business Unit across the Children's Safeguarding Assurance Partnership and the Safeguarding Adult Boards and aims to:

- Ensure consistent focus on performance and assurance in respect of multi-agency safeguarding
- Consider how agencies work together in respect of safeguarding at a strategic level
- Promote a greater awareness and consideration of risk
- Gain assurance in respect of the Safeguarding Adult Review process
- Measure impact by listening to and engaging with practitioners, service users and their families

The group will oversee strategic annual activity to gain assurance that agencies are working together to fulfil their safeguarding responsibilities, this information will be a useful tool to reflect upon in future Annual Reports. Assurance activity of a qualitative and quantitative nature will be established in respect of the Board priorities and mechanisms will be put in place to better mitigate risks.

Furthermore, reflective assurance activity will take place within the Joint Business Partnership Unit, which will see a closer focus paid to our Safeguarding Adult Review processes; seeking to establish the impact of the case reviews undertaken and to satisfy the Board that the right reviews are being undertaken and that learning is being effectively disseminated.

Aspirationally, we hope to better listen to the voice of service users and their families to establish what impact they feel the Boards and key agencies have had on their safeguarding experience.

3.6 SAFEGUARDING ADULTS REVIEW (SAR) STRATEGIC SUB-GROUP

The Safeguarding Adults Review (SAR) Strategic Sub-group is one of the structures through which the three Safeguarding Adult Boards across Blackburn with Darwen, Blackpool and Lancashire will deliver their vision.

Section 44 - Care Act 2014 requires a Safeguarding Adult Board to carry out a Safeguarding Adult Review in the circumstances described. Statutory Guidance (section 14.133 onwards) sets this out in more detail. More specific supporting information on SARs can be found in the Pan-Lancashire Multiagency Safeguarding Policy and Procedures and the individual Safeguarding Adult Board's own protocol and process documents.

The purpose of SAR Strategic sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to the SAR process.
- To monitor the delivery of its statutory duties with regard to carrying out Safeguarding Adult Reviews (SARs)
- To ensure regular audits of selected cases are undertaken including, where necessary, safeguarding adult reviews (SARs)
- To ensure that the lessons from reviews are widely disseminated and the learning to improve frontline practice is embedded across all member agencies.

The functions and key objectives of SAR Strategic Sub-group are:

- To ensure an effective SAR process is in place and in line with the Pan-Lancashire Multi-agency Safeguarding Policy and compliant with requirements of The Care Act 2014.
- To provide oversight, direction and ensure quality control mechanisms for the SAR process, including but not limited to referrals and timelines.

The functions of the 3 Safeguarding Adult Boards at local authority level include:

- Receive SAR referrals (via the Joint Partnership Business Unit)
- Hold local SAR case consideration meetings
- Make recommendations to the relevant SAB with regard to SAR referrals.
- Commission SAR reviewers, identify stakeholders/ partners to be involved in the SAR, agree the terms of reference and costs associated with each SAR.
- Receive updates on SAR progress and consider the final SAR report and recommendations before submitting this for sign off to the relevant SAB.
- Ensure that all SARDS are published on the website, submitted to the National SAR Library project and reported on in the annual report.
- Co-ordinate and update actions taken in relation to SAR learnings from all partners.

The SAR Strategic Sub-group will maintain a relationship and link to the other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through SARDS with the Performance, Assurance, Impact and Learning and Development Sub-groups.
- Communicate with Partners and the 'Voice' Sub-group and ensure publication of SARDS on the SAB website(s).
- Sharing any communication and public interest matters from SARs to ensure that partners are aware of any implications for their organisations.

Blackpool SAR Activity

Blackpool SAB completed no Safeguarding Adult Reviews during this reporting period.

Adult Q SAR was commenced during the reporting period and learning will be included within the next year's annual report.

4. PARTNER ACTIVITY

Lancashire Constabulary

The Constabulary's role is to collaborate with partners to uphold the 6 principles of safeguarding. Our mission and purpose is "To keep people safe and feeling safe and when needed, we can be trusted to Consistently deliver a Competent and Compassionate service 24/7."

Key Achievements in 2020-22

- DA awareness during Covid-19 pandemic
- Specific operations aimed at preventing Adult abuse:
 - Op Provide, Op Jackal and Op Wolf. They are distinct operations but lots of overlaps as they are looking at diversion tactics and enforcement against those targeting vulnerable adults either through financial abuse (Wolf) or Home Invasion (Jackal) typically for drug abuse and County Lines bases. Op Provide proactively seeks to identify and interact with historic, and present high-risk victims of domestic abuse
- Increase the service level provisions to victims of domestic abuse to increase the effectiveness of DA responses, thereby maximising the likelihood of preventing future abuse.
- MARAC – ongoing commitment to improve our response to high-risk DA
- Trauma Informed Approach incorporated into Force Learning and Development
- Media campaigns through the LRF and pan-Lancashire multi-agency networks e.g. No Excuse for Abuse; Fraud and Vulnerable Adults with Action Fraud

Lancashire and South Cumbria Clinical Commissioning Groups (CCG)

Lancashire and South Cumbria CCGs have a statutory duty to ensure that arrangements are made to safeguard and promote the welfare of children, young people and adults to protect them from abuse or the risk of abuse. The CCG's are required to take account of the principles within the Mental Capacity Act and to ensure that health providers from whom they commission services have comprehensive policies relating to the application of MCA (2005) and if appropriate MCA Deprivation of Liberty Safeguards (2009).

As commissioners of local health services CCGs are required to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place; including independent providers and voluntary, community and faith sector, to ensure that all service users are protected from abuse and the risk of abuse.

The CCGs need to demonstrate that their Designated Lead Professionals for Adults, Children and Children in Care are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies to influence local thinking, practice development and continuous safeguarding improvement.

Designated Lead Professionals for Safeguarding are experts within the field and strategic leaders. They are integral in all parts of the CCGs commissioning cycle, from procurement to quality assurance and in the delivery, development, and review of services to ensure that the views and wishes of adults and children are clearly sought and respected.

Key Achievements in 2020-21

- The 8 CCG's across the Lancashire and South Cumbria footprint were awarded the Health Service Journal award for NHS Safeguarding Initiative in recognition of the work undertaken to develop a new safeguarding model. The approach has allowed us to create a single voice for health partners in key issues and produced stronger governance arrangements.
- The Covid-19 response has been a high challenge for all of health and social care. The CCG's have focused on supporting and enabling a multi-agency response to many of the challenges this has created for our vulnerable population. This has including reviewing our system assurance models, adopting a more robust reactive safeguarding offer, and working closely with local authority partners on patient safety issues. Specifically support in to care homes and the wider regulated care market and support in outbreak management has been supported by CCG Safeguarding teams.
- Expertise for workforce has continued to be a focus for the CCG's, and with the recurring challenges seen in application of the Mental Capacity Act there has been extensive work to support this element of practice. This has included the development of MCA grab sheets and guidance for vaccinations as well as significant work in preparing for the introduction of the Liberty Protection Safeguards.
- As a wider health system, we have acknowledged that we continue to see the same themes and trends coming from Safeguarding Adult reviews. In response we have established a NHS Health Learning Forum which is focussed on new ways of embedding learning, adopting a positive risk management approach, and recognising the need to learn from positive practice as well as from incidents and reviews.

Blackpool Council – Adult Social Care

Adult Social Care (ASC) follow the responsibilities accorded to them under the Care Act 2014. This includes staff acting as Safeguarding Leads for enquiries made under Section 42 of the Care Act, and in turn working with partners where they are requested to make enquiries in relation to specific referrals.

Key Achievements in 2020–2021 include:

- ASC dealt with 841 concerns raised (9.2% more than the previous year)
- ASC managed 272 safeguarding enquiries under Section 42 of the Care Act
- Small increase in numbers where action was taken and risk remained but a more significant increase in those where the risk was completely removed.
- 277 people expressed their desired outcomes, of which 65.3% were fully achieved.

