

Blackpool Council

14 June 2022

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

The above members are requested to attend the:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Thursday, 23 June 2022 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

(1) the type of interest concerned either a

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

and

(2) the nature of the interest concerned

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

2 MINUTES OF THE LAST MEETING HELD ON 31 MARCH 2022 AND THE SPECIAL MEETING HELD ON 11 MAY 2022

(Pages 1 - 12)

To agree the minutes of the last meeting held on 31 March 2022 and the special meeting held on 11 May 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 INITIAL RESPONSE SERVICE (Pages 13 - 20)

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) and an update on Mental Health Transformation across the Fylde Coast, following the presentation given to the Committee in March 2022.

5 ADULT SERVICES OVERVIEW REPORT (Pages 21 - 42)

To provide an overview of the whole directorate including financial position. Members had also requested a special item on delayed discharges which is contained within this report.

6 BLACKPOOL CLINICAL COMMISSIONING GROUP END OF YEAR REPORT (2021/22)
(Pages 43 - 66)

To consider the mid year performance of the Blackpool Clinical Commissioning Group (April 2021 – March 2022) and also the impact of the COVID-19 pandemic on current performance and ongoing recovery planning.

7 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST UPDATE REPORT (Pages 67 - 70)

The purpose of this report is to update and outline actions that the Trust are undertaking to reduce the 52 week backlog, improve non-elective/emergency patient flow and address long COVID-19.

8 SCRUTINY COMMITTEE WORKPLAN (Pages 71 - 80)

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

9 DATE AND TIME OF THE NEXT MEETING

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

Venue information:

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

Other information:

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

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

Agenda Item 2

MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 31 MARCH 2022

Present:

Councillor Hutton (in the Chair)

Councillors

Critchley	D Scott	Walsh
Hunter	Mrs Scott	

In Attendance:

Councillor Mrs Maxine Callow JP, Scrutiny Lead Member

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

Ms Joanna Stark, Director of Operations, Lancashire and South Cumbria NHS Foundation Trust (LSCFT)

Ms Linda Bennett, Director of Nursing and Quality, LSCFT

Dr Mark Worthington, Deputy Chief Medical Officer, LSCFT

Mr Stephen Ashley, Independent Chair, Blackpool Safeguarding Adults Board

Ms Sharon Walkden, Project Manager, Acute and Specialised Services Portfolio, Lancashire and South Cumbria Integrated Care System (ICS)

Ms Hayley Michell, Interim Project Director, Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network

Ms Catherine Curley, Clinical Director for Stroke in Lancashire and South Cumbria (in attendance virtually)

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 3 FEBRUARY 2022

The minutes of the last meeting held on 3 February 2022 were signed by the Chair as a true and correct record.

3 PUBLIC SPEAKING

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

4 ENHANCED ACUTE AND REHABILITATION STROKE SERVICES IN LANCASHIRE AND SOUTH CUMBRIA

Ms Sharon Walkden, Project Manager, Acute and Specialised Services Portfolio, Lancashire and South Cumbria Integrated Care System (ICS), Ms Hayley Michell, Interim Project Director, Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN) and Ms Catherine Curley, Clinical Director for Stroke in Lancashire and South Cumbria provided a presentation on the work to develop Stroke Services at Blackpool Victoria Hospital. It was noted that the aim of the work was to standardise stroke care across the whole ICS and it was acknowledged that a key driver of

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 31 MARCH 2022**

this work was that stroke services in Blackpool were behind those provided in other areas.

The presentation highlighted the key treatments required following a stroke and the importance of a speedy response. It was reported that Blackpool would be one of three stroke centres provided across the ICS and the key aims of the work were to reduce the number of deaths and the number of long term disabilities resulting from stroke. The programme was incremental over three years, and now, towards the end of Year 1 progress could already be evidenced.

The Committee queried whether the programme was meeting key targets in terms of recruitment and the deadline by which the hyper acute care would be provided at Blackpool Victoria Hospital. In response, Ms Walkden advised that the provision of hyper acute care was a final step in the programme and was scheduled to be in place by April 2024. She advised that a full timeline of implementation could be circulated and that recruitment was intended to be gradual over the three years of the programme.

In response to a question regarding reducing the length of stay by stroke patients, Ms Michell advised that improvements to ambulatory care and community rehabilitation would allow patients to be discharged from hospital as soon as they were medically well reducing the length of stay.

Members noted the challenges that Blackpool Victoria Hospital had in meeting targets to see patients arriving at the Emergency Department within four hours and questioned how the ICS could be sure that stroke patients were seen much more quickly. Ms Curley advised that the programme would put in place specially trained nurses who operated 24 hours a day, seven days a week at the 'front door'. These nurses would triage arrivals, identify patients with a suspected stroke and put them immediately on the correct pathway.

In reference to the training of staff, Members were informed that due to Covid a simulation suite had been provided across the ICS to provide the essential training required and assurance was given that staff in Blackpool had been adequately trained.

The Committee queried a number of statistics including the target for the use of thrombolysis and the number of deaths resulting from stroke. In response, Ms Walkden advised that thrombolysis must be undertaken within four and a half hours of the stroke to be effective. There was a national target of 15%, with hospitals across the region gradually increasing their use to between nine and 13%. She reiterated that its use depended on the circumstances of each individual patient. In relation to the number of deaths, it was acknowledged that 442 was close to 20% of all stroke patients and required improvement. Ms Walkden confirmed that a reduction in the number of deaths and the number of patients suffering from a long term disability following a stroke was a key priority of the programme.

The Committee agreed that a further report be received in approximately 12 months in order to ascertain progress and that the business case and timeline for the programme be recirculated.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 31 MARCH 2022**

5 BLACKPOOL SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Mr Stephen Ashley, Independent Chair, Blackpool Safeguarding Adults Board (BSAB) presented the Annual Report to the Committee. He advised that the statutory requirement to produce an annual report during the pandemic had been removed, however, the BSAB had wanted to highlight the good work undertaken by all partners during this time and had therefore chosen to produce one. He noted that some work had been suspended during the pandemic, with emergency provision put in place and that there had been an increase in safeguarding activity.

Mr Ashley also advised that the BSAB was developing its future workplan which it would present to the Committee in approximately six months. The themes expected to be included in the workplan were mental health and inpatient bed availability, self neglect, domestic abuse, the care system and Covid recovery.

The Committee noted that 65.3% of the number of people who had expressed their desired outcome in relation to the safeguarding concern they raised had fully achieved the outcome they desired and how success was determined in this area. In response, Mr Ashley advised that the BSAB had the highest figure in Lancashire for achieving their desired outcome and that in the remainder of cases the outcome desired was unrealistic and could not be achieved.

Members commented that it was unclear from the report what 'other safeguarding enquiries' might relate to and Mr Ashley advised that it could be in relation to a health referral rather than a safeguarding concern and that he would ensure future reporting was better explained.

Reference was made to Blackpool as a whole being an outlier in many categories such as alcohol and substance misuse and queried the work of the BSAB in making improvements. Mr Ashley noted that Blackpool was a national outlier in many areas of concern and advised that there was a huge amount of work ongoing to address the concerns. He noted that there were long term plans in place that did not have an immediate impact and that finances continued to be a struggle. Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health added that Young Adder, Adder and Changing Futures had all been established to address such areas of concern and that partnership working had improved with a new Health and Wellbeing Strategy expected to be developed in the near future.

In relation to the Health and Wellbeing Board, Members queried the role of the third sector on that Board. In response, Councillor Farrell advised that there were two third sector representatives on the Board and that other relevant partners could be invited to attend as and when necessary. Mr Ashley added that training and development provided by the BSAB was also open to third sector organisations.

From the Annual Report Members had concluded that the same themes and trends from reviews had been repeated and it was queried whether lessons were being learned. Mr Ashley agreed that themes from the Safeguarding Adult Reviews tended to be repeated and acknowledged that partners had previously not held each other accountable enough for learning. He advised that there had been a significant cultural change with more

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 31 MARCH 2022**

engagement with front line staff. He advised that he felt that improvement was ongoing and that at the time of his next Annual Report he was confident that the concerns would have been addressed.

The Committee agreed to receive the BSAB workplan in approximately six months.

6 MENTAL HEALTH SERVICES

Ms Joanna Stark, Director of Operations, Lancashire and South Cumbria NHS Foundation Trust (LSCFT), Ms Linda Bennett, Director of Nursing and Quality, LSCFT and Dr Mark Worthington, Deputy Chief Medical Officer, LSCFT provided an update to the Committee on the progress made in relation to the Initial Response Service and an improvement report following the previous Care Quality Commission (CQC) inspection of the Trust.

In relation to the improvement made since the 'requires improvement' CQC inspection, Members noted the absence of an action tracker in the report and queried whether all actions identified following the inspection had now been completed. In response, Ms Bennett advised that the CQC action plans had been completed. She added that recruitment remained an ongoing consideration and that a number of transformation projects had been introduced across the Fylde locality to allow for the natural progression of staff.

Ms Bennett added that the Trust had recently met with CQC inspectors to discuss progress, evidence and statistics and feedback from the Commission had been positive despite the additional pressures caused by the pandemic. In response to a question, Ms Bennett advised that there would not be a further report from the CQC at this time, however, detailed feedback had been received by the Trust.

The Committee discussed the issues with recruitment in detail, and queried whether issues with staff turnover contributed to the continual need to recruit. Dr Worthington advised that staff turnover varied across different parts of the workforce. He advised that there had been a change at The Harbour, an area of previous concern for staffing, with the improvement and progress made having a positive impact on staff. Ms Bennett advised that staffing was the biggest challenge facing the NHS nationally and that despite this the Trust had been very successful in recent recruitment for senior members of staff.

In response to further questions, Ms Bennett advised that apprenticeships and training programmes were on offer where possible to support workers into skilled and qualified professions. She added that the Trust was making the training as attractive and interesting as possible to staff.

Members discussed the introduction of the Initial Response Service (IRS) in detail and noted that the premises for the service had not yet been secured. It was queried whether the delay in securing a building would delay the overall introduction of the service to Blackpool. Ms Stark advised that there had been difficulties in securing a local estate from which to run the service and that a deadline had been set to find an alternative site should the original estate identified not be procured. Following further questions, Ms Stark advised that it was possible that the introduction of the Service would be delayed and agreed to provide an urgent update to the Committee once the deadline for the

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 31 MARCH 2022**

estate procurement had expired. A full report would then be provided to the Committee at its next meeting.

The Committee went on to consider the identified bed deficit and noted that the previous modelling had suggested the Trust was 90 beds short. Dr Worthington advised that additional rehabilitation beds had been identified which would free up other beds. He noted that additional sites had been identified for redevelopment to add in additional adult and older adult capacity. It was expected that the deficit would be reduced to zero by May 2023, however, Members were informed that should new modelling be carried out, it might change the figure required again due to the additional demand seen over the previous few years.

In reference to the transition from children's to adults mental health services, Members of the Committee sought assurance that improvements had been made and that a good transition was now provided. In response, Ms Bennett advised that she had assumed responsibility for the transition and undertook regular quality assurance of the staff and processes in place. She advised that pathways for the transition were being developed and that all complaints and incidents were logged so that they could be learned from. Additional support was also being provided for both families and the professionals working with young people through the service transition.

The Committee agreed to receive an urgent update on the procurement of a building for the IRS and a further update to its next Committee meeting.

7 COMMITTEE WORKPLAN

The Committee agreed to add consideration of Maternity Services in Blackpool to its workplan for October 2022 and noted the update on the implementation of its previous recommendations.

8 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting was agreed as Thursday 23 June 2022, subject to confirmation at Annual Council. It was also noted that a special meeting of the Committee would be held on 11 May 2022, commencing at 6pm.

Chairman

(The meeting ended at 7.51 pm)

Any queries regarding these minutes, please contact:
Sharon Davis, Scrutiny Manager
Tel: 01253 477213
E-mail: sharon.davis@blackpool.gov.uk

This page is intentionally left blank

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
WEDNESDAY, 11 MAY 2022**

Present:

Councillor Hutton (in the Chair)

Councillors

Critchley	D Scott	R Scott
Hunter	Mrs Scott	

In Attendance:

Inspector Dave Callan, Lancashire Constabulary
Detective Chief Superintendent Sue Clarke, Lancashire Constabulary
Detective Chief Inspector Jon Clegg, Lancashire Constabulary
Ross Colby, Lived Experience Team
Sharon Davis, Scrutiny Manager, Blackpool Council
Zohra Dempsey, Public Health Practitioner, Blackpool Council
Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health
Kelly Gorrie, Nurse, FCMS
Jonny Hall, Team Leader, Adult Adder
Hannah Maiden, Public Health Registrar, Blackpool Council
Judith Mills, Consultant in Public Health, Blackpool Council
Lorraine Moffat, Head of Complex Lives, FCMS
Vikki Piper, Head of Housing, Blackpool Council
Nicola Plumb, Manager, Lived Experience Team
Laura Smy, Service Lead - Multiple Disadvantage, Public Health
Ian Treasure, former director, Blackpool Fulfilling Lives
Andy Walker, Young Adder Partnership Manager

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 EXCLUSION OF THE PRESS AND PUBLIC

The Committee agreed that the press and public be excluded from the meeting during consideration of the maps developed in relation to Recommendation 1 of the Drug Related Deaths Scrutiny Review, *'That services, led by Emily Davis and Jon Clegg, work together to map the location of death, place of residence, and location of non-fatal overdoses and related organised crime in order to identify where to target joint resources and to share the intelligence as appropriate, reporting back to Committee in six months on progress'*, on the grounds that they would involve the likely disclosure of exempt information as defined in Paragraph 2 of Part 1 of Schedule 12A of the Local Government Act 1972.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
WEDNESDAY, 11 MAY 2022**

3 DRUG RELATED DEATHS SCRUTINY REVIEW - UPDATE ON RECOMMENDATIONS

(The press and public were excluded prior to the consideration of the verbal update provided regarding Recommendation 1 as defined in Paragraph 2 of Part 1 of Schedule 12A of the Local Government Act 1972).

