Blackpool Council

27 September 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, 6 October 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 23 JUNE 2022 (Pages 1 - 6)

To agree the minutes of the last meeting held on 23 June 2022 as a true and correct record.

3 PUBLIC SPEAKING

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

4 EXECUTIVE AND CABINET MEMBER DECISIONS (Pages 7 - 10)

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

5 NORTH WEST AMBULANCE SERVICE PERFORMANCE REPORT (Pages 11 - 16)

To update the Committee on the performance and activity of North West Ambulance Service.

6 BLACKPOOL TEACHING HOSPITALS TRUST MATERNITY UPDATE (Pages 17 - 38)

To receive an update from the Trust on Maternity Services at Blackpool Victoria Hospital following the recent Care Quality Commission inspection.

7 SMOKING CESSATION NEW MODEL - APPLICATION AND IMPACT (Pages 39 - 50)

This report outlines the progress made by the Blackpool NHS Tobacco Addiction Service in mobilising the local community stop smoking service.

8 ALCOHOL CONSUMPTION, HEALTH IMPACTS AND TREATMENT IN BLACKPOOL (Pages 51 - 64)

To update the committee regarding alcohol consumption, alcohol-specific hospital admissions and deaths and alcohol treatment and recovery support in Blackpool.

9 HEALTH VISITING, SCHOOL NURSING AND FAMILY NURSE PARTNERSHIP, SERVICE REVIEW (Pages 65 - 74)

The report outlines the current services, highlights the challenges and provide solutions and options to inform the future delivery model/s for the services.

10 SCRUTINY WORKPLAN (Pages 75 - 84)

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

11 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as 10 November 2022, commencing at 6.00pm.

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

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MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 23 JUNE 2022

Present:

Councillor Critchley (in the Chair)

Councillors

D Coleman	Hutton	D Scott	Walsh
Hunter	O'Hara	Mrs Scott	

In Attendance:

Councillor Maxine Callow, Scrutiny Lead Member
Councillor Jo Farrell, Cabinet Member for Adult Social Care and Community Health and Wellbeing

Ms Karen Smith, Director of Adult Services
Ms Christine Forsyth, Service Manager, Community Social Care in Health
Mrs Sharon Davis, Scrutiny Manager

Ms Natalie Hudson, Chief Operating Officer, Blackpool Teaching Hospitals NHS Foundation Trust
Mr Roy Fisher, Chair, Blackpool, Fylde and Wyre Clinical Commissioning Groups (CCGs)
Dr Neil Hartley-Smith, Clinical Director, Blackpool, Fylde and Wyre CCGs
Ms Maria Nelligan, Chief Nurse and Quality Officer, Lancashire and South Cumbria NHS Foundation Trust
Mrs Charlotte Howard, Assistant Lead for Hospital Discharge Services, Blackpool Teaching Hospitals NHS Foundation Trust
Ms Lindsay O'Dea, Senior Programme Manager, Blackpool, Fylde and Wyre CCGs

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

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

The Committee agreed that the minutes of the last meeting held on 31 March 2022 and the special meeting held on 11 May 2022, be 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 INITIAL RESPONSE SERVICE

Ms Maria Nelligan, Chief Nurse and Quality Officer, Lancashire and South Cumbria NHS Foundation Trust presented an update on the development of the Initial Response Service and a summary of the other transformation work that had taken place since the previous report to Committee. She highlighted that a 28 bed unit had opened in Wesham which had originally been intended for both men and women, however, following new modelling it had been determined that the demand for such beds was predominantly men. The unit would therefore be utilised as a male unit, however, this could be reviewed should demand for services alter.

In response to questions from the Committee, Ms Nelligan confirmed that provision existed elsewhere for women and that no additional capacity was currently required at this time. She advised that should there be changes to demand, service provision would be reviewed and adapted as required.