Safeguarding is a core component of the work that ASC undertakes, so do not need to raise awareness of the service. ASC do of course offer guidance, training opportunities, experience and involvement in Section 42 enquiries. Service user engagement has been achieved through the application of Making Safeguarding Personal, putting the service user and their significant others at the centre of the process. As part of the process a safeguarding lead will check out and record the subject/s desired outcomes where they are able to do so.

Adult Social Care priorities for 2021-2022 include:

- To continue to manage all concerns in a timely fashion.

- To ensure that ASC continue our work with partner agencies as part of the process. ASC will regularly hold Safeguarding Adult Lead meetings.
- To ensure practice remains up to date, good practice is shared, and any systemic issues are identified and dealt with and to further improve the ASC audit process and embed it into practice.
- To better understand the following: safeguarding concerns figures were higher (at least in Blackpool) within care homes (if you group residential and nursing together) back in 2018/19 = 43.1% back in 2018/19 vs 32.1% in own home. The balance switched in 2019/20 = 33.8% (vs 36.8% in own home). There are a range of factors which could be influencing this, looking at opposite ends of the spectrum from improvements in these settings or restricted access during lockdowns. We aim to resume face to face visits to residential and nursing home settings as normal practice, and will continue to monitor this, and try and understand these variations.”

Lancashire and South Cumbria Foundation Trust (LSCFT)

LSCFT provide health and wellbeing services across Lancashire and South Cumbria including:

- Secondary mental health services
- Perinatal mental health services
- Forensic services including low and medium secure care
- Inpatient child and adolescent mental health services
- Physical health and wellbeing services

The Trust employs approximately 7,000 members of staff who are based at more than 400 sites.

Our strategic approach to safeguarding is linked to our agreed Safeguarding Vision. This links to the Trust Safeguarding Policies and Procedures. LSCFT takes a Think Family approach to safeguarding practice. Our Safeguarding Vision takes account of the updated priorities and business plans of the Safeguarding Boards and Partnerships, our commissioned safeguarding specifications and updated safeguarding multi-agency systems and processes across the County. Our Safeguarding Vision aims to ensure our services protect and prevent harm, abuse or neglect for service users and their families.

Our Trust Safeguarding Vision aligns the national and key local priorities to improve safeguarding outcomes in LSCFT. It provides a framework to base measurements and assurances of safeguarding practice and describes our plans to have robust safeguarding arrangements across the Organisation that are integrated into the delivery of the our Strategic Plan, Trust priorities and our Quality plans. This vision aims to embed safeguarding at the heart of everything we do; ensure that the Trust, via the Safeguarding Team, has effective safeguarding structures and accountability; ensure we promote learning through experience; develop competence, knowledge and a skill base in safeguarding and Mental Capacity Act (MCA) across the Trust; and engage with the service users and patients in strengthening participation in line with Making Safeguarding Personal.

The Safeguarding team has led the implementation of the priorities within the Trust Safeguarding Vision and through analysis of the impact of delivery of the six core priority areas, triangulating this with dissemination of learning from SARs and DHRs.

Delivery of our priorities is monitored and reviewed via the Safeguarding Team portfolio groups which include: Training, MCA/LPS, Prevent, Looked After Children, Domestic Abuse, Self Neglect, Learning Lessons, Safeguarding Risks Outside the Home (Contextual Safeguarding), Hidden Harm within the Home, Violence Reduction and Health Partnership System Improvement and Reform.

Key Achievements in 2020–2021

- We have strengthened safeguarding practice & systems to sustain compliance with revised statutory Safeguarding, MCA and Prevent Guidance and responsibilities.
- Significant activity has taken place to strengthen collaboration within Local Authority MASH and Safeguarding Enquiry services inclusive of Mental health within Lancashire seeing an increase in contribution within MASH/ Safeguarding Enquiry Service (SES) screening processes information sharing and ensuring appropriate clinical contribution in Section 42 referrals. We have reviewed the role of the health practitioner in adult MASH, ensuring timely information is available for the LA in relation to Section 42 enquiries.
- We have carried out significant activity to raise awareness of the Domestic Abuse agenda by developing a Domestic Abuse and Think Family webinars, connecting safeguarding adults with the safeguarding children agenda. The webinars have ensured that key safeguarding messages have continued to be shared across the organisation within the restraints of the pandemic.
- We have also developed training in relation to:
 - Domestic Abuse
 - HBA/Forced marriage and FGM,
 - DASH (Domestic Abuse, Stalking and Honour Based Violence) Assessments
 - MARAC
 - Raise awareness about the role of the IDVA (Independent Domestic Violence Advocate)
 - Domestic abuse in the context of Young people perpetrated within Family contexts.
 - A focus on perpetrators.
- We have continued to engage with multi agency partners to co deliver training, ensure a co-ordinated approach to domestic abuse and actively strengthened internal processes for MARAC. We continue to actively support the MARAC redesign across Lancashire.
- We raised the profile of contextual safeguarding, trauma-informed care and Think Family. We have worked with our adult facing services to further embed Think Family and contextual safeguarding into practice.
- A webinar was developed with the Lancashire PREVENT team and this has been rolled out to staff across LSCFT and the wider health economy.
- We are working with UCLAN to conduct a piece of research into LSCFT's staff's perception of the current PREVENT/Channel training. It is hoped that the research findings will enable us to develop more appropriate training for frontline staff.

Case study

Email received from GP concerned about a patient who had not been seen for over 1 month and could not make contact with. This patient has a known history of domestic abuse and discussed several times at the MARAC. It was known her partner was very controlling, would check her phone and prevent access to health/other services.

There had been a period of engagement following MARAC where agreement for a multi-agency response was required to keep the patient safe and opened to adult social care. The patient has a significant mental health history compounded by substance misuse although during the period of engagement she made good progress with regards to this. Unfortunately, after leaving supported accommodation she “disappeared” from services.

Specialist Safeguarding Practitioner (SSP) contacted adult MASH who confirmed that the patient was closed to social care due to non-engagement with social worker and on reviewing health records, she had been referred and discharged by various mental health services for the same reason. Discussed with MASH practitioner a new referral given concerns about the level of high-risk domestic abuse and not accessing any support. It was agreed a referral would be accepted and escalated without consent.

Contacted CMHT and discussed the risks and agreed to accept an urgent referral from the GP which could be rung through directly to team leader for allocation.

Team leader provided assurance that the engagement policy would be followed and all attempts to make contact made including unannounced home visit which if unsuccessful would trigger for a police welfare check.

Subsequent follow up with the team leader confirmed that the team had successfully made contact with the patient who is now accessing and engaging with support from the CMHT at present.

The service user was also contacted by adult social care for additional support.

Blackpool Teaching Hospitals (BTH)

BTH is dedicated to identifying and safeguarding adults at risk. Safeguarding advice and support is provided across the Trust by an in-house safeguarding adults team comprising of nurses, social workers, Independent Domestic Violence Advisors (IDVA) and Independent Sexual Violence Advisors (ISVA).

BTH is responsible for identifying safeguarding concerns in relation to adults at risk, raising appropriate safeguarding referrals and contributing and implementing appropriate safeguarding plans. A dedicated Violence Against Women Team is in place, supporting both staff and patients experiencing Domestic and Sexual Abuse.

BTH Adult Safeguarding Team provide advice and support in relation to all areas of safeguarding adults and Mental Capacity Act. The Team are committed to supporting the embedding of MCA and DoLS into practice across the organisation. The Team provides quality assurance of capacity assessments, DoLS applications and DoLS care plans within the Trust. To ensure capacity and restrictions remain necessary and proportionate, the team completes a review of each DoLS patient every 7 days. Support is also offered and provided at complex Best Interest Meetings across the Trust.

BTH support and complete Section 42 safeguarding enquiries and offer health input to professional or strategy meetings. BTH Safeguarding Adult Team oversees all Section 42 safeguarding investigations involving the Trust and ensures appropriate action is taken in response to substantiated safeguarding concerns.