Detective Chief Inspector Jon Clegg, Lancashire Constabulary presented the update report on the recommendations of the Drug Related Deaths Scrutiny Review. He provided a detailed update on the work carried out in relation to Recommendation 1 of the review, *'That services, led by Emily Davis and Jon Clegg, work together to map the location of death, place of residence, and location of non-fatal overdoses and related organised crime in order to identify where to target joint resources and to share the intelligence as appropriate, reporting back to Committee in six months on progress'*. It was noted that this mapping had been carried out and that further work was required to really understand the data and utilise resources accordingly.

The Committee discussed in detail the update provided and considered that communication about the ongoing work to address substance misuse, support the community and target related anti-social behaviour with the public was poor resulting in many people believing that nothing was happening to address their concerns. Detective Chief Superintendent Sue Clarke, Lancashire Constabulary accepted that communication could be improved and agreed to highlight the concerns of the Committee regarding visibility to the Constabulary.

Members also considered the concerns around County Lines, linked child sexual exploitation, criminal exploitation in relation to the supply of illegal substances and the preventative work ongoing through projects such as Young Adder. In response to a question, Ms Judith Mills, Consultant in Public Health highlighted the work ongoing in schools to increase resilience and enable young people to make better choices.

It was noted that an update had been provided against all the recommendations of the review and Members considered that all recommendations were still ongoing and required a further review of progress in approximately six months time.

The Committee agreed to add a further update to its workplan on the Drug Related Deaths Scrutiny Review Panel recommendations in approximately six months.

4 PROJECT ADDER AND THE WIDER BLACKPOOL APPROACH TO MORE EFFECTIVELY RESPOND TO MULTIPLE DISADVANTAGE

Ms Judith Mills, Consultant in Public Health introduced the report and set out the new approach being taken to service provision to people with multiple disadvantages in Blackpool. She highlighted that previously accessing of services amongst this group of people had been poor due to the fact that they had been set up without any input of the people they were supposed to help. Many people felt as though they had been let down by services and therefore did not trust those providing them. The new approach to services would ensure that people were listened to and were created with input from those people that had accessed support previously and current service users.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
WEDNESDAY, 11 MAY 2022**

Inspector Dave Callan, Lancashire Constabulary provided an overview of the work of the Lancashire Violence Reduction Network, System Change and Trauma Informed Approach. He advised that significant investment had been made in targeting drug related crime, with over 80 arrests and almost £300k in drugs seized since the introduction of the team approximately 16 months ago. He advised that the Constabulary and partners were taking a refreshing approach to working with offenders and victims to ensure it was trauma informed and that officers were having a positive impact by having a greater understanding of the people they were dealing with and the trauma that had already affected their lives.

Members noted the comments made in the previous item relating to communication with members of the public and raised concerns that the public could not see and understand the benefits of the softer, trauma informed approach taken to individuals who had potentially been arrested due to being exploited. In response, Insp. Callan advised that arrests were made when appropriate and it was the support being put in place following arrest that could have a positive impact on a life. Using the Lived Experience Team to engage with and support vulnerable people who had been exploited by criminals was integral to their recovery. It was agreed that it was important to ensure that the public had realistic expectations of what the Police would do and that work was required to increase understanding and tolerance. It was also agreed that the perception of the public was important and Councillors were encouraged to ensure that residents continued to report all issues to the Police to ensure an accurate picture.

The use of cannabis by young people was discussed in detail, with concern raised that smoking cannabis was very visible and that it could often be smelled around the town centre, on the promenade and even in residential neighbourhoods. In response, Detective Chief Superintendent Sue Clarke, Lancashire Constabulary advised that there was a balance to be achieved with ensuring that young people were not brought into the criminal justice system without due cause due to the long lasting impact on their lives. She added that investment had been made to educate young people on the dangers of cannabis use and understand the reasons behind why they were using it. It was noted however, that there was a certain level of social acceptability regarding its use.

Further concern was raised that a lack of Police visibility increased the use of cannabis publicly. In response, Det Ch Supt Clarke advised that ideas from the Committee would be welcomed on improving communication with the public and encouraging the public to be more proactive in engaging with the Police. She advised that seven crime hotpots had been identified within Blackpool and that an increased Police presence would be visible in these areas.

The Committee referred to previous discussions held on the Blackpool Fulfilling Lives programme which had now come to a conclusion, with one legacy being the Lived Experience Team. In response to questions, Mr Ian Treasure, former director of Blackpool Fulfilling Lives advised that all required monitoring had been undertaken by the Lottery funding team. He reported that all spending had been approved and that the legacy work carried out in 2021 had resulted in Blackpool becoming a significant beneficiary of the new Changing Futures initiative. Of the clients referred to BFL, 529 people had been helped through the programme into new housing or treatment programmes. There had been a number of real life success stories with whole lives changed and dozens of people

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
WEDNESDAY, 11 MAY 2022**

had found employment. A key reason for the high costs of the programme were the high levels of staffing required to work with a high needs group of people.

The work of Fulfilling Lives was commended as was the ongoing work of Adder, however, concern was raised regarding the sustainability of funding. In response, Ms Mills advised that new streams of funding were constantly becoming available and the team and partners had been very successful in being awarded funding.

Mr Jonny Hall, Team Leader, Adult Adder provided an overview of the ongoing work of Adder in Blackpool. He advised that the team worked with people with complex needs at risk of overdose. He advised that the aim of Adder was to work with people and react in a different way, as many clients would previously not have accessed substance misuse services. Referrals into Adder could come from the Police or Health Services and it was noted that Adder was for people that met a specific criteria with general substance misuse services still provided by Horizon.

The Committee went on to receive information from Ms Lorraine Moffatt and Ms Kelly Gorrie, representing the homeless health provision provided by FCMS who advised that the small team sought to build relationships with the clients in order to provide healthcare in a different way. Links to the Emergency Department had been established in order to allow information sharing and ensure clients received the treatment they needed. It was a nurse led provision with doctors available for support and guidance when required. The team worked flexibly and used imaginative ways to work with clients. Screening and vaccination had also been made available to the client base, which would not usually access such services.

An overview of the Lived Experience Team (LET) was provided by Nicola Plumb, LET Manager who advised that the small team which had started as part of the Blackpool Fulfilling Lives initiative had now grown to a team of 21, all with lived experience and all now giving back to society. The team worked on a range of provision, looking at what a person wanted to do and needed to do in order to learn how to live their lives. This could involve taking a person for a day out to the zoo or attending AA meetings with them. She introduced Ross Golby, LET employee and former client of Blackpool Fulfilling Lives (BFL) who was in attendance to tell his story to the Committee.

Mr Golby explained that only five years ago he was abusing substances and living a chaotic life. He had been engaged by BFL who had worked with him to turn his life around, had provided him with housing, support and ultimately a job. He explained that without that help and support he felt that he would still be using drugs and that since starting recovery he had achieved a lot including attending college and passing his driving test. Members commended his achievement and felt that success stories like this one should be more widely shared with the public, with the individual's agreement, to show what could be achieved.

Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health reported that a roundtable event was being arranged in order to identify how the narrative could be changed and ensure the right messages were promoted to the public. The Committee agreed that it was crucial that examples of the wonderful work were made more widely known.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
WEDNESDAY, 11 MAY 2022**

The final topic for the Committee to consider was where service provision could and should go next, with the Changing Futures programme highlighted as building on the work previously undertaken. Ms Laura Smy, Service Lead, People with Multiple Disadvantage, Public Health and Ms Hannah Maiden, Public Health Registrar provided an overview of Changing Futures and the new posts being funded in services such as the Citizens Advice Bureau that would use the learning of the Lived Experience Team to interact with clients in a different way.

It was concluded that the wider Blackpool approach to more effectively respond to multiple disadvantage was bringing about systematic change, mapping and identifying barriers to engagement and valuing lived experience and co-production. Members valued the approach being taken and agreed that the main thing required was communication with members of the public and all Councillors to help them understand the work of services and the approach being taken.

The Committee agreed:

1. That appropriate services work with their Communications Teams in order to identify the ways in which the successes can be communicated with members of the public and ensure that expectations were set appropriately.
2. That all Councillors be invited to attend Trauma Informed training.
3. That an update be provided to a future meeting to allow the Committee to ascertain progress.

Chairman

(The meeting ended at 7.57 pm)

Any queries regarding these minutes, please contact:

Sharon Davis, Scrutiny Manager

Tel: 01253 477213

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

This page is intentionally left blank

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Ursula Martin, Executive Director of Improvement and Compliance, Lancashire and South Cumbria NHS Foundation Trust
Date of Meeting:	23 June 2022

INITIAL RESPONSE SERVICE

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) and an update on Mental Health Transformation across the Fylde Coast, following the presentation given to the Committee in March 2022.

2.0 Recommendation(s):

2.1 The Committee is asked to consider the progress and next steps on the IRS implementation and progress on continued improvements being made at The Harbour and Fylde Coast Network.

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.

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 initial soft launch for Fylde Coast IRS was planned for April 2022, however Lancashire and South Cumbria NHS FT, despite initially locating a number of sites, have not been able to identify a suitable estate to that would support the IRS specification. As a result of not identifying a suitable estate and the learning from the launch of the IRS in other parts of the Trust (Pennine and Central and West), the team are exploring further options via an options appraisal.

6.2 IRS model

Due to capital pressures and learning from the IRS implementation which has already happened, the Trust is currently in the process of scoping alternative potential options for the IRS Trust wide, which includes having less IRS teams covering larger areas, matching capacity to demand, and building in enough local knowledge/directories with accurate information, so there aren't any delays in answering the queries that come through first time.

The model will still be an all age Initial Response Service and pathways have been agreed with Blackpool Teaching Hospitals and our internal CAMHS services.

6.3 Workforce

A successful rolling programme of recruitment has been ongoing across the Trust to staff the implementation of the IRS, including Fylde. This recruitment has now been temporarily paused whilst the resulting options appraisal is undertaken as described above.

The consultation with the Specialist Triage and Referral Team (START) team who will form part of the IRS has been completed.

The Home Treatment Team consultation will not commence until all the options have been concluded and a final way forwards agreed. This is due to the fact this relates to a potential change of base for this team, so until any site discussions are concluded, consultation is not possible.

6.4 Future IRS Workshop Arrangements

Initial meetings have been held across the Fylde coast with Blackpool Council, Clinical

Commissioning Groups (CCGs) and Blackpool Teaching Hospital. The model and pathways have been agreed and a task and finish group has been established to maintain as much momentum on the programme as is possible.

6.5 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) for the service that they provide and we continue to engage and work collaboratively via the task and finish group.

6.6 Risks

The immediate identified risks with mitigations are identified below:

Risk	Mitigating Actions
Not achieving the identification of an appropriate Estate causing significant delays and impacting on programme delivery.	The estates team are scoping alternative options in line with the learning from the other IRS launches.
Capital project costs may exceed budget.	Review options for additional funding as well as mitigating project costs in the identification of the site/scope
Delay to facility “go live” date.	Undertake thorough options appraisal for alternative sites with stakeholders. Review options for accelerated delivery
Recruitment to all posts not within the time frame for the Initial Response Service “ go live” date.	Recruitment campaigns being undertaken across Blackpool and the Fylde Coast.
111 first implementation Quarter four unmet demand	Working with the national team and undertaking demand and capacity work.

6.7 Key Learning from launch of IRS within Pennine and Central and West Lancashire

Key Learning Points	Mitigating Actions in place to address
Implement Consultant advice and guidance for GPS prior to go live prior to reduce routine demand	Advice and Guidance to commence across Blackpool and the Fylde Coast in July.

To have a robust plan in place to clear START waiting times with dedicated staff in place to support with weekly monitoring .	Action plan in place with a trajectory set with weekly monitoring in place.
Shorter soft launch and market the service for increased self-referrals to reduce the routine demand and release capacity in primary care.	Targeted marketing plan in place across Blackpool and the Fylde Coast to support a full launch when required.
Release of clinical staff prior to go live to have training on all the systems and processes including the live data dashboards.	Backfill to be arranged once go live data is confirmed to release clinical staff with some bespoke online learning.

6.8 Additional Fylde Coast/Trust transformation Programmes

Wesham Rehabilitation Unit

The Rehabilitation centre successfully opened in March 2022.

When Wesham Rehab Unit was developed, it was to accommodate 14 male patients in one single sex wing and 14 female patients in another wing that share living space, a garden, dining and kitchen facilities and activity/recreational facilities. This design was developed in 2018/19 to meet the demand/capacity issues for both male and female rehabilitation beds and worked with the physical layout of an existing NHS former rehabilitation ward on the Wesham site.

Following the launch of the Wesham Rehabilitation Centre in March 2022, referral and assessment evidence suggests that there is continuing limited demand for the female rehabilitation beds. This is reflective of the national picture where bed provisions in other NHS Trusts are weighted more heavily towards male patients.

In the context of urgent care pathways and excessive length of stay experienced by some acute patients, the senior clinical team assessed and reviewed the demand for both male and female beds. They made a number of recommendations alongside the Quality Impact Assessment to the Network Triumvirate. In order to assist with pressures across the system, an executive decision has been made to utilise Wesham as a male only unit. This decision will continue to be under review.

Going forward, female accommodation will continue to be provided for our community by Salford Lodge, Salford and Brookhaven in Preston. We will continue to work closely with the Rehabilitation Flow team, care coordinators and those units and patients to support their care in line with the transformational work we are undertaking in the Care Group.

6.9 **Community Mental Health Transformation**

Lancashire and South Cumbria NHS Trust is working with service users, colleagues and support organisations to improve community mental health services across Blackpool and the Fylde Coast, as part of the national programme for Community Mental Health Services transformation.

This forms part of a national programme set out in the NHS Long Term Plan to enable adults with severe mental illness to access care and support in a new, more joined up and effective way, regardless of their diagnosis or level of complexity.

This is about offering flexible and personalised care and support that responds to an individual's mental health needs and preferences close to home; while also increasing support for the wider factors that can impact wellbeing, such as employment, housing and physical health.

This includes creating community hubs made up of a range of colleagues providing different services to work with primary care networks (PCNs) and locality teams, who will provide more specialist care. These new teams will be working within GP areas to improve access to services at a more localised level.