With regards to the Initial Response Service, it was noted that it had been originally planned that the service would open in Blackpool in April 2022, however, there had been difficulties in acquiring an estate to site the service which had caused delays. She advised that whilst the search for suitable premises continued, recruitment had commenced and other preparation was ongoing so that when the service could commence it would be of high quality.

Members expressed concern regarding the length of time it was taking to acquire appropriate premises and therefore commence the service and requested that a new target date be provided. Ms Nelligan accepted the concern and advised that a meeting was being held on Tuesday 28 June 2022 to review the details of a recent appraisal and agreed that the findings could be shared with the Committee following the meeting. Ms Karen Smith, Director for Adult Services added that partners were working together in order to identify a potential shared location to ultimately provide a stronger presence and improved joint working through co-location. It was agreed that a full update would be provided at the following meeting of the Committee.

The Committee agreed:

1. To receive a written update following the LSCFT management meeting to discuss the appraisal on the IRS on Tuesday 28 June 2022.
2. To receive full update on the IRS at the following meeting of the Committee.

5 ADULT SERVICES OVERVIEW REPORT

Ms Karen Smith presented the Adult Services Overview Report to the Committee. She advised that there was pressure in all areas of service provision and that creative work patterns and solutions were being utilised to address pressure. She highlighted the importance of good partnership working with the NHS and being as flexible as possible in order to deal with challenges.

Ms Smith also noted the difficulties in the care at home and residential sectors and the significant financial pressure on providers. With regards to the Adult Services financial position, she noted that the budget in 2021/2022 had been balanced due to significant

levels of grant funding through the pandemic and additional investment into services by the NHS. She added that the Service's Medium Term Financial Sustainability Strategy was currently being revised.

The Committee referred to the current high levels of inflation and significant increases in the cost of living and queried whether Ms Smith felt confident that services would be maintained through the coming winter. Ms Smith noted the national challenges and the concern that care at home or residential companies could fail in the current financial climate. She noted that some providers had withdrawn from the market, but that others had entered and that the Council had retained the emergency staffing that had been established during the pandemic. The Council was working with providers in order to find creative solutions and support settings. The impact of the cost of petrol in particular was raised and Ms Smith advised that providers aimed to be innovative to reduce the burden and were considering how service provision could be amended to improve efficiency in travelling.

Members noted that the improvement in partnership working between the Council and the NHS was apparent and pleasing to see. In response, Ms Smith reported that due to the pandemic, improved joint working had been necessary and that now the relationships were in place they would continue. The work on the Transfers of Care Hub was an excellent example of this joint working.

The particular issue of the cost of insurance was noted by the Committee, with it questioned whether there was any solution to prevent other providers being unable to obtain insurance. Members noted the importance of stability for those in care homes and requested that this issue be kept on the agenda and raised with the Government.

The Committee went on to consider a presentation by Ms Christine Forsyth, Service Manager, Community Social Care in Health and Ms Charlotte Howard, Assistant Lead for Hospital Discharge Services, Blackpool Teaching Hospitals NHS Foundation Trust on the Transfer of Care Hub. It was noted that the hub was a single point of discharge, with approximately 200 patients moving through on a daily basis. The aims of the hub included to reduce length of stay, reduce triage times and identify from admission what needed to happen to allow a person to go home. The pressure points included staffing and the provision of an 8am to 8pm, seven-day service.

In response to a question, Ms Forsyth advised that data regarding readmission rates of those that had been through the Transfer of Care Hub had not been collected. She advised that a part of the hub's work was to ensure that services at home and in the community were ready and available prior to discharge. The Hub aimed to prevent readmission through the process. Ms Natalie Hudson, Chief Operating Officer, Blackpool Teaching Hospitals NHS Foundation Trust added that the rate of readmission in total was low at approximately 6%, however, this data was only collected if the readmission was within two weeks of the discharge.

It was reported that the Transfer of Care Hub did involve family in the discharge process where appropriate and that a booklet had been developed that could be provided to patients and their families as soon as they were admitted to hospital.