BTH Safeguarding Adults Team provides Levels 1-3 Safeguarding Training in line with the Intercollegiate Document (2018) which incorporates MCA/DoLS and Prevent.

BTH is an active member of the Blackpool and Lancashire Safeguarding Adult Boards and participates in a number of pan-Lancashire SAB sub-groups.

Key Achievements in 2020/21

- BTH has implemented Emergency Department (ED) Navigators to review patients attending due to violence, in support of the Violence Reduction Unit's (VRU) work across Lancashire. ED Navigators are trained exploitation and health staff who may engage with anyone, but are particularly interested in people aged 10-39 years old who attend hospital with violence related presentations and injuries to listen, support, and signpost to relevant services. BTH are now supporting to embed ED Navigators in Hospitals across Lancashire.
- BTH implemented Operation Provide at the beginning of the Covid-19 pandemic. This was in response to the national lockdown which reduced opportunities for victims of Domestic Abuse and Violence to attend health settings and also impacted on face-to-face support offered by other agencies. BTH therefore joined forces with Lancashire Police providing health staff to attend with police to provide an immediate safeguarding response to victims of domestic abuse. Operation Provide has now seen over 1,000 victims and with the team providing support at Blackpool, Lancaster and Morecambe.
- Adult Level 3 Training compliance increased by 62%, which is above the trajectory of the Trusts Training Recover Plan.

Case Study

Patient attended the department the day after the assault. He attended due to increased swelling and pain to his face and head. He stated to staff he had not reported the incident to police and didn't wish to.

- *Contact made with patient by telephone to offer support. Discussion with patient about his attendance at ED. Patient denies any concerns with drug debts, stated he was out and was jumped but didn't know who they were. Patient denied any concerns but was advised he can contact ED Navigator should he need support.*
- *Patient contacted ED Navigator the next day advising that he wanted to speak about the support offered. Patient advised it was regarding a cannabis debt and he owed £200 by tomorrow to the same people. Patient advised he has tried to get a job to pay it off but has been unsuccessful.*
- *ED Navigator provided regular support to the patient to offer:*
 - *Emotional support.*
 - *Help with his CV to make it more custom to the jobs he was wanting to apply to – Construction.*
 - *Assisted in looking for flats available to rent locally.*
 - *Referral accepted for Drugs counselling service.*
 - *Referral accepted for Divert to support with accommodation, employment and training.*
 - *Supported to contact a friend who has a local boxing gym to start attending boxing sessions.*
- *Patient has now been successful in obtaining a full-time job with a local building company which is going well.*

- *Patient has not used cannabis for several weeks, he is back training at the gym and looking to enter boxing competitions.*
- *Patient was viewing a flat in a nearby town to rent himself.*

NHS England and NHS Improvement (North West)

NHSE/I ensures the principles and duties of safeguarding are applied. NHSE has several policies in place to discharge its statutory requirement and appropriate accountability for safeguarding.

The National Safeguarding Steering Group (NASSG) leads the assurance of the NHS safeguarding system and offers strategic leadership across NHSE and the health economy. NHSE/I convenes regular safeguarding regional networks to ensure communication around learning from serious case reviews, safeguarding adult reviews and domestic homicide reviews.

During 2020/21 NHSE/I has supported the Lancashire and South Cumbria ICS and the safeguarding network to embed the transformational model of safeguarding. NHSE/I has continued to gain assurance of the safeguarding arrangements in place for CCGs and providers of health care as well contributing to the development of adult safeguarding during the reporting period. This has been undertaken in various forms such as sharing regional and national updates; monitoring serious incidents and lessons learned from these, providing monthly assurance updates to the regional safeguarding team; attendance at ICS meetings including the Safeguarding Health Executive; Safeguarding System Leaders Business Meeting; Designated Safeguarding Leads and Designated Professionals meetings.

North West Ambulance Service (NWAS)

The [NWAS Safeguarding Annual Report](#) provides an overview of safeguarding activity for NWAS during 2021-21 and assurance relating to the scoping, development and implementation of safeguarding related processes.

Safeguarding activity has fluctuated during 2020-21, this is largely attributed to the Covid-19 pandemic. A decrease in concerns raised was seen during April 2020, since then concerns have continued to steadily grow.

Key Achievements in 2020-21

- Child Protection Information Sharing (CP-IS) was implemented across the Clinical Hub in January 2021. This ensures that all of our most vulnerable children are flagged to Social Care if they have contact with the Clinical Hub.
- Licences to the virtual machine were granted for all of the Safeguarding Team which means the team have been able to access Redbox remotely. Redbox is the system used to record all telephone communications coming into and out of the Trust, and calls to the NWAS 111 service.
- It has been agreed that the safeguarding agenda for NWAS 111 will fall under the corporate safeguarding team, and funding has been made available for a 4th Safeguarding

Practitioner who amongst other responsibilities will assist with the safeguarding agenda within NWS 111. This post is expected to be recruited to in Q2 of 2021.

- The work of the Safeguarding Team has not been affected by the Covid-19 19 pandemic and a high level of work has continued whilst the team have worked from home.
- The Trust is committed to the safeguarding of adults with learning disabilities and are engaged with the LeDeR programme which makes all deaths involving adults with learning disabilities notifiable. The learning disabilities mortality review aims to make improvements to the lives of people with learning disabilities. The LeDeR programme was set up following a recommendation from the CIPOLD, funded by the Department of Health, to investigate the premature deaths of people with learning disabilities.

Lancashire Fire and Rescue Service (LFRS)

LFRS not only identifies potential safeguarding concerns whilst attending emergencies but also during the delivery of a wide range of community safety activities, such as our Home Fire Safety Check offer and youth engagement activities. Whilst our staff do not support service users and carers individually in a 'case-work' sense, they often work in a multi-agency setting where a co-ordinated approach is necessary e.g. self-neglect.

Key Achievements in 2020/21

- Continued to expand training and increase awareness of safeguarding across all LFRS groups
- Quality Assurance Checks completed on all referrals to identify relevant issues/trends and to inform/develop staff as appropriate.
- Enhanced strategic visibility via detailed performance reporting to continually drive awareness and enhance quality of referrals.
- Commissioned Lancashire County Council to undertake Safeguarding Audit. The Jan 21 report concluded, "We can provide an opinion of substantial assurance that the framework of control is adequately designed and effectively operated overall."

Case Study

LFRS was asked to visit a household following fire safety concerns raised by a PCSO about the 63-year-old single male occupier. Whilst the initial Home Fire Safety Check (Safe & Well Visit) lessened the immediate fire risk, the underlying issues were found to include alcohol use, self-neglect, hoarding and concerns over electrical safety. A safeguarding referral was therefore made by LFRS.

To ensure more sustained risk reduction, the case was then sent for direct allocation as a high priority.

A social worker was allocated, and a range of actions initiated through partnership working. The occupier agreed to have the hoarding level reduced, new furniture was sourced, the electrical issues resolved via housing teams and the PCSO visited regularly thereafter.

The occupier became better supported generally, including with clothes and food, and consented to a referral to an alcohol support agency

Healthwatch Blackpool

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

Healthwatch statutory responsibilities are:

- To obtain the views of people about their needs and experience of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- To make reports and make recommendations about how those services could or should be improved.
- To promote the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- To provide information and advice to the public about accessing health and social care services and the options available to them.
- To make the views and experiences of people known to Healthwatch England, helping us to carry out our role as national champion.
- To make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.