This programme has a particular focus on transforming adult eating disorders, personality disorder/ emotional regulation, and community rehabilitation services. Partners are working together to develop an integrated system of care and support that:

- Improves access to care; making it clear, simple and quick to get support when it's needed
- Ensures care is flexible and personalised to reflect the service user's needs and preferences
- Has a holistic approach, putting the patient, not their diagnosis or their symptoms, at the centre of their treatment plan.
- Removes the need for service users to re-tell their story every time they receive care

This transformation involves a range of partners, who are working together to deliver a fully integrated community-based model of personalised care and support for people with severe

mental illness. These partners include:

- Primary care services – with integrated services based within networks of local GP practices (known as Primary Care Networks) and we have established working groups with the Fleetwood and Blackpool PCNS
- Other NHS mental health providers –Blackpool Teaching Hospitals
- Blackpool and the Fylde Coast Clinical Commissioning Group
- Local authority social care commissioners – Blackpool Council and Lancashire County Council

Voluntary and community sector organisations.

6.10 **Conclusion**

Work continues with the IRS model across the Trust. Learning from the other IRS which have been implemented across the Trust is being undertaken, to ensure we optimize the model, including the estate. The team across Fylde also continue to make transformational improvements in other parts of the Mental Health pathways in line with the long term plan. The Committee are asked to note the progress being made in relation to the IRS and Fylde Coast transformations.

6.11 Does the information submitted include any exempt information? No

7.0 **List of Appendices:**

7.1 None.

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 Detailed in body of 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.

This page is intentionally left blank

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting:	23 June 2022

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

1.1 To provide an overview of the whole directorate including financial position. Members had also requested a special item on delayed discharges which is contained within this report.

2.0 Recommendation(s):

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

3.0 Reasons for recommendation(s):

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

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

3.3 Is the recommendation in accordance with the Council's approved budget? 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 Covid has impacted significantly on the way in which services in Adult Social Care (ASC) have been organised, located and delivered since the start of the pandemic. These were

comprehensively detailed in previous reports.

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

6.2 **Adult Social Care Division**

Staffing

As we continue to emerge from the pandemic, the legacy of its impact on Adult Social Care continues to affect work on a daily basis. Adult social care staff now undertake a hybrid working arrangement of four days in the office and one day at home; for full time staff, on a rota basis. This has been in place since the end of April 2022 and appears to be working well, 5 day working from the office is limited by available allocated desk space and to those staff who for personal reasons cannot work from home.

The arrangements for staff who have to enter residential settings is being managed via testing before visiting or by the home on arrival before staff can enter a care setting. The overwhelming majority of frontline staff took advantage of the vaccination and booster programmes. However despite this there was an increase in staff absences due to testing positive, both symptomatic and non-symptomatic which seemed to peak in the first 3 months of this year but has now significantly reduced.

6.3 **Service Delivery**

Face to face work has returned to pre-pandemic levels, teams are reporting an increase in volume of work activity which can be attributed to a number of factors; people presenting with care needs are coming forward in crisis rather than when preventative work can meet need, issues with long waits for domiciliary care are having to be managed by ASC staff regular contact and holding cases rather than services being put in place to support, we have had high rates of staff sickness linked to Covid but some longer term absences are also impacting, the struggle to recruit staff has impacted on our ability to fill vacancies and we are carrying a high number of vacancies at this time.

To address this, we are using a combination of things – agency staff, additional hours to part time staff, acting up opportunities, offering jobs to students who have completed their qualifications, and supporting unqualified staff through Social Work degree apprenticeships. In addition we are running virtual recruitment events, led by the Director and senior managers, highlighting the benefits of working for Blackpool Adult Social Care, and asking our staff and former students to talk to potential applicants about their experiences of working for us.

Assessing for deprivation of liberty was a significantly impacted area, due to the restrictions

of visiting to care homes. This was mitigated by the use of video and audio technology by both medical staff and Best Interest Assessors so we continue to have no backlog of significance. Recent guidance advising to return to face to face assessments has been followed by our Best Interest Assessors. The increased numbers of outbreaks in residential settings has meant more recently a reduction in these, but wherever possible we continue to assess face to face.

Demand for domiciliary care hours commissioned remains significantly higher per week, both in terms of requests and total hours commissioned, and the average size of the package over previous years. The recruitment and retention problems in the independent domiciliary sector remain high, and competition for workforce, with some of the commercial sector paying higher rates than are offered in this sector, add to the difficulties. We continue to work collectively on recruitment and retention via the Health and Social Care Career Academy partnership, with recruitment events, changes to the way recruitment and selection is done, and altering workstyles to suit individual needs wherever practicable. Investment in a Real Living Wage level fee also allows care providers to offer a higher hourly rate than the National Living Wage, albeit lower in most cases than the major national retailers.

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

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

6.4 Service Users and Carers

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

6.5 Hospital and Health Based Teams

The Neighbourhood Hubs continue to offer Adult Social Care (ASC) support across the Primary Care Network. Six Social Workers and three Case Assessors based in North South and Central GP Hubs support many of the more complex hospital discharges, in order to secure support from health colleagues in the community. Being based in the Hubs enables ASC to work jointly with therapies and nursing services and demands for service remain high. The Teams are very well established – with minimal recruitment/retention concerns.

We continue to offer social work support to The Hospice with one Social Worker based in the Multi-Disciplinary Team (MDT) in the Hospice supporting Blackpool and Lancashire County Council residents. This role has proved to be vital during the pandemic, as the hospice has become part of the system flow for our most vulnerable discharges from hospital at a critical time. End of Life care is providing both a bed based and Hospice at home service.

The Transfer of Care Hub (TOCH), a multi-disciplinary team of health and social care staff that oversee hospital discharges for those people requiring a service on discharge is now well established and includes a ward where patients ready for discharge can be moved to free up acute beds, while they await appropriate discharge support services. The service works over seven days a week, and this includes staff covering A and E, Acute Medical Unit and the Frailty Unit to help avoid unnecessary hospital admissions. Further recruitment to ensure robust cover is available is ongoing and will need to reflect the ambition to offer an 8am - 8pm Service 7 days a week. This model has in practice moved the full assessment process to outside of the hospital, and tries to ensure that any ongoing care needs are identified once the person is functioning at their optimum level. Workflow via the Transfer of Care Hub has increased significantly since it started and now covers all of the discharges for both Blackpool Teaching Hospital and Clifton Hospitals, links into Pathway 0 discharges, Red Cross, Patient flow Team, Early Supported Discharge Team, Home First, Housing and Homeless Services and Carers Support Service (all siting within the Discharge Service in TOCH). This team is carrying a number of staff vacancies for qualified social workers which for the first time we are struggling to recruit to. Allied to this area of Service sits our Rapid Response Team. This MDT works to prevent admissions, support step down services for discharges from the acute hospital while working toward admission/re-admissions avoidance – again there are vacancies for social workers carried within the service. However the short and long term ambition is to offer a 7 day service 8am – 8pm to support the MDT function. There has been new initiatives attached to this service – 2 hour response times, roll out of virtual wards and a greater involvement in prevention, crisis intervention and hospital at home.

The restrictions on hospital/ward based activities and changes in use of other buildings where staff were based pre pandemic e.g. the stadium, means we now accommodate more staff in Bickerstaffe House, including staff from the Continuing Health Care Team on a rota basis.

Winter plans, developed with our NHS colleagues, are now functional, although it remains a dynamic environment in terms of delivery, not least due to the Omicron wave of infections. The Discharge to Assess as a way of working is now imbedded in policy and discussions are ongoing regarding future funding implications, following the end to central funding from March 2022.

Work is ongoing regarding other health developments including the need to increase operational delivery ensuring a 7 day 8am – 8pm service across the systems – primarily ensuring we can meet winter demands ahead of the impact. All of the above will have

significant implications for social care resources. Plans need to be considered early arranged and embed as soon as practically possible to avoid any potential for winter crisis.

In order to demonstrate the developments to date please read in conjunction with the attached slides (see appendix). These will demonstrate the efficient and effective improvements made with regard to discharges within the TOCH and how these have been integrated into a stream-lined system across all discharge pathways. Over the next 6 month TOCH focus will be:

- Pathway 1 same day discharges home
- Governance – To aid ongoing improvements
- Explore how to gain feedback from people using the service, including carers

In order to respond and deliver ongoing success without our Integrated MDT's we require support from our whole system – Carer Support Services, ARC, Care and Support, Clifton Outreach, Private Providers and Housing Initiatives remain central contributors in ensuring we provide a cohesive system for our residents and those needing our services.

6.6 Adult and Older Adult Mental Health Teams

Pressures in mental health services remain extremely high in both adult and older adult services, with significant increases in referrals as well as an increase in requests for Statutory Mental Health Act assessments, there remains regular delays in admission for people liable to be detained due to bed unavailability, where beds are identified these can be many miles from Blackpool. We have specific arrangements set up with some Local Authorities who will undertake our Statutory Mental Health Act work for an agreed cost, namely Colchester and Hexham, this cost is then reclaimed from LSCFT (Lancashire and South Cumbria Foundation Trust).

We continue to work with LSCFT and other local authority partners in the transformation projects although these are at very early stages of development and there is as yet no "blueprint". We are very close to receiving recurring funding for 5 new Mental Health Social Work posts, one to be based in each of the 5 Blackpool hubs. We have also gained 2 new Mental Health Social Work posts, each for a 3 year period with monies from Transforming lives monies. These 2 posts will work in the Rough sleepers Team, 1 person is already in post and this team appears to offering wrap around support to this cohort of people and making a real difference to their lives. Finally, for the first time, Blackpool Council Mental Health services are experiencing difficulties in recruitment of qualified Social Workers with some posts gaining no applicants at all. Following consideration and meeting with Karen Smith and Human Resources a virtual recruitment event has been planned for mid-June to attempt to ease these recruitment issues across the whole of Adult Social Care.

6.7 Integrated Learning Disability Team and Autism Team

The team continues to see an increase in their referral rates, this is being felt by all the staff within the team. Day services are now operating at more normal pre-pandemic levels which is having a positive effect on carers who throughout the bulk of Covid took on the entirety of the caring role for their individuals. Staff are now regularly entering supported living placements, with the exception of those that experience a Covid outbreak. There continues to be a steady flow of children approaching adulthood and transitioning into Adult services, as this work re identification commences at the age of 14 we are able to deliver in most cases a seamless transition.

The Autism Team is now fully staffed and fully engaged with those people with a primary diagnosis of autism. Demand for the service is high. The team has good contacts with health diagnostic staff, working closely with them. This team also experiences high demand of children with Autism approaching adulthood and entering Adult Services, this team currently does not have a Transition worker so is not able to engage the child at the age of 14.

One of the key success criteria for this team is its individually person-centered approach to support – tailored to the needs, aspirations and wishes of each person, and at a pace appropriate to them. This high level of bespoke responsiveness is already delivering amazing results for autistic adults of all abilities that have not been well-served by the existing health and care system, but poses a challenge for how to meet growing demand – a problem that the Autism Partnership will need to get a grip of and will require a whole system response. The creation of an Autism Partnership Board will help to shape the service going forward, and bring all relevant partners together to maximise benefits for service users and their families and friends.

We are currently constituting our Blackpool Autism Partnership to take us through the local delivery of the National Autism Strategy, which covers every area of life from childhood through to education, employment, lifestyle, housing, leisure, general health and care, and specialist diagnostics and service delivery. Membership will encourage autistic people to be visible leaders and influencers in the development of actions, to guide the delivery of our local strategy and its plans, which will be much broader than health and care services.

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

6.8 Deprivation of Liberty Safeguarding Team.

The Team continue to be extremely busy with work coming from both our residential care homes and hospital settings. Our Best Interest Assessors are now undertaking their assessments face to face with the exception of when the care home are in outbreak. We are working with our consultant psychiatrists to again work towards face to face assessments, there is some reluctance from some of them but we continue with this work and are actively

seeking new psychiatrists to undertake this role. From a supervisory Body perspective, we had experienced a back log due to the retirement of one of the Senior managers, we have now trained 2 of our Service Managers in this role so hope that we will be back up to date within the next two weeks or so. We continue to contribute to the consultation around the Liberty Protection Safeguards (LPS) working closely with Blackpool Council's Legal Team and our Health partners, we have recently been informed that the earliest that LPS will be implemented is April 2023 but more likely October 2023 or even April 2024.

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

The three teams have returned to covering their respective geographical areas and work priorities. However going forward in line with the Integration agenda we are moving towards an approach based around registered G.P rather than geography. Referrals are now high and we are at times struggling to allocate due to staff sickness and vacant posts. There has been a notable increase in more complex work, with people not approaching ASC to ask for help until they are absolutely desperate and this means that we are limited in the help we can offer with 24hr support often being the only viable option. The number of emergency short term placements we have been making has increased which reflects this.

We have also noted an increase in the number of safeguarding referrals specifically we have seen more of these in regulated settings as professionals and families start to visit again post pandemic and with a return to face to face rather than virtual work, which can mask problems.

These teams are carrying temporary and permanent social work vacancies which are proving difficult to recruit to.

6.10 Business Support Team

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

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

6.11 Overall

Staff while experiencing some loss of resilience post pandemic continue to demonstrate care and commitment to the people in Blackpool needing it. The pace of change, not just in ways of working but also in structures within they work, has been dramatic in terms of not just what

has been achieved, but how successfully it has been achieved.

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

6.12 **Blackpool Council - Care and Support Division – Adult Provider Services**

Overview

Blackpool Council’s Adult Provider Services has been at the forefront of the response to the winter months between November 2021 – March 2022 supporting the social care and health partnership across Blackpool. It is fair to say we have just experienced one of our most difficult operational periods that we can recall. Yes, some of this has been Covid related but there has also been so many other influencing factors which simply reflect the current state of flux within our social care and health system and partnership.