We recognise that in our role of engaging with our local population and hearing experiences of care, we pick up issues relating to dignity and quality. We understand that this relates directly to safeguarding adults and often refer matters through local safeguarding channels

Key Achievements 2020/21

- When Healthwatch Blackpool were made aware of issues and safeguarding concerns, we robustly shared information and completed the appropriate referrals. We were made aware of thirty-one matters that were referred on in this reporting period. We were very much an open and accessible service. Due to Covid-19 we quickly adapted to more online models of engagement, we reached 71,123 people through our online platforms.
- We maintained contact with residents through the Corona Kindness Campaign along with twelve other community partners. We supported those shielding and carried our food parcel drops, welfare calls and face-to-face garden visits where needed. We supported residents to stay connected and also provided information and signposting.
- We completed a piece of work with care homes in this period and believe that we worked well with the CCG, public health teams and Blackpool Council and CQC in sharing feedback and ensuring that themes were picked up in provider forums and individual concerns responded and actioned accordingly.

Case Study

Son of a resident in a care home contacted Healthwatch to share concern around lack of visitation at Mothers care home and the detrimental impact it was having on mother. Advised that there was no DOLS in place and pre Covid-19 the resident went out of the home daily to the shops, collect pension etc. The relationship with the care home had broken down and the Son was concerned about mothers wellbeing.

Discussed this with the home in question, the home arranged garden visits with the particular resident and agreed that wellbeing had suffered.

We made a referral to Blackpool adult social care for a reassessment and the resident was commissioned 1:1 hours to leave the home and visit the community. Wellbeing improved, sons relationship with the home also improved.

Feedback:

Your help with everything has got my Mum where she was prior to Covid-19, sparkle back in her eyes and I cant thank you enough for that. Without your help I doubt she would even be here now as she was going down hill fast , thank you!

Probation Service (PS)

The Probation Service (PS) protects the public by working with service users to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of service users who have the potential to do harm. The PS also has a remit to be involved with victims of serious sexual and other violent crimes. PS are also responsible for all Court assessments and pre-sentence reports as well as the management of all Approved Premises. In addition, we deliver Unpaid Work which allows people to make reparation to their communities and Accredited Programmes which support people to change their thinking and behaviour.

The PS shares information and works with other agencies such as Police, Local Authorities, Health Services and Third Sector organisations, including those led by people with lived experience of using services themselves. We are a statutory partner, along with Police and Prisons, in Multi Agency Public Protection Arrangements (MAPPA) whereby we have a clear framework to share information and plan how we work together manage risk from our most serious nominals.

Although the focus of the Probation Service is on those who cause harm, it is also in a position to identify service users who are themselves at risk from abuse and to take steps to reduce this. We also recognise the impact of previous trauma on the health, wellbeing and behaviour of people on probation and our staff are being trained in trauma informed approaches.

Our internal assessment process (OASys) also supports practitioners to identify needs and vulnerabilities to prompt relevant referrals.

Key Achievements in 2020–2021

- Strong partnership working during the Covid-19 pandemic enabled us to identify people requiring additional assistance and make appropriate referrals for support. Probation representation at Lancashire Resilience Forum sub-groups and work with the Local Authorities contributed to agencies being aware of the needs of people being released from custody during the national lockdown.
- Staff seconded to the Violence Reduction Unit and delivering multi agency training in trauma informed practice. This is being implemented across Lancashire.
- Following reunification all staff will have completed/ refreshed Adult Safeguarding training by December 2021
- Partnerships manager has briefed staff on Trauma informed practice, autism, MDT and Learning Disabilities.
- The regional Health and Justice group have promoted suicide awareness.

Blackpool Coastal Housing (BCH)

BCH identify any safeguarding concerns that relate to their tenants, and those who may not "be known" to other partner agencies. This is particularly for those safeguarding issues, which become apparent from visiting homes to undertake repairs or respond to anti-social behaviour incidents. As Blackpool Council's social housing provider, we aim to ensure that our staff adhere to safeguarding good practice and ensure appropriate referrals are made to the Council's Adult Social Care Team.

Key Achievements in 2020-21

- Ran Coronakindness hub on the Mereside estate.
- Supported Coronakindness hub on the Grange estate.
- Identified vulnerable tenants who wanted additional support during the pandemic.
- Delivered awareness training to all relevant partners and staff.
- Revised our Safeguarding Policy, consulting on it with staff as part of the process.

5. BOARD PRIORITIES 2021-22

- Covid-19 – Restoration and Recovery (Short term)
- Mental Health
- Domestic Abuse
- Self-neglect
- 'Voice' Making Safeguarding Personal (MSP)

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Caroline Donavon, Chief Executive, Lancashire and South Cumbria NHS Foundation Trust
Date of Meeting:	31 March 2022

MENTAL HEALTH SERVICES

1.0 Purpose of the report:

1.1 The purpose of this report is to provide Blackpool Adult Social Care and Health Scrutiny Committee members a further update relating to the implementation of the Initial Response Service (IRS), which was presented to the Committee in February 2022, and to give a progress update in relation to actions following on from the Trust's CQC inspection in April 2021 at The Harbour, following the previous presentation to Committee members on 29 September 2021.

2.0 Recommendation(s):

2.1 The Committee is asked to:

- Note progress and next steps on the IRS implementation and progress on continued improvements being made at The Harbour.
- Provide continued 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 continue to support the proposal for an Initial Response Service across Blackpool and the Fylde Coast and to ensure Committee members are sighted on the progress of continued improvement work at The Harbour.

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 Initial Response Service (IRS) implementation

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, to access mental health pathway, including signposting to relevant services within and outside of LSCFT. Implementation of the IRS is based on a rolling programme across LSCFT, as previously described to Committee members, with Pennine IRS having already been implemented.

In terms of key benefits of implementation of the IRS, we are expecting to see improved access to services for people and improved patient experience and outcomes. Data relating to the service is being captured and a report will be developed in April 2022, given performance for the first quarter, but access and responsiveness targets are looking very positive.

A Friends and Family Test, which is a nationally used NHS feedback process allows us to we ask staff/ patients what they think of services and whether they would be happy to receive care from the service or not. The test has been completed on the IRS service and the initial feedback is positive.

The Fylde Coast IRS is to go live in Summer (July) 2022.

6.2 Progress on Fylde Coast IRS

The Fylde Coast senior leadership team continue to engage with key stakeholders e.g. patient groups, commissioners and other providers across health and social care on the proposed model for the IRS.

The Fylde Coast Network has in place an IRS Task and Finish Group, which meets every two weeks and there is good engagement with clinicians, and staff and support teams, such as Health & Safety, Infection Prevention Control and Security.

We are consulting with local service users through the Fylde Coast Service User and Carer

Forum, which went live in September 2021. We are using information about our services to inform the plan and working closely with stakeholders and partners across the Fylde Coast teams to ensure good communication and collaboration in order that we can really make a difference to local people.

The following gives an update on estates and workforce and other critical enablers of the IRS implementation in Fylde Coast.

6.3 **Estates**

The Fylde Coast Network have identified premises for the IRS, located on Boundary Road, which is just off Vicarage Road (2.7 miles from Blackpool Victoria Hospital and close to the Centre of Blackpool). There are good transport links to surrounding areas, making it easy for service users and staff. We are currently in the process of finalising the lease arrangements for these premises and it is anticipated that the handover of this site will be by 6 June 22. When the lease is finalised, the location will be able to be shared more widely with staff and stakeholders for recruitment/consultation discussions.

In terms of ensuring readiness for the July 2022 opening of this service, estates teams are continuing to finalise designs and specifications, e.g. lighting for car park, security lighting security elements from a health and safety perspective.

6.4 **Workforce**

The IRS model will ask for current staff in the Trust to work in a different way, as well as ensuring investment, as previously described to Committee members. A full training plan will also be put in place to ensure that the new team are fully supported to work differently, and we will make use of the learning already undertaken by the Pennine Team.

With regard to current staff employed, relevant and appropriate discussions have commenced with the Specialist Triage Assessment Referral and Treatment Team (START) staff on the 1st March 2022. Within the NHS, this will take the form of a consultation process which involves staff side and Human Resource/ workforce colleagues, alongside senior managers of the service. Once the START consultation has been concluded, the collective consultation will start for the Home Treatment Teams, Frequent Attenders Team and admin for an estates change only. Throughout this whole process, staff have been included at all stages of the development of the IRS model with workshops etc. as this has been co-produced. We recognize that this does mean change for staff, but we remain fully committed

to supporting our staff and ensuring their involvement in all aspects of the change process. There will be no redundancy, but this process is about consulting and involving staff in the changes and ensuring that the staff are located to the area which best fits, their knowledge and skills. The staff are currently very active in the process and the feedback that we have received indicate that they feel generally very positive about the impact on patients and can see the positive benefits of the service improvements.