Blackpool Council’s focus for winter 2021/22 was to develop Winter Plan Schemes with our health partners that could have the greatest impact on both reducing hospital admissions but also supporting timely discharges from hospital. The schemes our Council Provider Services developed were broad in context but proportionately targeted focus in each area of delivery; as illustrated below:

6.13 **Additional Social Care Hours**

The additional social care hours increased the pool of hours available to our Homecare Service. The service was able to make operational decisions about where best to target provision at any given time. This provided a level of flexibility and responsiveness which enabled the service to balance all the different demands for care over the winter period. The three areas of focus were (a) Admission Avoidance (b) Hospital Discharges (c) Bridging Care (this being where our Council service provides care when the market is not able to respond). Our key focus as we entered winter was admission avoidance and hospital discharges but in reality this looked very different, as illustrated below for the period between November 2021 – March 2022:

Admission Avoidance – 7,036 hours of care delivered

Hospital Discharges – 8,563 hours of care delivered

Bridging Care – 11,790 hours of care delivered

The higher number of care hours delivered related to supporting the wider social care market

when care was not available and/or when the Council service was not able to transfer care to another provider due to capacity not being available in the market. This resulted in the service not being able to respond to other requests for care supporting admission avoidance and hospital discharges and illustrates further a whole market pressure at this time where demand for social care is exceeding the capacity available.

Based on the learning throughout the winter period, the Council has taken the decision to maintain these levels of provision going forwards to ensure a level of resilience across the market. Further schemes will be considered in preparation for winter 2022/23 to help build further resilience to meet increasing demand.

6.14 ARC – Residential Intermediate Care

Throughout the Covid Pandemic The ARC has maintained the position of being Blackpool's Covid Receiver Service supporting Covid positive individuals as part of their hospital discharge plan. This required the service to reconfigure its provision and at times this was several times in one week when the Covid cases were continually fluctuating. This level of flexibility required additions to the workforce from across social care and health to ensure safe delivery of care in a service where there were any number of Covid positive individuals alongside those who did not have Covid.

Between November 2021 – March 2022 The ARC supported a total of;

140 individuals discharged from hospital

23 individuals who were 'stepped up' to ARC from the community to prevent admission to hospital

This level of support from The ARC ensured that individuals did not need to remain in hospital for any longer than they needed to. Some individuals required short term care until a care home placement or care at home was available and others required a longer stay for rehabilitation before returning home. The ARC was a pivotal partner during the winter and the model delivered has now been made a permanent feature going forwards, with the learning from the last few years being shared with Lancashire and South Cumbria to inform future modelling of residential intermediate care services across the Integrated Care System (ICS).

6.15 Technology Enable Care (Vitaline Service):

The Council's Vitaline Service operates 24hrs per day delivering a remote monitoring service to some of Blackpool's most vulnerable residents alongside offering a 24hr point of contact service for Blackpool Council 'out of hours'. The service delivers a wide range of different schemes, including a falls pick up model for people in their own homes and also supporting care homes though NWAS diverts but also as a direct alert from residents. The Vitaline service also developed a 'same day installation' response with a focus on supporting hospital discharges, thus ensuring individuals were discharged home on the same day as the discharge

decision was made. Between November 2021 – March 2022 Vitaline supported at total of:

127 same day hospital discharges

905 fall pick ups

The 127 hospital discharges supported ensured that individuals did not need to remain in hospital for a further 24-48hrs whilst waiting for equipment to be installed. This resulted in at least 127 becoming available for other admissions during the winter period. Of the 905 falls pickups completed during the period, 647 prevented a call to NWS 999 and/or conveyance to A+E. The falls pick up model is being expanded to include direct access to Vitaline from two identified care homes with a view to expand this further over the coming months.

Colleagues from Blackpool Council's Adults Department have been working closely with Blackpool Teaching Hospitals, Fylde Coast CCG and Fylde Coast Medical Services (FCMS) partners in the development of the Virtual Ward model for Blackpool and Fylde Coast. Social care in its broadest context is the golden thread that runs through this development and Blackpool Council have been active partners over recent months helping to influence and shape the model we have today.

Our Council services are providing out of hours monitoring via the Vitaline Service and linking in with FCMS and a GP practice to support people with stable long term conditions to help prevent hospital admissions. Our adults Social Workers via Transfer of Care HUB and Rapid Response are joining the daily multi-disciplinary meetings with clinicians and supporting decision making around how best to care for people in their own homes. Our internal Homecare Service is providing the additional wrap around care that might be required by those individuals, who for a short period of time, might need some extra care and support.

Funding to cover social care interdependences is being considered by the Integrated Care System (ICS) and Blackpool is joining the meetings and working groups to explore this with other Local Authorities across the ICS. However, instead of waiting to secure funding, we have approached this development from a position of 'doing the right thing for Blackpool residents'. The Virtual Ward approach to meeting holistic care and health needs in people's own homes absolutely ensures our residents receive the 'right care, in the right place at the right time' and truly delivers tangible person centered care to people when they most need it.

6.16 Provider Support HUB and Emergency Workforce:

Blackpool Council developed the Provider Support HUB at the very start of the Covid pandemic and this service has gone from strength to strength in this time. The support of our social care providers has been essential throughout the past couple of years but in particular during what has been some very difficult winter periods. The Provider HUB has coordinated the deployment of an Emergency Workforce to social care providers at times when they have been experiencing difficulties in covering their staffing rota. In part due to Covid and staff absences but also in addition the normal winter pressures. The Provider HUB between

November 2021 – March 2022 has supported a total of:

231 individual social care providers with 2,368 separate requests for support

9,102 hours of Emergency Workforce deployed to social care providers

The Provider Support HUB has supported the wider social care market and delivered a level of stabilisation during the winter period at a time when we experienced a Covid surge and additional pressures within our Hospitals. As a result of the learning and the positive impact of the Provider Support Hub, the Council will continue to deliver this model and support providers going forwards, albeit, the Emergency Workforce element will remain under review and reduced over time as demand for support reduces.

In summary, Blackpool Council's Provider Services have continued to support the broader social care and health economy over the winter period and beyond. We have taken the learning from these experiences which has informed future investment decisions in terms of targeting resources towards the areas where the greatest demand is at any one time. It is fair to say that the social care delivery environment remains one that is challenging, but the winter period of 2021/22 has evidenced the strength of collaboration and partnership working across the sector where services have come together to deliver models of care and support that better meet the needs of all partners and thus ensuring that the people in our care, no matter where they might be, receive the right care at the right time.

6.17 **Charging Reforms Summary**

The Government is reforming the way people in England pay for their care. From October 2023 there will be a cap placed on care costs which means that people who are 18+ in England will not pay over £86,000 in personal care charges. The current upper capital limit of £23,250 for local authority financial support will be increased to £100,000.

People in England will also be able to ask the Local Authority to arrange their care and support no matter what their income and savings are, currently those with savings over the limit tend to arrange their own care.

A person's progress towards the care cap limit will be captured within their care account. In order to access this, they must have a needs assessment under the Care Act 2014. Services that Blackpool Council deem meet their eligible needs will be counted. These include care at home, day care and direct payments as well as 24 hour care.

Blackpool Council have signed up to be a DHSC trailblazer in order to pilot the reforms. This means that we will begin early Care Act needs assessments and financial assessments under the new guidance in October 2022 and we will go live in January 2023.

We are currently working closely with the DHSC to develop national guidance and implementation of the reforms alongside other trailblazers. Alongside this, the Financial

Reforms and Billing Project Group are planning how we will implement the reforms locally and what this will look like for the people who use our services. The DHSC trailblazer team plan to visit Blackpool in June 2022.

Along with all Local Authorities nationally, Blackpool Council is currently undertaking fair cost of care exercises to improve understanding of how much it costs to provide care in the specific area, including assessing the various costs care providers face in the area.

6.18 **Finance Update**

Budget/Finance

2021/22

There was a small underspend within the Directorate in 2021/22 despite significant pressures due to Covid-19. Additional expenditure amounted to £9.5m, the main reasons being a 10% fee uplift to care providers until July (£1.6m), Personal Protective Equipment (PPE) provision (£0.4m) and additional hospital discharges (£2.0m). The Workforce Recruitment and Retention Fund was also used to bring forward fee uplifts for providers for a period of 16 weeks based to allow payment of the Real Living Wage (RLW) to staff along with additional funding to both increase and maintain staffing levels (£1.3m). The measures relating to Covid-19 were funded by a combination of Government grants and Clinical Commissioning Group (CCG) recharges. The main reason behind the savings in the service was related to large numbers of vacancies throughout the year.

2022/23

There was a significant investment in the Adults budget to incorporate the additional short term care requirements (£2.0m) based on the two hour Discharge to Assess Policy introduced in 2021, funded by the NHS. In addition, there was the introduction of enhanced fee rates to our providers provided that they sign up to a commitment to pay RLW (£2.0m)

Fee Rates

A significant amount of information on the scale and nature of the additional Covid-related costs incurred by social care providers has been collected throughout the course of the pandemic up to and including March 22 when it was announced that Government grants would end. Providers have been asked to submit monthly reports detailing the additional costs which have been incurred as a result of the introduction of infection control measures. This data has been summarised and sent on a regular basis to the Department of Health and Social Care (DHSC) to help inform decision making in relation to the Infection Control and Testing Fund. The information provided was also used to inform decision making regarding our fee

models and adjusted where necessary, particular examples are noted below.

The renewal of insurance cover again needs to be highlighted as a particular difficulty faced by many care providers. A number of insurance agencies are no longer willing to provide cover for care providers. Where insurers are willing to provide cover this has come at a significant increased cost and with the removal of any cover for Covid-related liabilities.

Other cost pressures include increases in the prices of utilities and expected increases in the National Living Wage. There was also an increase of 1.25% in the rate of National Insurance payable by employers from April 2022, as announced by the government as part of its plan to introduce a Health and Social Care levy.

The high turnover of staff in the sector and the challenges associated with recruitment and retention have been long standing issues but these difficulties have now been exacerbated by the pandemic with staff needing to isolate or leaving their jobs to work in higher paid roles. This means increased staffing costs as providers try to cover rotas with agency staff or recruit new starters (requiring training, DBS checks, etc.)

Medium Term Financial Strategy

Work has now begun on updating the Department's Medium Term Financial Strategy as part of a wider exercise to refresh the Council's overall financial plans for the next six years. Work is well under way with Accountancy and Adults Senior Management Team to understand the current levels of activity and to model future demand. The impact of earlier hospital discharges and clients needing higher packages of care will be a cost pressure in future years that will need addressing. Added to this will be the requirement to increase provider fees in line with National Living Wage rises (or Real Living Wage where applicable) along with considering the financial implication of the recently announced Health & Social Care Levy. This work will dovetail with the current refresh of the council's Medium Term Financial Sustainability Strategy.

Adult Social Care Market Reform

The announcement of extra funding for the health and social care sector, as part of the government's Build Back Better plan, to increase capacity in the NHS and reform adult social care, in particular by introducing a lifetime cap on care cost of £86k, is now progressing. Blackpool has been chosen as one of 5 Trailblazer authorities and we are currently working with our residential and domiciliary market to conduct a Fair Cost of Care exercise ahead of a go-live date in January 2023. A Market Sustainability plan will be developed to detail how Blackpool will attempt to bridge any gaps between our current fee rates and the results from our costing exercise over the next 2 years.

6.19 Does the information submitted include any exempt information?

No

7.0 List of Appendices:

7.1 Appendix 5(a): Transfer of Care Hub Presentation

8.0 Financial considerations:

8.1 Contained within the body of the report.

9.0 Legal considerations:

9.1 Contained within the body of the report.

10.0 Risk management considerations:

10.1 Contained within the body of the report.

11.0 Equalities considerations:

11.1 Contained within the body of the 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.

14.0 Background papers:

14.1 None.

Blackpool Transfer of Care Services

Page 35



Transfer of Care Hub

“A Co-located and Integrated Team“



Page 36

The Transfer of Care Hub, a co-located and integrated multi-disciplinary team of health and social care staff that oversee hospital discharges for those patients requiring a discharge service, [with a Home First Ethos.](#)



Our Journey

Over the last 12 months discharge services in Blackpool have been on a significant improvement journey, ensuring our patients are the main focus of all system service changes. Whilst at the same time implementing the national hospital discharge policy jointly as a system.

Estates and Facilities
Staff Engagement Events
Joint Work Shop Events

Page 37



The Service

The service works over seven days a week, and this includes all designation of staff both in health and social.

The team cover the Acute and Clifton hospital beds plus dedicated staff covering A&E, AMU and the Frailty Unit to help avoid unnecessary hospital admissions.