As discussed previously with Committee members, the IRS workforce model for Fylde Coast is outlined below. Recruitment to these roles will include consultation processes of existing staff, as outlined above and additional recruitment processes, which have commenced. There is currently no anticipated risk to go live date, due to workforce.

Role	Revised Model
Triage Practitioners	20.97
Manager	2.00
Pharmacist	1.00
Senior Call Handlers	2.60
Call Handlers	19.65
Admin	1.80

6.5 **Future IRS Workshop Arrangements**

A Fylde Coast Transformation morning is currently being planned to provide updates on IRS and Community Mental Health Transformation so there is full understanding across all teams and partners on both transformation programmes and the referral pathways.

6.6 **Blackpool Trust Hospital (BTH) Single Point of Access update**

Committee members will be aware that BTH provide Mental Health services, including the Single Point of Access). BTH have been involved in all workshops to date (reviewing Single Point of Access and pathways) and we continue to engage and work collaboratively in the development and planning for IRS roll-out.

6.7 **Additional Fylde Coast/Trust transformation programmes:**

Wesham Rehabilitation Unit

The Network has opened the new Wesham Centre in March 2022, which is a new community-facing rehabilitation centre in Wesham, an integral part to its continued rehabilitation and recovery transformation work. This Unit offers a new mental health pathway that sits between acute care and community living. With 28 beds for people who

have been in hospital and need some support to regain skills and confidence, the centre will help people with everyday tasks such as cooking, cleaning and looking after their own health and wellbeing alongside learning to effectively manage their mental health.

The new Wesham centre, accommodates 14 males and 14 females, and includes treatment rooms, living space, therapy gardens and community café at the entrance. The centre will offer service users a holistic approach including learning opportunities that help lead people towards happier and more fulfilling lives. The opening of Wesham Rehabilitation Centre is part of Trust plans to improve its mental health rehabilitation and recovery offering. Transformation work will also see the implementation of dedicated Community Mental Health Rehab and Recovery Teams in key areas across Lancashire and South Cumbria over the next three years.

The service will have a positive impact on existing service users and benefit new service users in need of a different kind of rehabilitation support. We aim to help people with long-term mental health conditions, manage their own care and give them back the independence and lifestyle they deserve.

Inpatient Reconfiguration

The capacity for inpatient provision for mental health inpatient beds within Lancashire and South Cumbria is challenged. The Trust has commenced a wholesale review, which potentially will lead to reconfiguration of inpatient provision. The review will see the creation of additional inpatient mental health beds and the eradication of out of area placements, with the Trust able to provide the right type of bed, in the right location, across what is a very large and diverse geographical area.

Community Mental Health Transformation

In the NHS Long Term Plan it sets out a transformative vision for community-based support for adults and older adults living with moderate to severe mental health illness and complex needs. The Trust will be developing and testing new ways of offering mental health services and looking at how services work better together.

This will include creating integrated community mental health hubs that support health and wellbeing, and ensure people get the support they need when they need it. This will transform primary and secondary community mental health services across localities by working collaboratively and blending the wide array of services. In addition to offering a wide range of mental health interventions, the Community Hubs will work hand-in-hand with a range of community workers from the voluntary sector, connecting people into local

activities that they are interested in to promote social connectedness, positive mental wellbeing and build on their own strengths and potential, enabling anyone with a severe mental health problem to live a fulfilling life.

Children and Young People's (CYP) Mental Health Transformation

Committee members will be aware that LSCFT is the provider of children's mental health services on the Fylde Coast, however this is jointly provided in Blackpool with BTH

A system wide external demand and capacity review on CYP mental health was undertaken in 2021, this process secured an integrated Care System transformational investment value of 10.7 million over the next three years.

The redesign Programme has been co-produced with our children and young people and their families underpinned by the principles of THRIVE. LSCFT are leading this redesign on behalf of the system.

This review has enabled resources to be identified for each locality that considers current and future demand, including population health priorities.

We have set the transformation strategic objectives in collaboration with our BTH partners, localised development and planning, including the early recruitment to new services has also commenced. The transformation of services will have a positive impact on access and waiting times, access to help in times of crisis and improve our early help offer through partnership development with the voluntary, community and faith sector.

6.8 Progress of actions following CQC inspection at The Harbour in April 2021

Following the CQC Inspection in June 21, the Trust continues to make progress in relation to making improvements to the care provided for our service users and also for our staff. Progress made to date on the action plan includes the following:

- Ward Managers, Matrons, Practice Development Nurses and Nursing & Quality team members have supported wards to maintain safe staffing and take forward improvements. There have also been increased numbers of medical staff, both at a junior doctor and consultant level, through locum agency recruitment.
- Recruitment campaigns and initiatives have been implemented and supported by ward and corporate teams and safe staffing has been maintained, with staff prioritizing patient

care. Progress in the last 12 to 18 months includes:

- Recruitment of 112 Registered Mental Health Nurses (RMNs) to inpatient wards, including 85 newly qualified nurses and 16 external Band 6 Senior Staff Nurses. We continue to recruit. We have successfully employed two additional night/ out of hours matrons to the team, in addition to the existing staff compliment.
- Development of virtual recruitment events have been developed, in response to restrictions implemented during the pandemic. A further face to face open day at the Harbour is being planned for April 2022.
- We have supported 11 Global Learners to complete their Objective Structured Clinical examination (OSCE) training and register with the NMC as Adult Registered Nurses; six of these are currently working at The Harbour, with a further three staff relocating to England over the next month
- Commencement of recruitment of International Nurses posts across the Trust; three have commenced at The Harbour and are working towards NMC registration; a further 85 are in recruitment. However, the global pandemic has adversely impacted the speed of recruitment.
- We have supported four Return to Practice RNs (1 LD and 3 MH).
- There are 30 Registered Nursing Associates across the Trust that have completed their Trainee Nursing Associate Apprenticeship. A further 74 Trainee Nursing Associates are in training across the Trust.
- Ten Peer Facilitators have been employed across Adult Acute wards. Each Peer Facilitator works on a different ward and compliments the clinical team in a non-clinical role. They wear a distinct lilac coloured polo shirt, which helps them to be easily identified and they can help service users in a variety of ways, and have an ethos deeply rooted in improving the service user experience and their recovery path.
- Preceptorship has been strengthened for all newly qualified professionals and RMNs who are new to the Trust, with a new preceptorship policy and a revised preceptorship offer. This includes a new preceptorship handbook, masterclasses and action learning sets throughout the first 12 months, a multidisciplinary brochure and an offer of a Master degree module in their second year.
- The Trust continues to develop a 'grow your own' model of staffing, with a nursing career pathway from entry-level to Consultant level as below:
 - Peer Facilitators
 - Apprentice Health Care Assistants
 - Health Care Support Worker Development
 - Trainee Nursing Associates
 - Top-Ups to from Registered Nursing Associate to RN

- Advanced Clinical Practitioners and accountable/ responsible clinicians
- Consultant Nurses
- Daily multi-disciplinary team safety huddles have been introduced across the Harbour wards, and there is a liaison across the Trust daily, to scrutinise staffing issues and identify mutual aid.
- The monthly Ward Managers and Matron Task and Finish Group, led by the Deputy Chief Nurse & Quality Officer, supports Ward Managers and Matrons to take forward improvements that improve patient and staff experience, including oversight of the Reducing Restrictive Practice programme, implementation of Safe Wards and development of the Ward Accreditation scheme.
- Dedicated support from the Nursing & Quality and Continuous Improvement Teams in relation to a range of improvement activities at the Harbour, such as the Reducing Restrictive Practice work, implementation of improvements such as Safety Huddles, E-Rostering standards and development of student nurses and preceptees.
- Learning from incidents and feedback- this has increased which we believe is a strength of leadership at a team management level, with the team positively encouraging positive feedback.
- There is a monthly safer staffing committee, which supports the analysis of fill rates, staffing levels and monitors specific actions in order to provide assurance in relation to Safer staffing. This is attended by the Senior Nurse Manager for the Harbour and the Network Director of Nursing
- Continued focus on Supervision:
 - Support from LSCFT Supervision Lead
 - Supervision groups for specific patients - compliments supervision arrangements
 - Restorative supervision arrangements and training 2 x staff in Nurse Advocacy roles
 - Leading by example- Matrons "Kitchen Table" supervision group
 - Safeguarding supervision in place, individually and group supervision including Triumvirate
 - Peer supervision group with Consultant Nurses
- Continuing collaboration with service users and carers regarding risk assessment, care planning and discharge facilitation (via Community Inpatient Meetings and Service Users and Carers Forum).
- Promotion of Resilience Hub to support staff - some referrals by the team which have been positive. The Harbour calm room, which is a dedicated wellbeing space for staff is being opened at the end of March.
- Enhancement of Wellbeing support- mindfulness sessions, group supervisions, team events, wellbeing visits- lollipop and food drop-at busy times to say a big Thank You to

our staff, development of a Fylde coast newsletter, and the introduction of a Fylde Coast Question and Answer session monthly with Directors.

- Leadership training has been commissioned and is being delivered by the Kingsfund. There has also been an extensive leadership and development program for Matrons and ward managers

All identified improvements have been placed within the Network's Quality Improvement Action Plan. The Network is continuing to:

- Review of the impact of the service improvements at a team and service line level within each governance meeting with a focus on Safe and Well Led across all service lines.
- Ensure Governance meetings are robust and assurance are included within service line highlight reports with service lines, reviewing how assurance is collected.
- Continue to progress the International Nurse Recruitment trajectory and highlight risks/ mitigating actions.
- Focus on risk management and ensuring risks as captured and discussed through governance.
- Deliver the wellbeing offer to staff across the Fylde Coast.

6.9 **Quality Improvement initiatives at The Harbour**

Linking with cultural change, enabling staff to initiate, engage and inform continuous improvement programmes has been a keen focus for the Network. In particular, this relates to the CQC Safer domain, where the focus has been on:

- The skill mix of nursing staff ensuring that safer staffing levels are maintained.
- Staffing arrangements, levels of recruitment, and business continuity planning arrangements have been enhanced to support the teams, in response to Covid 19.
- Ensuring patients are at the centre of care, and receive timely care planning and risk assessment as part of collaborative care planning.
- Accessing specific dementia training for those staff who do not work with patients with dementia.
- Attending to and supporting training compliance, clinical supervision and appraisals.
- Delivering the Safe Wards initiatives.
- Learning from incidents and near misses, to ensure patient care is enhanced.
- Listening and responding to feedback from patients, families and staff, in order that we can triangulate information and make the necessary service improvements.
- Access to therapeutic activity- a survey has been completed, which has demonstrated that patients on average receive between 1-3 hours of therapeutic activities, on top of their care being delivered to each patient. A more detailed survey is underway and will report in April

2022. Patients are reporting that they value the additional activities and have asked for more activities during evening time, which is currently being explored. The night staff arranged for a movie night on one of the wards which was positively received, and being considered in other areas.

- We are also currently reviewing with BAME patients through a BAME service user and carer group to be held at the end of March, how we can improve therapeutic activities to BAME patients.

A ward accreditation program has been developed across the Trust, which assesses our inpatient areas on quality standards expected for our services users. This is a peer review process of each inpatient area and reviews standards aligned to care, practice environment, patient experience etc. The ward accreditation process has been conducted across 8 of our 10 wards in The Harbour, with two assessments currently awaiting assessment. This has shown results which indicate improvements to care are being delivered in a sustainable way, and also helped us to develop further improvements. This ward accreditation process involves reassessment at regular intervals and provides assurance, along with other triangulated data regarding the quality of the care being delivered in our inpatient areas.

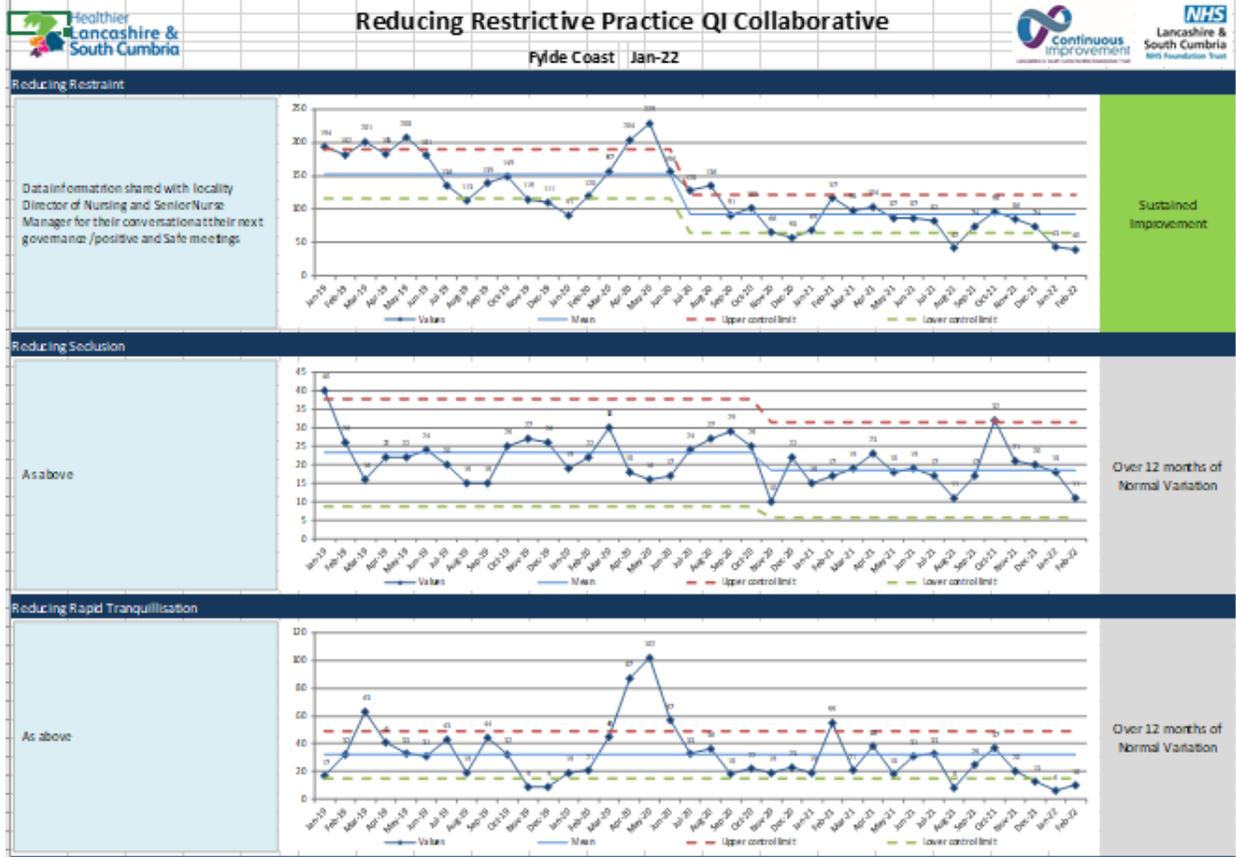
A number of wards have seen an enhancement of the environments across all of the wards, which includes Reminiscence Pods, which are used to support people with Dementia or other organic related problems/diseases and environments have been brightened and include more information for patients and their families. .