Pathways Services:

Pathway 1's:

- Home First
- Commissioned Home to Assess Package of Care
- ESD
- Age UK
- Fast Track
- Community Frailty

Pathway 2's:

- Rehab – Clifton, ARC, & Thornton
- Discharge to Assess Placements

Residential Care
Nursing Care

EMD Residential Care
EMI Nursing Care

Pathway 3's:

- 24hr Care Home Placements

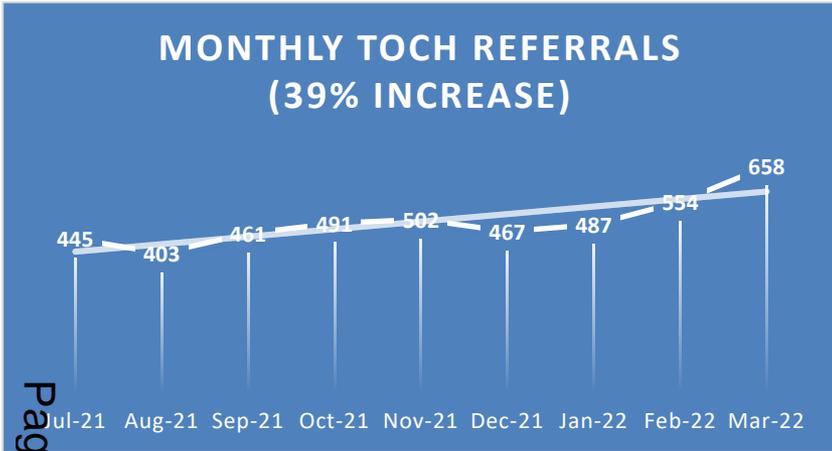
Residential Care
Nursing Care

EMD Residential Care
EMI Nursing Care

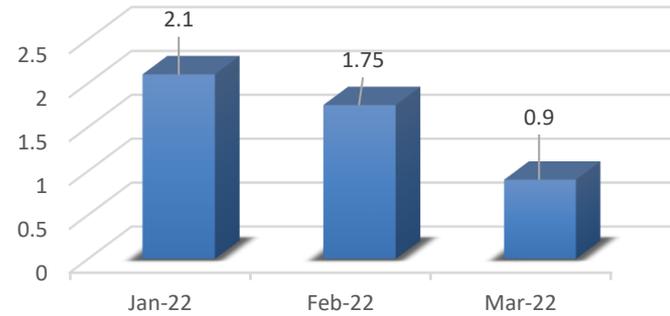


Current Performance

Page 39

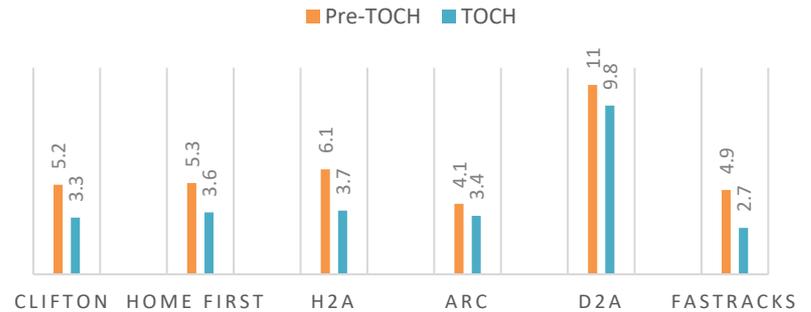
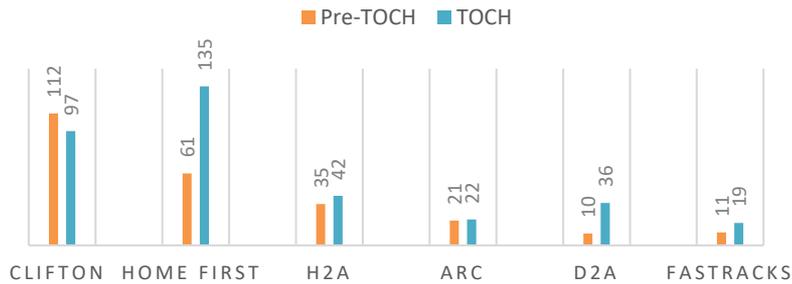


Triage time (days)



AVERAGE MONTHLY REFERRAL NUMBERS PER PATHWAY

AVERAGE LOS PER PATHWAY (DAYS)



Pressure Points

- Building up to a 8am-8pm seven day a week service across TOCH/A&E/Rapid Response
- Delivery of Home First in A&E
- Delivery of same day discharges for Pathway 1 across BTH and Clifton Hospital
- Any ongoing increase in need for EMI Nursing Care which can sporadically delay discharges
- Virtual Ward Utilisation
- Safe/Supported Discharges

Page 40



Future Plans

- Recruitment/retention of staff into posts supporting 7 day services across **community services and health**

Page 41
Increase in home to assess/home first provision

- Governance/improved learning
- Feedback from those using the service – customer feedback



This page is intentionally left blank

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Dr. Neil Hartley-Smith, Executive Clinical Director Blackpool, Fylde and Wyre CCGs
Date of Meeting:	23 June 2022

BLACKPOOL CLINICAL COMMISSIONING GROUP END OF YEAR REPORT (2021/22)

1.0 Purpose of the report:

1.1 To consider the mid year performance of the Blackpool Clinical Commissioning Group (April 2021 – March 2022) and also the impact of the COVID-19 pandemic on current performance and ongoing recovery planning.

2.0 Recommendation(s):

2.1 To receive and scrutinise the report.

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

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

3.0 Reasons for recommendation(s):

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

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

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

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

4.0 Other alternative options to be considered:

4.1 Not applicable

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

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

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 6(a): Blackpool Clinical Commissioning Group end of year performance report 2021-2022

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.

This page is intentionally left blank

Blackpool CCG Performance Summary April 2021– March 2022 position

Key	↑	Improving and within target	↑	Improving and below target
	↓	Deteriorating and within target	↓	Deteriorating and below target
	↔	No change and within target	↔	No change and below target
	↓	Deteriorating with no national target		
	↑	Improving with no national target		

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 47 RTT ©	Patients on incomplete pathways treated within 18 weeks	BCCG	92.0%	58.14%	64.79%	↑	51,311	The Trust and Blackpool CCG did not achieve the 92% RTT open pathway standard in 2021/22 with performance at 64.79% for Blackpool CCG. The number of patients on the waiting list at Blackpool Teaching Hospitals in March 2022 was 24,945; this is an increase of 6,026 patients from 18,919 in April 2021. Work continues to be focused at specialty level to reduce the number of long waiting patients. A continuous programme of audit and validation is supporting the Trust Patient Tracking List (PTL) management. This focuses across outpatient, diagnostic and waiting list elements of the pathway. Full Trust validation of the waiting lists continues to take place on a weekly basis together with ongoing clinical triage at Consultant level to ensure that all patients are treated in order of clinical priority.
		BTH	92.0%	61.74%	71.58%	↑	53,663	<p>The Fylde Coast CCGs have also continued to engage with Independent sector providers across Lancashire throughout 2021/22 to increase capacity and reduce waiting times for patients. This has focussed on equity of access with clinical priorities taking first place, followed by long waiting patients being treated in turn. There has also been a concerted focus on the timely discharge of patients to maximise all available bed stock and improve patient flow within Blackpool Teaching Hospitals.</p> <p>To support this further several schemes are in place to appropriately manage demand for Hospital services including: -</p> <ul style="list-style-type: none"> • Advice and guidance which enables GP's to contact Hospital consultants for advice prior to hospital referral. • Patient Initiated Follow Up (PIFU) which aims to manage out-patient follow up appointments.

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 48								<ul style="list-style-type: none"> Outpatient telephone or video consultations are now expected to take place at Blackpool Teaching Hospitals as the preferred method of consultation.
	Patients waiting for more than 52 weeks - Incomplete Pathways	BCCG	0	1,873	925	↑	925	<p>There were nine hundred and twenty five (925) Blackpool patients waiting more than 52 weeks for treatment in March 2022; this has improved from the April 2021 number of one thousand eight hundred and seventy three (1,873) patients. It is important to note not all these patients were being treated at Blackpool Teaching Hospitals but across hospitals throughout the UK.</p> <p>Blackpool Teaching Hospitals had seven hundred and forty two (742) patients waiting more than 52 weeks in March 2022; this has improved from the April 2021 position of one thousand seven hundred and seventeen (1,717) patients waiting in March 2021.</p>
		BTH	0	1,717	742	↑	742	<p>The Lancashire and South Cumbria Integrated Care Board (ICB) is working to recover planned care waiting times by developing and managing plans at an ICB system level. This includes working with CCGs to maximise efficiencies and optimising the equity of access to services for patients by taking advantage of the local transformation priorities in Blackpool.</p>
DT Waiting Times ©	Diagnostic Test Waiting Times - % of patients waiting 6 weeks or more	BCCG	1.0%	37.34%	27.91%	↑	9,342	Performance against the target for less than 1% of patients waiting less than 6 weeks for diagnostic tests has improved in 2021/22 for Blackpool Teaching Hospitals and Blackpool CCG; however, performance remains below the target of less than 1% of patients waiting longer than 6 weeks

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
		BTH	1.0%	32.96%	21.13%	↑	10,275	<p>for a diagnostic test. The longest waiting times were for endoscopic procedures.</p> <p>An insourcing solution for endoscopy is in place and modular endoscopy unit is being progressed after being fully agreed at BTH Board level.</p>
Page 49 A&E ©	12 Hour DTA waits in A&E	BTH	0	294	4,930	↓	4,930	<p>There has been a total of four thousand nine hundred and thirty (4,930) 12 hour decision to admit breaches at Blackpool Teaching Hospitals in 2021/22; four thousand seven hundred and twenty nine (4,729) of these breaches were Medically related and two hundred and one (201) were Mental Health related.</p> <p>The Trust is working closely with system partners to improve system flow, avoid unnecessary admissions and support hospital discharges.</p> <p>Additional measures include: -</p> <ul style="list-style-type: none"> • An additional fifty eight (58) beds have been commissioned in Fylde Coast care homes which enables patients who no longer require high acuity care to be stepped down to nursing care in preparation for returning home. • Twice weekly tactical command calls take place with all system partners present to discuss pressures and instigate improvement actions. • The Trust is currently running Multi Agency Discharge Events (MADE) on a daily basis focussing on all patients with hospital stays of 7, 14 and 21 days. In addition, patients are also monitored by the Trusts Incident Control Centre (ICC) to mitigate any delays in discharges. • Clifton Hospital is being utilised as a step down facility with the Trust and also the recently commissioned care home beds. As part of the Winter plan evaluation the most effective use of wards at Clifton is being identified. • COVID-19 patient numbers are reducing and continue to be managed by the Trust with a flip and flex approach. • Same day emergency care (SDEC) pathways for patients who enter A&E with surgical and cardiac requirements are now in place at the Trust. This means that patients requiring this

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 50								specialty care are diverted from A&E into the required specialism rather than waiting in A&E. Development of SDEC pathways continues with a focus on maximising the utilisation of the surgical pathway. SDEC development forms part of the system improvement plan which reports into A&E Delivery Board where all system partners meet to review A&E performance.
	A&E 4 Hour waits	BCCG	95.0%	84.84%	80.67%	↓	29,561	A&E performance for patients to be seen within 4 hours has not achieved the target of 95% in 2021/22 and has slightly deteriorated at 80.67% compared to 84.84% in 2020/21. The Trust ensures all infection prevention and control (IPC) guidelines are followed for patients entering A&E which clearly does impact upon the time taken between patients. The 111 clinical assessment service diverts patients away from A&E and streaming takes place for all patients entering A&E to ensure their condition requires admission to A&E. If not, there are several schemes in place to treat them appropriately without entering the department.
		BTH	95.0%	84.84%	80.67%	↓	29,561	These include: <ul style="list-style-type: none"> • A minor injuries service co-locate at the Trust whose hours have been extended. • Deflecting unheralded patients from A&E to a pilot community pharmacy consultation service • Attendance at the local urgent treatment centre (UTC) or an alternative if required within a different locality.
Cancer Waits ©	% seen within 2 weeks of referral	BCCG	93.0%	93.50%	88.19%	↓	420	Performance against the 2 week Cancer waiting times target has deteriorated in 2021/22 for Blackpool CCG and BTH. Blackpool CCG performance has deteriorated from 93.50% in 2020/21 to 88.19% and BTH performance has deteriorated to 88.54% from 96.16% in 2020/21.
		BTH	93.0%	96.16%	88.54%	↓	821	

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 51								<p>It is important to note that previously performance at BTH has been improving since December 2021 with the target being achieved in March 2022 at 94.44%.</p> <p>Across providers in Lancashire and South Cumbria in 2021/22 there has been a significant increase in the number of referrals into the 2ww pathway. In 2020/21 there were fourteen thousand and twenty six patients (14,026) referred to BTH whilst in 2021/22 there were eighteen thousand four hundred and thirty one (18,431) patients referred; this is an increase of 31.4%. A mix of complex factors has also affected waiting times including patient choice, isolation following a positive COVID-19 test and staff sickness due to COVID-19 all of which affect capacity.</p> <p>The Cancer Alliance is working with BTH to review pathways to improve efficiency and reduce waiting times for patients.</p>
	% seen within 2 weeks of referral – breast symptoms	BCCG	93.0%	89.97%	80.60%	↓	99	<p>Performance against the 2 week breast symptomatic target of 93% has not been achieved by either Blackpool CCG or the Trust in 2021/22. Performance has deteriorated for Blackpool CCG from 89.97% in 2020/21 to 80.60% in 2021/22. BTH performance has deteriorated from 89.94% in 2020/21 to 79.93% in 2021/22; however, the Trust has exceeded the 93% target in February and March 2022 with March performance being 98.32%.</p> <p>It is very important to note that referral numbers at BTH have increased from one thousand one hundred and five (1,105) in 2020/21 to one thousand four hundred (1,400) in 2021/22.</p>
		BTH	93.0%	89.94%	79.93%	↓	183	<p>In part, the driver for the breast referral increase can be attributed to breast cancer awareness month in October and also a high profile celebrity death from breast cancer which generated a high level of media attention. Breast symptomatic and suspected cancer pathways have introduced a triage system and have provided additional sessions to catch up. The increase in patient referrals for 2 week waits results in pressures further along the pathways at the 31 day and 62 day treatment pathways.</p>

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 52	% of patients receiving definitive treatment	BCCG	96.0%	94.06%	93.19%	↓	35	Whilst BTH did achieve the 96% target for patients to be treated within 31 days, Blackpool CCG narrowly missed the target with performance at 93.19% which has deteriorated slightly from the 2020/21 performance of 94.06%. Thirty five (35) patients were not treated within the 31 day target within 2021/22. The reasons for delay vary but include patient choice and delays due to medical reasons.
		BTH	96.0%	86.24%	96.47%	↑	0	
	% of patients waiting no more than 31 days for subsequent treatment – surgery	BCCG	94.0%	85.33%	81.68%	↓	23	Performance against the 31 days for surgery 94% target has not been achieved in 2021/22 by either Blackpool CCG or BTH. Performance has deteriorated for Blackpool CCG from 85.33% in 2020/21 to 81.68% in 2021/22. BTH performance has improved from 86.24% in 2020/21 to 92.31% in 2021/22. Twenty three (23) patients were not treated within the timeframe in 2021/22 for various reasons including patient choice and complex pathways. Two (2) patients were not treated at BTH due to patient choice.
		BTH	94.0%	86.86%	92.31%	↑	2	
	% of patients waiting no more than 31 days for subsequent treatment – drug therapy	BCCG	98.0%	99.59%	97.91%	↓	1	Achieved.
		BTH	98.0%	99.74%	98.46%	↓	0	
	% of patients waiting no more than 31 days for subsequent treatment – radiotherapy	BCCG	94.0%	97.61%	96.79%	↓	0	Achieved.

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 53	62 Days * % of patients waiting no more than 62 days from urgent GP referral to first definitive treatment	BCCG	85.0%	71.23%	65.51%	↓	123	<p>Performance against the 62 day for urgent GP referral to first definitive treatment standard has deteriorated for Blackpool CCG and BTH in 2021/22. Blackpool CCG performance has deteriorated to 65.51% from 71.23% in 2020/21 and BTH performance has deteriorated from 75.26% in 2020/21 to 71.25% in 2021/22. As described earlier in this report an increase in the number of patient referrals affects capacity later in the pathway; particularly at 62 days. This can be seen in the local and national performance reports; BTH has performed second only to University Hospitals of Morecambe Bay in Lancashire and South Cumbria in 2021/22 which achieved 72.28% .</p> <p>One hundred and twenty three (123) Blackpool CCG patients were not treated within the 62 day timeframe between in 2021/22. These patients were being treated across various Hospitals in Lancashire not just BTH. The reasons for the breaches vary but include patient choice, complex diagnostic pathways, and inadequate capacity.</p> <p>One hundred and eighty four (184) patients were not treated in the 62 day timeframe at BTH in 2021/22. Again, the reasons for delay vary but include patient, choice, inadequate capacity and complex treatments.</p> <p>The Lancashire and South Cumbria Cancer Alliance works with all the providers of cancer care and CCGs within the region to improve care and patient outcomes. They work specifically with providers to tailor their improvement work to target the needs of the local population. Recovery and restoration of services is the top priority in Lancashire and South Cumbria Cancer Alliance together with the long term plan ambitions to improve early diagnosis for patients. Currently the following improvement measures are being implemented:</p> <ul style="list-style-type: none"> • All patients have and are continuing to be treated in order of clinical prioritisation as per national guidance. • Continual processes are in place for the clinical review of long waiting patients.
		BTH	85.0%	75.26%	71.25%	↓	184	

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 54								<ul style="list-style-type: none"> Trusts have continued to offer advice and support, co-ordinated through Macmillan Information Centres and by Trust teams for cancer patients. Diagnostic capacity is a major issue, particularly for Endoscopy, CT and MRI with specific work programmes in place to improve capacity including the recently approved modular endoscopy unit at BTH. Targeted work is focussing on addressing inequalities and improving access for those patients who have been slower to come forward. There is a focus on patient backlog reduction with investment in additional measures to increase diagnostic capacity and protect elective activity. A 6 point improvement plan is in place in collaboration with NHSE/I Improvement Support Team which encompasses governance, reporting, escalation, access policies, pathway analyser, capacity and demand. Investment in cancer teams is taking place including patient trackers, improved systems and a comprehensive training package to assist in improvement ambitions. Working closely with Primary care to reduce inappropriate referrals and ensure safety netting.
	% of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment.	BCCG	90.0%	58.06%	52.17%	↓	17	Performance against the 90% target for patients waiting no more than 62 days from referral to a screening service to treatment has deteriorated for both Blackpool CCG and BTH in 2021/22. Blackpool CCG performance has deteriorated to 52.17% from 58.06% in 2020/21 and BTH performance has deteriorated to 29.92% in 2021/22 from 44.66% in 2020/21.
		BTH	90.0%	44.66%	29.92%	↓	79	Seventeen (17) Blackpool CCG patients were not treated within the timeframe in 2021/22 for various reasons including patient choice and inadequate capacity.

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 55								<p>Seventy nine (79) BTH patients were not treated within the timeframe in 2021/22. The delays were caused by various issues including patient choice and inadequate capacity.</p> <p>BTH hosts the Lancashire Bowel Screening programme which relies upon capacity at other provider Trusts within Lancashire. Due to the capacity issues associated with the increased number of referrals in the system it has further increased pressures upon the bowel screening programme. This has been escalated to the ICB via the cancer alliance which is working with the provider Trusts to improve performance.</p>
	% of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade.	BCCG	NA	86.67%	78.80%	↓	0	<p>There is no constitutional target for the % of patients waiting no more than 62 days for first definitive treatment following a consultants decision to upgrade performance in 2021/22 has deteriorated for both the Trust and Blackpool CCG.</p> <p>Patients delays in this pathway are associated with complex diagnostic pathways and patient choice.</p>
		BTH	NA	87.15%	81.49%	↓	0	
North West Paramedic Emergency Service ©	Category 1 Mean Performance	BCCG	07:00	05:45	06:57	↓	Breach numbers are not available	<p>The COVID-19 pandemic has continued to have an unprecedented impact on NWS in terms demand placed on the service, the impacts on its operational delivery and on staff working within the services. The NHS England command and control arrangements that set aside formal contracting and performance management regimes continued throughout 2021/22, however the management of quality has continued throughout the year through the clinical quality assurance committees. NWS has worked with urgent and emergency care systems throughout the ongoing pandemic and its ongoing effects through regional and local gold command arrangements</p> <p>Over the course of 2021/22 NWS have continued to embed alternative ways of working. Whilst this has not delivered the performance levels expected through the Ambulance Response Programme or meeting</p>
	NWAS	07:00	07:29	08:42	↓			

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 56	Category 1 90th Centile Performance	BCCG	15:00	09:23	11:19	↓		<p>contractual KPIs it has sought to ensure that the risk to patients is minimised as far as possible.</p> <p>This has continued to include:</p> <ul style="list-style-type: none"> Recruitment of staff for front line and call centre duties Recruitment of additional clinicians to manage some patients without the need to deploy ambulances, and to provide support to Paramedics on front line duties with advice and support. Procuring voluntary and 3rd party resource to deploy additional hours to front line duties. Utilisation of Military Aid to Civil Authorities (MACA) arrangements in the early part of 2021. Redeployment of Patient Transport Service (PTS) staff and vehicles to provide additional support to PES, including retraining some clinical staff and has supported rapid, safe discharge from hospital. Social distancing measures have meant that fewer patients can travel together. Retention of vehicles at the end of their leases to supplement frontline responses. Management of attrition rates in the NHS111 service by on-going recruitment and ensuring staff wellbeing in the face of continued demand through 111. On-going work with Acute Trusts across the system to manage Handover & Turnaround of patients at the ED. Provision of additional capacity through Clinical Assessment Services (CAS) to triage and manage appropriate lower acuity patients without the need to attend an Emergency Department or ambulance dispatch. <p>There has been some additional national non-recurrent funding to support increases in 111 and 999 call handling and for CAS operated by other providers that enable appropriate cases to be managed without Emergency Department attendance or ambulance dispatch.</p>
		NWAS	15:00	12:26	14:41	↓		
	Category 2 Mean Performance	BCCG	18:00	23:58	51:37	↓		
		NWAS	18:00	26:49	47:39	↓		
	Category 2 90th Centile Performance	BCCG	00:40:00	00:53:39	02:02:14	↓		

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 57	Category 3 Category 3 90th Centile Performance	NWAS	00:40:00	00:55:42	01:45:02	↓	0	<p>Commissioners, working in conjunction with NWAS and NHS England / Improvement, developed a focused plan to manage demands and pressures over the winter period. This required collaborative working between NWAS and the wider urgent and emergency care system on the following priority areas:</p> <ul style="list-style-type: none"> Reducing hospital handover & turnaround delays and patient harm Management of patients presenting to NWAS 999 and 111 with mental health needs by ensuring appropriate support and referral from mental health providers Ensuring alternative pathways for appropriate patients away from ED or ambulance dispatch/conveyance focusing on Same Day Emergency Care, 2 hour Urgent Community Response and CAS Increasing the number of blue light trained drivers Reducing conveyance to ED where appropriate Reducing hours lost to the system <p>The winter improvement plan was reviewed and has been taken forward into 2022/23 as an agreed set of NWAS and system priorities</p>
		BCCG	02:00:00	03:07:59	06:38:44	↓		
		NWAS	02:00:00	03:00:30	07:28:07	↓		
Mental Health ©	% of Mental Health patients on Care Programme Approach (CPA) discharged from hospital and followed up within 7 days	BCCG	95.0%	98.12%	96.48%	↓	0	Achieved.
Dementia ©	CCG's estimated prevalence for people over 65 with dementia against the CCG's	BCCG	66.7%	72.97%	68.76%	↓	0	Achieved.

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
	actual dementia diagnosis rate							
Mental Health IAPT © Page 58	IAPT Access (Local)	BCCG	439	1.30%	383	n/a	0	Blackpool Healthier Minds IAPT Service (formerly Supporting Minds) did not achieve the access target in 21/22. This is in line with the current position both locally, regionally and nationally for IAPT providers. This has been confirmed with the NHS England IAPT National Team. Along with other Lancashire and South Cumbria providers, Blackpool Healthier Minds have produced a recovery plan with a trajectory to bring access for the service in line with the national target by Quarter 4 2023-24. Actions to increase access include: -
	IAPT recovery rate (Local)	BCCG	50.0%	54.00%	54.86%	↑	0	
	The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment (Local)	BCCG	75.0%	94.51%	96.39%	↑	0	
	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment (Local)	BCCG	95.0%	99.50%	99.22%	↓		<ul style="list-style-type: none"> Ensuring that all GP practices have updated posters and leaflets available as well as digital versions for GPs to distribute electronically. Utilising new Healthier Minds banners at South Shore Primary Care Centre, Whitegate Drive Health Centre, the Stadium, Blackpool Victoria Hospital Mezzanine, Outpatient's Department and the Women's Centre to promote the service. The Trust is creating a facility to allow people to book directly onto Stress Control courses through the Healthier Minds website. Enabling people to book directly onto a welcome call at point of contact at promotional events and taster sessions. Delivering a rolling programme of educative sessions to local groups, organisations, charities and large employers. Keeping in regular contact with the occupational health department and organisational development to ensure early support is available for staff through Blackpool Healthier Minds. Ensuring a regular presence within routine communication mailings and events within BTH. Developing further pathways between occupational health, HR, the employee assistance programme and Healthier Minds to ensure that staff who are struggling with mild to moderate

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
Page 59								<p>mental health problems get timely access to Silver Cloud and Stress Control, where indicated.</p> <ul style="list-style-type: none"> • Making use of all important dates in the mental health calendar to promote the service (such as Mental Health Day/Week, National Stress Awareness Day). • Contacting Blackpool Council and other occupational health Departments such as DWP/NWAS and the Police to discuss staff training and support and facilitating referrals to Supporting Minds. • The roll out of Step 2 Long Term Condition groups in each neighbourhood. • Developing/piloting a programme of new short online workshops including 'Sleep and relaxation', 'Resilience and me', 'Anxiety and worry' and 'Low mood' to supplement the existing provision and make these available to all Trust staff and offer to people on the waiting list for Step 3 where appropriate. • Additional promotional work undertaken relating to service name change/rebranding including promotional stand in Hounds Hill shopping centre and refreshed website to coincide with service rebranding. • Pathways into the service being agreed with all 16+ education providers in Blackpool. • Advertising on the Gladiator Sports website for 12 months to increase access from men. • Piloting a Mindfulness Based Cognitive Therapy (MBCT) refresher workshop to encourage previous course participants to continue with their mindfulness practice (relapse prevention). • Utilising the full mindfulness course as a relapse prevention intervention for people with a diagnosis of depression, in line with the current evidence base. • Increasing access to Mindfulness in a range of Long Term Condition specialities in line with the evidence base. • Utilisation of clinic space within Blackpool Carers Centre and Blackpool Sports Centres.

Area	Indicator	Org.	Target	March 2021 YTD	March 2022 YTD	Performance	No of Excess Breaches	Comments
								<ul style="list-style-type: none"> Working with Blackpool Care Homes to increase access by older adults. Expansion for patients with long term conditions. Drop-in sessions/stands at Blackpool Healthier Minds' main bases for people to call in to find out more about what we do and sign up. Involving administrators in more promotional tasks. Podcasts on social media and website
Page 60 HCAI	Clostridium Difficile (C.Diff.)	BCCG	82	57	87	↓	5	There were eighty seven (87) cases of C.Diff infections for Blackpool CCG residents in 2021/22. Further investigations into the reasons behind the increase in number in 2021/22 are being undertaken.
		BTH	104	89	101	↓	0	Achieved.
	MRSA	BCCG	0	4	2	↑	2	There were two (2) community associated cases of MRSA in Blackpool patients in 2021/22. Both cases were fully investigated via root cause analyses.
		BTH	0	4	6	↓	6	There were six (6) cases of MRSA at BTH in 2021/22. All cases have been addressed with full root cause analysis investigations.