6.10 **Reducing Restrictive Practice QI Collaborative** – a quality improvement collaborative is underway across nine wards in Harbour around reducing restraints and violent incidents. This was due to these wards being above average in some of these indicators. Improvement work has included providing training and education for staff on gender and trauma informed care.

The results indicated a 60% reduction in restraints and seclusions. Alongside this, the approach around least restriction has been supported by the Safe Wards initiative, where each ward works on 10 domains that has a positive impact on patient experience. In particular, the work around patient expectations of behaviour on the ward has been very welcome and received by patients. A graphical representation of the reduction in restraint, seclusion and rapid tranquilisation is shown below.



Following this piece of work:

- Patient feedback is more positive, via the FFT feedback
- Staff confidence has grown and language is more positive, staff are able to look challenges differently with a better understanding of the de-escalation processes and how the environment and staff behaviours can help to reduce incidents on the ward.
- Less restrictions – patients able to manage more of their own care in collaboration with staff and able to bring in more of their own possessions.
- Welcome room –when patients are admitted to the ward, we recognise it can feel frightening and is an unknown experience for many. The teams have worked to have a dedicated space, which is calm and welcoming and also has all the information patients need on admission in one place. This has been positively welcomed by the patients and in some wards, there is a discharge tree in the admissions room, so that newly admitted patients can read messages of hope from those who have been discharged.

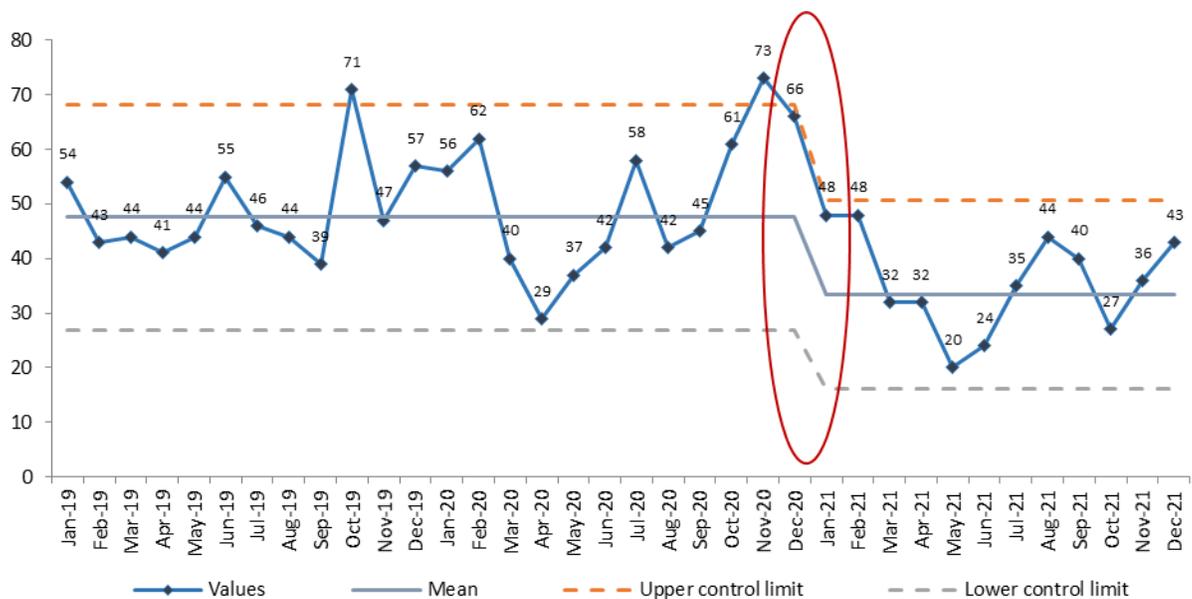
6.11 **Learning Disability and Autism** – there is currently a focussed piece of work being undertaken in which the aim is to improve patient experience within the environments and the management of Care and Treatment Reviews (CTR) based on service user feedback. The team are also implementing the green light tool kit and ensuring that we can manage the needs of patients

differently.

6.12 **Falls Prevention** – the aim of this collaborative is to reduce the incidence of falls by 20%, compared to baseline period, across participating wards by March 2022. To meet the above aim, the following actions have been taken

- Improving the process of falls risk assessments and early interventions.
- Visibility – increased environment and patient surveillance.
- Pressure Bed Monitor – using technology for early intervention.
- Post Falls Review form to inform and improve patients risk assessment and individualised falls management plans.
- Implementation of a clinical assessment template, to improve compliance with the post falls protocol.

SPC Chart Showing Number of Falls Across Collaborative Wards



During October 2019 and November 2020 the number of falls recorded across the older adult wards, whom this work is targeted, went above the upper control limit, which tells us that something out of the ordinary happened, causing “special cause variation”.

From December 2020 onwards, we can see a general trend of decreasing numbers of falls. This reduction in the average number of falls equates to a 30% decrease.

6.13 **SAFER** – this is a programme which ensures safe and effective discharge of patients from inpatient areas. This will ensure reduction in length of stay for our service users, reduction in out of area placements and improved partnership working, to ensure optimal and effective discharge planning. One of The Harbour wards were part of the Wave 2 Red to Green Listening into Action improvement programme during July 2021 and December 2021. The learning from this programme in being utilised to implement the SAFER flow bundle and Red to Green principles across all inpatient areas of the Trust. Phase 1 launches in April 2022 in the Harbour wards.

6.14 **Supporting staff health and wellbeing**

The last year has seen LSCFT continue to strengthen our approach to health and wellbeing. With the various waves of the Covid19 pandemic, this has meant that our staff have experienced stress in their work and personal life. As a Trust we have recognised this and have worked hard to mitigate the negative impact on staff. We have focused on compassion, support, engagement and collaboration, to ensure that wellbeing remains a priority for all of our staff.

In line with national recommendations, we have appointed a Wellbeing Guardian, who is a pivotal enabler in helping to create an organisational culture where empowering the health and wellbeing of our NHS people is routine and considered across all organisational activities and decisions.

This year saw the relaunch of the NHS Health and Wellbeing Framework this has helped inform the first iteration of our Health and Wellbeing Strategic Plan for 2022/23. The plan will come under the key priority of 'Valuing our people' within our People, Improvement and Culture Strategy.

Trust wide engagement through the 'Listening in to Action' programme focused this year on wellbeing, and particular success has been seen with the launch of a behaviour Wellbeing Pledge (below) and the identification and furnishing of a number of Calm Rooms.

Time

- We will all aim to finish on time at the end of our working days whenever we can
- We will take regular wellbeing breaks and support others to do so
- We will cover breaks for colleagues who may struggle to take breaks due to staffing pressures or service demands
- We will make time to talk and connect with colleagues

Emails

- We will reduce the number of emails we send and consider a phone call or MS Teams call as an alternative
- If we receive emails outside of our working time there is no expectation to respond
- We will take notice of people's email automatic replies
- We will set up a delay of delivery of emails if we send emails out of hours

Act with Kindness

- We will show kindness, civility and respect in line with our values and behaviours
- We will share recognition and appreciation regularly with others
- We will make sure our actions are a positive example for others
- We will monitor our own behaviour and ask for feedback
- We will provide constructive feedback to others when we experience incivility

Meetings

- We will plan team meetings that include time for wellbeing
- We will ensure all meetings run to time
- We will aim to have a meeting free day as a team
- We will plan shorter meetings to enable us to have a break

Support

- We will encourage and support flexible and hybrid working where possible
- We will ensure that we keep people as safe as we can with safe staffing levels
- We will look out for each other by having opportunistic wellbeing conversations and supporting access to services and facilities
- We will support all our people to feel valued and included
- We will provide regular supervision to enable opportunity for reflection, learning and development

The system wide Resilience Hub hosted and coordinated by the Trust supports staff and family members from health and social care settings and emergency services adversely affected by the COVID-19 pandemic.

As a Trust we remain committed to being an open, honest and transparent with staff and, as part of that, we strongly encourage staff to speak up about any concern they have at work; this is incredibly important in ensuring that we continually improve our services for all service users and improve the working environment for our staff.

Furthermore, we encourage staff to raise concerns with their managers and report incidents on the Trust incident reporting system. We also have a number of additional mechanisms to make it straightforward for staff to raise concerns, such as 'Dear Caroline' (for staff to contact our Chief Executive Officer directly with questions or concerns), 'Listening into Action (LiA)', 'Freedom to Speak Up' and our 'Health and Wellbeing' sites.

Teams have visits by Trust senior leadership both through announced and unannounced visits to all wards across the Harbour. The Director of Nursing attends wards, meets teams, attends complex Multi-Disciplinary Team meetings to support patients, and routinely attends handovers to listen to clinical issues and meet staff. Listening with professional curiosity is key to this and the director of operations and the medical director are equally involved in ensuring high level of director visibility and oversight.

We are continuing to support staff in education and development around:

- Rapid Assessment Interface and Discharge (RAID), which provides an in-reach psychiatric liaison service to prevent avoidable admissions to inpatient wards and mitigate longer lengths of stay associated with mental illness as a co-morbidity to physical conditions.
- Having an Advanced Clinical Practice (ACP) trainee role at the Harbour.
- Structured Clinical Management- support via Nurse Consultant.
- Masters course and modules.
- Access to specialist training e.g. bespoke safeguarding supervision via the new Locality Named nurse for safeguarding.

6.15 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

8.0 Financial considerations:

8.1 Any details are set out in the body of the report.

9.0 Legal considerations:

9.1 Any details are set out in the body of the report.

10.0 Risk management considerations:

10.1 Any details are set out in the body of the report.

11.0 Equalities considerations:

11.1 Any details are set out in the body of the report.

12.0 Sustainability, climate change and environmental considerations:

12.1 Any details are set out in the body of the report.

13.0 Internal/external consultation undertaken:

13.1 Any details are set out in the body of the report.

14.0 Background papers:

14.1 None

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting:	31 March 2022

COMMITTEE WORKPLAN

1.0 Purpose of the report:

1.1 To review the work of the Committee, the implementation of recommendations and identify any additional topics requiring scrutiny.

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.

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 7(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. A review of the workplan will be held in June 2022, in the new Municipal Year.

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 7(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 was held on 26 January 2022 in order to determine what the review will consider. The first full meeting of the review panel will take place on 19 April 2022.

Does the information submitted include any exempt information?

No

7.0 List of Appendices:

Appendix 7(a): Adult Social Care and Health Scrutiny Committee Workplan
Appendix 7(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.

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Adult Social Care And Health Scrutiny Committee Work Plan 2021-2022/2022-2023	
31 March 2022	<ol style="list-style-type: none"> 1. Enhancing the Stroke Network update on actions taken and recruitment. 2. Blackpool Safeguarding Adults Annual Report 3. Mental Health Services Update on CQC inspection outcomes and the initial response service development.
Training/ Briefing Session 20 April 2022	Fylde Coast Place-Based Partnership – update on establishment and briefing on the NHS picture in Blackpool going forward.
11 May 2022	Special meeting to consider update on drug related deaths scrutiny review recommendations, receive input from the Lived Experience Team on progress made and changes to service provision, update on project ADDER and the culmination of the Blackpool Fulfilling Lives Project.
TBC 23 June 2022	<ol style="list-style-type: none"> 1. CCG End of year performance 2. Blackpool Teaching Hospitals Trust/CCG: Overview report addressing progress made with patients waiting more than 52 weeks, long covid and the use of 111. 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	<ol style="list-style-type: none"> 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. 2. North West Ambulance Services – comprehensive performance report. 3. Smoking cessation new model application and impact.
Special meeting TBC September/October 2022	Mental Health Services As agreed at the meeting on 28 September 2021, following the update on the CQC inspection outcomes in March 2022 a full detailed progress report on mental health services to be provided to a special meeting to which the full partnership will be invited to attend.
TBC November 2022	<ol style="list-style-type: none"> 1. CCG Mid year performance update 2. Adult Services update
TBC January 2023	

TBC March 2023	<ol style="list-style-type: none">1. Update on Supported Housing Scrutiny Review Recommendations2. Adult Services update
TBC June 2023	<ol style="list-style-type: none">1. CCG End of year performance2. Final report on Drug Related Deaths Scrutiny Review Recommendations

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 May 2022	Scrutiny review of population health management to also include long covid.
TBC July 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.

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MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	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.	October 2022	Arif Rajpura	Delayed due to the pandemic. New date identified of October 2022.	Not yet due.
2	06.02.20	That an item on dementia be added to the workplan.	October 2022	Sharon Davis	Delayed due to the pandemic. Added to the workplan as a scrutiny review panel.	Not yet due
3	19.09.20	To receive the data from the initial findings of the trials regarding discharges on the two wards when completed.	March 2022	Jim Gardner, BTH	Update sent to Committee on 7 March 2022. Prior to December 2020 the Pharmacy-Led discharge service ran on all medical wards apart from wards 1,2,6,24 and 11 from Monday to Friday. Since receiving additional funding it now runs 7 days per week on all medical wards.	
4	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	At the request of BTH and the CCG and in agreement with the Chair and Vice Chair this item has been deferred to the Committee meeting in June 2022 to allow all required representatives to attend.	Not yet due.
5	28.09.21	To receive an update on mental health services in approximately six months on progress made against actions identified through the CQC	October 2022	Caroline Donovan	On agenda.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		inspection and that a full, detailed report of mental health services be provided again in approximately 12 months.				
6	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.	
7	11.10.21 (EX)	<p>Meals on Wheels Scrutiny Review</p> <p>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:</p> <p>A) That the Scrutiny Panel considers the draft leaflet prior to circulation.</p> <p>B) That the leaflet be circulated to GP surgeries, libraries, community centres and churches and be included in Council Tax bills.</p> <p>C) That the leaflet and/or corresponding information be provided to domiciliary care providers, social workers, community based health practitioners and the</p>	Original aim was before Christmas	Kate Aldridge	<p>Update 22/03/22: the leaflet is currently being co-produced with the main local providers to ensure it is fit for purpose. It will reflect the national picture, along with any unique selling points of individual providers.</p> <p>Previous update provided to Committee in December 2021:</p> <p>Kate Aldridge, Head of Corporate Delivery and Commissioning has advised that the leaflet has not yet been created, but both leading providers of meals on wheels in Blackpool have been contacted and information gathered from them about what needs to be included and information has been updated on the FYI directory in the meantime. Both providers are keen that the leaflet (while not recommending any provider in particular) helps people understand what meals on wheels can offer and what questions people could consider asking when they are looking to decide what is right for them. The providers are happy to work with the Council on the wording and content of the leaflet, and we will also be checking it works for the intended audience through its development (service users and friends and</p>	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		<p>Council's Customer Service staff to ensure they can provide advice as appropriate.</p> <p>D) That the leaflet contain advice regarding accessing benefits and be appealing and colourful.</p> <p>E) That the information contained within the leaflet also be provided through a Council webpage and in Your Blackpool.</p> <p>F) That the leaflet be updated on an annual basis by the Corporate Delivery Unit to ensure the information is current and recirculated.</p>			family). It is expected that a draft will be presented to the Committee in the new year.	
8	02.12.21	That a summary of CCG performance across Lancashire be provided to the Committee to allow comparison.	February 2022	Janet Barnsley	Response circulated 9 February 2022.	
9	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	February 2022	Janet Barnsley	Response circulated 9 February 2022.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		members of the Committee.				
10	03.02.22	That a special meeting would be held later in the year to which Mr Treasure would be invited in addition to representatives of the Lived Experience Team (LET). The meeting would allow Members to fully explore the issues raised and link together the recommendations of the drug related deaths scrutiny review to be considered later during this meeting with the ongoing work of the LET.	May 2022	Sharon Davis	Meeting set up for 11 May 2022.	