Appendix 1: Performance Scorecard

Performance Dashboard

Abbreviations Key:

UHMBT – University Hospitals of Morecambe Bay,
LTH – Lancashire Teaching Hospitals,
FWCCG – Fylde and Wyre CCG
BCCG – Blackpool CCG

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

Integrated Primary & Community Care (Out of Hospital)

IAPT access (Local)	Fylde Coast			654	627	563	624	611	621	656	648	469	557	514	674	7218
	FWCCG			264	218	231	298	273	287	295	281	229	282	244	291	3193
	BCCG			390	409	332	326	338	334	361	367	240	275	270	383	4025
IAPT recovery rate (Local)	Fylde Coast	50.0%	50.0%	54.8%	52.7%	55.7%	50.3%	53.7%	52.1%	57.7%	57.3%	52.9%	51.0%	53.5%	53.1%	53.8%
	FWCCG	50.0%	50.0%	53.0%	52.0%	61.3%	49.2%	50.0%	52.0%	52.9%	55.0%	50.5%	48.6%	49.6%	53.5%	52.3%
	BCCG	50.0%	50.0%	56.3%	53.3%	52.1%	51.2%	55.7%	52.3%	61.8%	58.9%	54.3%	53.1%	56.5%	52.8%	54.9%
IAPT 6 wk waits (Local)	Fylde Coast	75.0%	75.0%	91.7%	88.7%	92.8%	95.2%	89.8%	94.6%	90.3%	95.2%	94.6%	92.3%	93.7%	93.0%	92.7%
	FWCCG	75.0%	75.0%	87.4%	88.9%	85.0%	90.3%	76.1%	88.8%	83.8%	90.8%	89.6%	88.2%	89.8%	90.0%	87.5%
	BCCG	75.0%	75.0%	95.3%	88.6%	97.5%	98.9%	97.5%	99.4%	95.6%	98.4%	97.3%	95.9%	96.9%	95.3%	96.4%
IAPT 18 wk waits (Local)	Fylde Coast	95.0%	95.0%	98.4%	99.0%	99.1%	100.0%	99.0%	100.0%	98.8%	99.7%	99.0%	98.8%	99.3%	98.9%	99.2%
	FWCCG	95.0%	95.0%	98.6%	99.2%	98.3%	100.0%	100.0%	100.0%	98.6%	99.3%	98.1%	99.3%	98.4%	98.8%	99.1%
	BCCG	95.0%	95.0%	98.3%	98.9%	99.5%	100.0%	98.5%	100.0%	98.9%	100.0%	99.5%	98.2%	100.0%	99.1%	99.2%

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Dementia Diagnosis Rate	Fylde Coast	66.7%	66.7%	65.3%	65.3%	65.1%	64.7%	64.3%	63.6%	62.7%	62.4%	62.0%	61.6%	61.7%	62.4%	63.4%
	FWCCG	66.7%	66.7%	61.2%	61.5%	61.3%	61.3%	60.8%	60.2%	59.0%	58.6%	58.4%	58.1%	58.4%	59.0%	59.8%
	BCCG	66.7%	66.7%	71.2%	71.0%	70.7%	69.8%	69.3%	68.6%	68.2%	68.0%	67.3%	66.8%	66.7%	67.5%	68.8%

Mental Health Care Programme Approach (CPA) (Local)	Fylde Coast	95.0%	95.0%	98.3%	89.6%	96.9%	100.0%	96.3%	92.5%	96.0%	100.0%	100.0%	94.9%	100.0%	98.2%	96.7%
	FWCCG	95.0%	95.0%	100.0%	87.0%	100.0%	100.0%	100.0%	92.9%	90.9%	100.0%	100.0%	92.3%	100.0%	100.0%	97.0%
	BCCG	95.0%	95.0%	97.4%	90.9%	95.2%	100.0%	94.1%	92.3%	100.0%	100.0%	100.0%	96.2%	100.0%	97.4%	96.5%

Planned Care

18 Wk RTT Incomplete	Fylde Coast	92.0%	92.0%	64.0%	66.0%	65.8%	65.1%	65.3%	65.0%	65.6%	66.9%	65.1%	64.5%	63.2%	63.7%	65.0%
	FWCCG	92.0%	92.0%	64.6%	66.7%	66.5%	65.4%	65.5%	65.5%	65.8%	67.2%	64.9%	64.3%	63.1%	63.4%	65.2%
	BCCG	92.0%	92.0%	63.4%	65.2%	65.2%	64.9%	65.2%	64.6%	65.3%	66.6%	65.4%	64.7%	63.3%	63.9%	64.8%
	BTH	92.0%	92.0%	69.8%	72.4%	73.4%	73.3%	72.7%	71.5%	71.5%	73.0%	71.4%	71.2%	70.1%	69.4%	71.6%
	LTH	92.0%	92.0%	55.5%	56.6%	56.8%	56.8%	55.1%	54.2%	54.2%	53.3%	51.3%	49.9%	48.7%	48.2%	53.3%
	UHMB	92.0%	92.0%	63.6%	67.7%	69.9%	71.1%	71.5%	69.9%	70.4%	70.9%	70.2%	69.3%	69.5%	69.4%	69.4%
	SPIRE	92.0%	92.0%	52.6%	54.5%	50.9%	45.2%	48.0%	49.9%	54.1%	60.2%	58.4%	58.6%	55.7%	64.5%	53.4%

Number of patients on a 18 wk incomplete pathway	Fylde Coast			30054	29986	30775	31413	32431	34059	34456	33436	33465	33766	33784	37052	NA
	FWCCG			15579	15597	16060	16381	16979	17500	17676	17622	17684	17674	17778	19557	NA
	BCCG			14475	14389	14715	15032	15452	16559	16780	15814	15781	16092	16006	17495	NA
	BTH			18830	18906	19420	19788	21226	22482	23037	22939	23005	23927	24251	24945	NA
	LTH			48968	49179	51003	52537	54126	54964	55677	55590	56728	56412	56706	57707	NA
	UHMB			24542	25066	25033	24049	24033	25155	24862	24738	24996	25263	25680	26315	NA
	SPIRE	NA	NA	3916	3832	3866	3873	3155	2916	2706	2324	2213	2250	2208	2085	NA

	Fylde Coast	0	0	3388	3015	2947	2902	2875	2702	2426	2027	1846	1854	1861	1978	29821
--	-------------	---	---	------	------	------	------	------	------	------	------	------	------	------	------	-------

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
RTT 52 wk waits	FWCCG	0	0	1694	1507	1449	1439	1434	1335	1207	1061	970	967	995	1053	15111
	BCCG	0	0	1694	1508	1498	1463	1441	1367	1219	966	876	887	866	925	14710
	BTH	0	0	1471	1243	1199	1214	1184	1164	1046	916	798	775	777	742	12529
	LTH	0	0	7204	6761	6561	6601	6860	6948	6961	6929	6868	7047	6990	7181	82911
	UHMB	0	0	2027	1645	1369	1255	1188	1878	1775	1646	1424	1259	1091	959	17516
	SPIRE	0	0	1079	983	935	874	827	580	430	202	111	104	110	81	6316
Diagnostic test waiting times	Fylde Coast	1.0%	1.0%	27.1%	25.4%	28.6%	29.6%	32.1%	31.3%	26.5%	23.3%	22.0%	24.7%	18.7%	22.3%	25.7%
	FWCCG	1.0%	1.0%	25.7%	23.2%	27.0%	27.3%	30.1%	28.1%	23.8%	22.3%	20.8%	21.1%	16.4%	20.1%	23.5%
	BCCG	1.0%	1.0%	28.5%	27.6%	30.2%	32.1%	34.3%	34.4%	29.3%	24.5%	23.3%	28.5%	21.1%	24.6%	27.9%
	BTH	1.0%	1.0%	20.6%	18.8%	23.5%	25.3%	29.5%	27.4%	20.9%	18.6%	17.8%	21.1%	16.1%	19.5%	21.1%
	LTH	1.0%	1.0%	39.4%	39.2%	39.1%	39.1%	46.6%	50.8%	46.2%	45.5%	48.0%	50.0%	45.9%	47.2%	45.1%
	UHMB	1.0%	1.0%	3.0%	2.5%	2.7%	3.5%	3.6%	3.3%	3.2%	2.9%	4.8%	5.5%	3.6%	4.2%	3.5%
Cancer 2 wk waits	Fylde Coast	93.0%	93.0%	85.6%	92.2%	96.2%	94.5%	92.6%	90.3%	87.3%	80.6%	71.1%	84.9%	89.5%	92.3%	88.0%
	FWCCG	93.0%	93.0%	87.2%	91.2%	96.7%	94.0%	93.3%	91.7%	87.0%	79.2%	71.2%	84.9%	89.0%	90.7%	87.9%
	BCCG	93.0%	93.0%	83.2%	93.6%	95.6%	95.1%	91.6%	88.4%	87.7%	82.5%	71.0%	85.1%	90.3%	94.4%	88.2%
	BTH	93.0%	93.0%	85.1%	92.0%	96.6%	94.8%	92.5%	90.1%	88.2%	80.6%	71.0%	86.2%	91.9%	94.4%	88.5%
	LTH	93.0%	93.0%	92.3%	97.6%	95.8%	95.1%	93.6%	92.9%	79.4%	66.5%	55.4%	45.8%	53.9%	63.5%	77.6%
	UHMB	93.0%	93.0%	81.9%	92.4%	91.0%	92.0%	91.7%	91.9%	82.0%	77.4%	71.0%	72.4%	82.1%	80.4%	83.9%
Cancer 2 wk waits - breast	Fylde Coast	93.0%	93.0%	40.0%	51.7%	96.0%	95.9%	97.4%	97.1%	86.2%	56.9%	72.8%	67.4%	87.0%	88.8%	77.3%
	FWCCG	93.0%	93.0%	38.0%	50.8%	94.7%	96.6%	95.3%	98.4%	79.6%	52.2%	66.0%	57.1%	76.4%	80.3%	73.5%
	BCCG	93.0%	93.0%	41.4%	52.5%	97.1%	95.2%	100.0%	96.1%	90.8%	61.3%	80.0%	74.7%	100.0%	97.1%	80.6%
	BTH	93.0%	93.0%	40.5%	49.6%	96.6%	95.5%	97.2%	97.7%	90.2%	60.3%	77.3%	72.0%	94.3%	98.3%	79.9%
	LTH	93.0%	93.0%	57.3%	95.7%	96.4%	100.0%	92.7%	76.8%	21.3%	9.1%	10.7%	13.5%	32.8%	52.0%	54.7%
	UHMB	93.0%	93.0%	20.3%	87.0%	66.7%	83.7%	87.0%	93.4%	55.0%	3.6%	3.3%	8.7%	3.9%	17.4%	44.2%

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cancer 31 day waits	Fylde Coast	96.0%	96.0%	94.3%	94.7%	96.5%	93.8%	93.8%	94.4%	95.4%	89.3%	93.4%	88.6%	89.7%	89.9%	92.9%
	FWCCG	96.0%	96.0%	93.5%	93.0%	96.3%	92.6%	94.9%	95.6%	94.2%	90.2%	92.9%	87.1%	91.0%	89.4%	92.7%
	BCCG	96.0%	96.0%	95.2%	97.0%	96.8%	95.5%	92.2%	92.9%	96.7%	88.0%	94.1%	90.8%	88.0%	90.6%	93.2%
	BTH	96.0%	96.0%	98.4%	98.9%	99.6%	97.4%	99.0%	99.1%	98.2%	93.4%	97.1%	91.3%	91.5%	93.0%	96.5%
	LTH	96.0%	96.0%	85.5%	87.8%	84.3%	85.6%	86.3%	88.8%	91.4%	83.7%	87.1%	86.5%	92.3%	88.4%	87.1%
	UHMB	96.0%	96.0%	91.0%	97.8%	92.3%	95.8%	89.9%	91.2%	93.0%	92.2%	95.5%	84.4%	90.1%	98.7%	92.6%
Cancer 31 day waits - Surgery	Fylde Coast	94.0%	94.0%	80.0%	90.0%	77.1%	71.1%	88.9%	67.9%	77.8%	79.5%	94.3%	71.4%	83.9%	84.0%	80.0%
	FWCCG	94.0%	94.0%	80.0%	88.9%	68.4%	65.2%	84.6%	67.9%	86.4%	74.1%	94.7%	77.3%	85.7%	78.9%	78.8%
	BCCG	94.0%	94.0%	80.0%	90.9%	87.5%	80.0%	94.7%	67.9%	64.3%	88.2%	93.8%	61.5%	80.0%	100.0%	81.7%
	BTH	94.0%	94.0%	88.2%	95.5%	100.0%	100.0%	100.0%	76.9%	94.4%	89.5%	100.0%	82.4%	85.7%	100.0%	92.3%
	LTH	94.0%	94.0%	69.9%	78.7%	73.0%	63.7%	71.8%	71.4%	76.2%	69.8%	75.3%	74.2%	74.6%	73.7%	72.3%
	UHMB	94.0%	94.0%	100.0%	100.0%	88.9%	100.0%	76.9%	50.0%	80.0%	100.0%	87.5%	100.0%	100.0%	100.0%	88.5%
Cancer 31 day waits - Drugs	Fylde Coast	98.0%	98.0%	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.5%	96.9%	98.0%	98.6%
	FWCCG	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.9%	100.0%	97.1%	99.1%
	BCCG	98.0%	98.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.3%	92.0%	100.0%	97.9%
	BTH	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.5%	94.4%	97.1%	98.5%
	LTH	98.0%	98.0%	100.0%	99.1%	100.0%	99.1%	100.0%	100.0%	96.2%	100.0%	98.9%	99.1%	99.2%	100.0%	99.3%
	UHMB	98.0%	98.0%	100.0%	100.0%	98.9%	98.7%	98.6%	99.1%	97.3%	99.0%	97.5%	92.8%	100.0%	99.0%	98.4%
Cancer 31 day waits - Radiotherapy	Fylde Coast	94.0%	94.0%	100.0%	97.8%	100.0%	100.0%	100.0%	100.0%	98.2%	84.4%	100.0%	95.8%	96.4%	100.0%	97.5%
	FWCCG	94.0%	94.0%	100.0%	96.2%	100.0%	100.0%	100.0%	100.0%	100.0%	88.1%	100.0%	94.9%	100.0%	100.0%	98.0%
	BCCG	94.0%	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	77.3%	100.0%	96.9%	91.3%	100.0%	96.8%
	BTH	94.0%	94.0%	Service not provided at BTH												
	LTH	94.0%	94.0%	99.5%	99.5%	98.6%	99.6%	100.0%	100.0%	98.5%	87.2%	99.5%	96.2%	96.9%	99.3%	97.8%
	UHMB	94.0%	94.0%	Service not provided at UHMB												

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cancer 62 day waits	Fylde Coast	85.0%	85.0%	75.5%	75.2%	77.9%	67.7%	73.1%	71.3%	67.0%	66.9%	62.1%	54.3%	60.5%	66.1%	68.4%
	FWCCG	85.0%	85.0%	73.7%	73.6%	79.6%	68.7%	77.2%	68.8%	75.4%	71.4%	61.1%	60.6%	66.2%	68.2%	70.6%
	BCCG	85.0%	85.0%	77.8%	77.6%	75.0%	66.0%	67.3%	74.6%	57.7%	61.3%	63.5%	43.6%	52.1%	63.9%	65.5%
	BTH	85.0%	85.0%	80.3%	79.2%	82.7%	72.3%	77.3%	71.1%	70.9%	66.4%	65.3%	57.0%	63.9%	65.4%	71.2%
	LTH	85.0%	85.0%	61.4%	60.0%	58.2%	63.0%	58.7%	63.4%	66.6%	51.6%	51.4%	42.5%	43.7%	52.2%	56.2%
	UHMB	85.0%	85.0%	56.0%	56.1%	62.0%	60.1%	59.4%	71.3%	51.6%	71.3%	68.1%	57.8%	57.0%	72.3%	62.1%
Cancer 62 day waits - screening	Fylde Coast	90.0%	90.0%	66.7%	62.5%	77.8%	38.5%	66.7%	41.7%	20.0%	46.7%	42.1%	60.0%	69.2%	56.5%	54.0%
	FWCCG	90.0%	90.0%	50.0%	66.7%	75.0%	50.0%	50.0%	44.4%	20.0%	44.4%	50.0%	53.8%	75.0%	61.9%	54.8%
	BCCG	90.0%	90.0%	80.0%	60.0%	80.0%	33.3%	100.0%	33.3%	No data	50.0%	20.0%	100.0%	0.0%	0.0%	52.2%
	BTH	90.0%	90.0%	37.5%	33.3%	23.5%	16.7%	40.0%	29.2%	9.1%	31.0%	26.7%	50.0%	38.5%	25.0%	29.9%
	LTH	90.0%	90.0%	75.0%	66.7%	35.7%	71.4%	83.3%	45.5%	50.0%	33.3%	0.0%	45.5%	0.0%	31.3%	39.3%
	UHMB	90.0%	90.0%	79.5%	67.5%	79.0%	74.5%	60.0%	45.5%	50.0%	44.2%	59.6%	51.9%	55.6%	83.6%	63.9%
Cancer 62 day waits - upgrade	Fylde Coast	NA	NA	84.2%	87.3%	86.8%	88.6%	85.9%	86.3%	76.4%	71.0%	78.6%	65.6%	74.3%	77.0%	80.4%
	FWCCG	NA	NA	77.8%	83.8%	83.9%	92.3%	88.6%	87.8%	72.7%	74.3%	88.0%	63.3%	81.8%	78.6%	81.9%
	BCCG	NA	NA	90.0%	92.3%	89.2%	83.9%	81.5%	84.4%	78.8%	67.6%	71.0%	67.7%	67.6%	75.8%	78.8%
	BTH	NA	NA	86.8%	91.2%	89.5%	86.8%	88.3%	87.3%	71.4%	66.1%	78.4%	75.8%	74.2%	78.4%	81.5%
	LTH	NA	NA	76.0%	88.6%	75.8%	84.9%	74.2%	82.4%	81.9%	82.0%	84.9%	69.4%	80.6%	78.0%	80.1%
	UHMB	NA	NA	90.2%	90.5%	78.9%	81.1%	84.3%	83.3%	83.0%	85.7%	89.5%	87.0%	86.8%	87.5%	85.6%

Urgent & Emergency Care

A&E 4hr waits	Fylde Coast	95.0%	95.0%	83.4%	83.68%	86.6%	82.7%	80.4%	79.2%	79.1%	79.9%	78.6%	77.9%	77.8%	76.8%	80.5%
	FWCCG	95.0%	95.0%	83.5%	83.47%	86.1%	82.5%	80.2%	79.1%	78.8%	79.6%	78.3%	77.6%	77.6%	76.5%	80.3%
	BCCG	95.0%	95.0%	83.4%	83.84%	87.0%	82.9%	80.5%	79.3%	79.3%	80.2%	78.9%	78.2%	78.0%	77.0%	80.7%
	BTH	95.0%	95.0%	83.4%	83.84%	87.0%	82.9%	80.5%	79.3%	79.3%	80.2%	78.9%	78.2%	78.0%	77.0%	80.7%
	LTH	95.0%	95.0%	83.3%	81.90%	79.8%	79.2%	79.5%	77.8%	77.2%	75.7%	76.3%	74.7%	76.6%	73.9%	78.1%

Indicator	Level	Target YTD	Target	2021-22												2021-22 YTD
				Q1			Q2			Q3			Q4			
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	UHMB	95.0%	95.0%	86.5%	80.03%	82.8%	81.4%	76.4%	78.4%	72.6%	75.0%	71.2%	72.5%	70.9%	70.1%	76.7%
Trolley Waits Over 12 Hours (National)	BTH	0	0	36	32	29	13	61	297	487	715	717	837	735	971	4930
	LTH	0	0	30	24	53	45	57	90	69	103	100	118	45	128	862
	UHMB	0	0	4	9	10	33	96	111	173	202	273	239	268	389	1807
Trolley Waits Over 12 Hours - Medical (Local)	BTH	0	0	24	17	12	4	46	281	468	687	704	818	716	950	4729
Trolley Waits Over 12 Hours - Mental Health (Local)	BTH	0	0	8	15	17	9	15	17	19	27	15	19	19	21	201

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Natalie Hudson, Chief Operating Offer, BTH
Date of Meeting:	23 June 2022

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST UPDATE REPORT

1.0 Purpose of the report:

1.1 The purpose of this report is to update and outline actions that the Trust are undertaking to reduce the 52 week backlog, improve non-elective/emergency patient flow and address long COVID-19.

2.0 Recommendation(s):

2.1 To consider the topics in the report and identify any further issues for scrutiny.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny.

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 Like many other Trusts across region and nationally BTH have seen an increase in patients waiting for elective surgery with a significant number of patients waiting in excess of 12 months. However, over the last 12 months we have seen a considerable reduction in 52 week waiters from 1,717 in March 2021 to 742 in March 2022. We also remain on track to have zero 104 week breaches by June 2022. In line with nationally mandated guidance we will shift our focus to reducing the 78 week backlog to zero by March 2023 and we are confident that we have plans in place to achieve this. These plans include increasing capacity for diagnostic tests, specifically around Endoscopy and working with system partners on improving clinical pathways. To build additional rigour into the management of waiting lists we have reinforced our governance with weekly divisional meetings and an Assurance and Escalation Group chaired by an Executive Director.
- 6.2 With regards to patient flow and improving effective discharge from the Acute Hospital we perform well against the metric of the number of patients that are Medically Optimised Fit For Discharge (MOFFD). We have also established a Patient Flow Improvement Programme which has five key workstreams designed to support the delivery of safe and effective patient flow throughout the organisation which are accountable to the A&E Delivery Board.

The five workstreams are:

- Admission Avoidance – This workstream is focussed on interventions and initiatives that can be implemented to avoid attendance to the Emergency Department and/or admission to a hospital bed. The five areas of focus are:
 - Implement 2 Hour Urgent Care Response
 - Community hospitals
 - Ensure a comprehensive Local directory of services (DOS)
 - Care homes
 - Primary Care
- Emergency Department – The Emergency Department workstream has four key areas of focus to ensure that the focus is on the safe, effective assessment and treatment of patients.
- The focus areas are:
 - Refurbishment – Progression of the emergency village
 - Rapid Assessment of patients
 - Effective Triage of patients
 - Workforce
- In-Hospital Patient Flow – This workstream has five key areas to support the standardisation of hospital processes and streamline patient flow throughout the organisation.
- The key areas for focus are:
 - Internal Professional Standards – Internal Response standards will be agreed

- with inpatient teams and wards, radiology, and pathology.
 - Ward Processes - The standardisation of ward processes.
 - Same Day Emergency Care - Increasing the number of patients treated and discharged on the same day
 - Frailty Assessment Unit - Build on the current service to complete a clinical frailty assessment within a purpose designed Frailty Assessment Unit
 - Virtual Wards - To support patients to leave hospital early or avoid admission altogether.
- Discharge Planning – There are three areas of focus for this workstream, all supporting the safe and effective discharge of patients from hospital as soon as they no longer require acute care.
 - The key areas for focus are:
 - Clifton Hospital
 - Home First:
 - Discharge Pathways - to support improvements in access times to avoid prolonged and unnecessary hospital stay
 - Mental Health – For this workstream there are three areas of focus to support people with urgent or emergency mental health needs and avoid unnecessary attendance to the emergency department. The focus areas are:
 - The use of the Mental Health Urgent Assessment Centre
 - To develop a single point of contact for patients requiring mental health support
 - Transform NHS community mental health services

6.3 Long Covid Update

The Blackpool Long Covid Service went live in March 2021, assessing and managing patients with persistent symptoms developed post infection from SARS-CoV-19. Following referral from primary or secondary care, the service offers holistic assessment and patient-centred management plans, including cognitive function clinics, breathing pattern rehabilitation, pacing and mental health support. The service can refer into and has developed good relationships with other specialist services including IAPT, Pulmonary Rehab, MSK Physiotherapy and third sector organisations, including Blackpool Active.

The service is funded by NHS England and finance has been received in blocks. This initially had a negative impact on recruitment due to a lack of appetite for short term, temporary contracts. Following a paper presented to the Trust, permission was gained to offer staff 18-month contracts, which significantly improved the picture. Challenging recruitment has resulted in demand upon the service outstripping capacity for a prolonged period, resulting in waits for patients to access the service.

On the 30th May 2022, enhanced funding was confirmed for 22/23.

6.4 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

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 Health inequalities are being considered within the Trust.

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.

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting:	23 June 2022

SCRUTINY 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 8(a) and was developed following a workplanning workshop with the Committee in June 2021. A session to revise the workplan was scheduled to be held on 21 June 2022 and any feedback will be reported into the meeting. 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.

Committee Members are invited to suggest topics at any time that might be suitable for scrutiny review through completion of the Scrutiny Review Checklist. The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the Committee, prior to a topic being approved for scrutiny.

6.2 Implementation of Recommendations/Actions

The table attached at Appendix 8(b) has been developed to assist the Committee in effectively ensuring that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

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

Does the information submitted include any exempt information?

No

7.0 List of Appendices:

Appendix 8(a): Adult Social Care and Health Scrutiny Committee Workplan

Appendix 8(b): Implementation of Recommendations/Actions

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

This page is intentionally left blank

Adult Social Care And Health Scrutiny Committee Work Plan 2022-2023	
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 financial performance. 5. Initial Response Service – update on the development of the service.
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. 4. Maternity Services fully comprehensive report on the performance of Maternity Services in Blackpool
Special meeting TBC September/October 2022	<p>Mental Health Services</p> <p>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.</p>
10 November 2022	<ol style="list-style-type: none"> 1. CCG Mid year performance update 2. Adult Services update 3. BSAB Workplan to receive an update on the work of the BSAB 4. Update on Meals on Wheels Scrutiny Review Recommendations
26 January 2023	<ol style="list-style-type: none"> 1. Update on Supported Housing Scrutiny Review Recommendations 2. Adult Services update 3. Enhancing the Stroke Network update on actions taken and recruitment. 4. Response to Multiple Disadvantage 5. Drug Related Deaths Scrutiny Review final update on recommendations.
TBC June 2023	<ol style="list-style-type: none"> 1. CCG End of year performance 2. Final report on Drug Related Deaths Scrutiny Review Recommendations 3. Blackpool Safeguarding Adults Annual Report 2022/23

Scrutiny Review Work	
Ongoing	Dentistry and oral health ensuring adequate and accessible provision in the town. Care during the pandemic and impact on provision. Recovery. (NHS England).
TBC July 2022	Scrutiny review of population health management to also include long covid.
TBC September 2022	Pathology Collaboration Briefing update
TBC October 2022	Dementia – Provision of services/dementia friendly, impact of increasing diagnosis, support services on offer, long term impact of pandemic (dementia groups to be invited).
TBC 2022 (once pressure of pandemic on PH has alleviated).	Healthy Weight Scrutiny Review - Firstly to review the recommendations in light of the time passed since the review was approved. Secondly to consider progress of recommendations and impact of the pandemic on the issues identified in the report.

MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	06.02.20	The Committee 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	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	Included on the agenda.	Completed.
4	11.10.21 (EX)	Meals on Wheels Scrutiny Review That in order to address the concerns raised by the Panel, a leaflet be developed by the Corporate Delivery Unit containing the details of all meals on wheels schemes and providers in Blackpool:	Original aim was before Christmas	Kate Aldridge	Previous update provided to Committee in December 2021: Kate Aldridge, Head of Corporate Delivery and Commissioning has advised that the leaflet has not yet been created, but both leading providers of meals on wheels in Blackpool have been contacted and information gathered from them about what needs to be included and information has been updated on the FYI directory in the meantime. Both providers are keen that	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		<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 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>			<p>the leaflet (while not recommending any provider in particular) helps people understand what meals on wheels can offer and what questions people could consider asking when they are looking to decide what is right for them. The providers are happy to work with the Council on the wording and content of the leaflet, and we will also be checking it works for the intended audience through its development (service users and friends and family). It is expected that a draft will be presented to the Committee in the new year.</p>	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
5	24.02.22 (EX)	Supported Housing Scrutiny Review That the Supported Housing Scrutiny Review Panel endorses the Supported Housing Standards for Adults and separate Youth Standards and Charter for adoption by the Executive. That the Council continues to lobby the Government to introduce regulation or legislation to allow the Council to enforce its approach to supported housing as set out in the agreed standards.	January 2023	Vikki Piper, Head of Housing		Not yet due.
6	31.03.22	The Committee agreed that a further report on the Stroke Network be received in approximately 12 months in order to ascertain progress and that the business case and timeline for the programme be recirculated.	January 2023	Sharon Walkden	Added to workplan for January 2023.	Not yet due.
7	31.03.22	The Committee agreed to receive the BSAB workplan in approximately six months.	November 2022	Stephen Ashley	Added to workplan for November 2022.	Not yet due.
8	31.03.22	The Committee agreed to receive an urgent update on the procurement of a building for the IRS and a	June 2022	Joanna Stark	Added to workplan for June 2022. Item on the meeting agenda.	Completed.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		further update to its next Committee meeting.				
9	11.05.22	That appropriate services work with their Communications Teams in order to identify the ways in which the successes of work with people with multiple disadvantages can be communicated with members of the public and ensure that expectations were set appropriately. That an update be provided to a future meeting to allow the Committee to ascertain progress.	January 2023	Judith Mills	Item added to Committee workplan.	Not yet due.
10	11.05.22	That all Councillors be invited to attend Trauma Informed training.	June 2023	Catherine Jones	Training will be added to the Member training programme following the election.	Not yet due.