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

Mr Roy Fisher, Chair, Blackpool, Wyre and Fylde Clinical Commissioning Groups (CCG) introduced the end of year CCG performance report for 2021/2022 in Blackpool. He noted that the CCG would be replaced on 1 July 2022 with the Integrated Care Board and, on a more local level, the Place Based Partnership.

The Committee reviewed the performance data in detail and noted that a wide range were not meeting targets. It was queried whether CCG representatives could identify the areas of most concern and advise how those areas were being addressed. In response, Ms Lindsay O'Dea, Senior Programme Manager, Blackpool CCG advised that services were focussed on restoration and recovery and that the vast majority of indicators, although not meeting target, had improved. Ms Natalie Hudson, Chief Operating Officer, Blackpool Teaching Hospitals NHS Foundation Trust added that the national target to address all patients waiting longer than 104 weeks before the end of June 2022 had been met and that the number of patients waiting more than 52 weeks had been reduced from over 1,700 to approximately 740.

Other areas for concern were identified as the number of patients waiting over 12 hours, pressures on urgent and emergency services and ambulances. However, since the restrictions imposed due to the pandemic had been fully lifted in April 2022 improvements to performance had been made.

Dr Neil Hartley-Smith, Clinical Director, Blackpool CCG advised that an audit was being carried out regarding the number of face to face and virtual appointments offered to patients by GP surgeries in Blackpool. He advised that 77,000 appointments had been offered in April 2022 with 69,000 attended. Of these, 48,000 appointments had been held face to face with 32,000 held on the same day as the appointment had been made. It was agreed that telephone calls suited some situations and patients and not others and that the statistics demonstrated that both types of appointment were being offered.

Members raised concern regarding the number of appointments made and not attended, which totalled approximately 4,600 in April 2022 and there was a detailed discussion regarding how value could be given to appointments to ensure they were not wasted.

Reference was made to the extended access appointments and out of hours service, both of which continued. There had been concerns regarding the under utilisation of the extended access appointments previously, however, the Doctors appointments were now well used.

The Committee agreed that a report be requested from the Integrated Care Board/Place Based Partnership on the transition to the new structural arrangements to the next meeting of the Committee.

7 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST UPDATE REPORT

Ms Natalie Hudson, Chief Operating Officer, Blackpool Teaching Hospitals NHS Foundation Trust provided an update on the building work proposed on the Emergency Department at Blackpool Victoria Hospital. She advised that capital investment had been

approved to refurbish the department to provide improved emergency care facilities. The refurbishment would also cover the ambulance drop off at the Emergency Department ensuring it was fit for purpose. As part of the redesign the number of cubicles in the department would be increased and each would be able to be isolated to allow for improved infection control. The work would be phased to ensure uninterrupted service provision.

In regards to the provision for patients with long covid, Ms Hudson noted that long term funding for the service provision had now been agreed. Ms Karen Smith, Director of Adult Services added that the service had a reasonably long wait time, however, service provision was person centred and wide ranging.

In response to a question, Ms Hudson advised that when a patient attended the emergency department they were triaged. If it was clear that the patient did not require treatment in the emergency department they would be directed to the on-site urgent care walk in centre.

8 SCRUTINY COMMITTEE WORKPLAN

The Committee considered its revised workplan for the 2022/2023 Municipal Year.

The Committee agreed the workplan.

9 DATE AND TIME OF THE NEXT MEETING

The Committee agreed the date and time of the next meeting as Thursday, 6 October 2022, commencing at 6.00pm.

Chairman

(The meeting ended at 8.30 pm)

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

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of Meeting:	6 October 2022

EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report:

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

2.0 Recommendation(s):

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

3.0 Reasons for recommendation(s):

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

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

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council Priority:

5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background Information

6.1 This report is presented to ensure Members are provided with a timely update on the decisions taken by the Executive and Cabinet Members. It provides a process where

the Committee can raise questions and a response be provided.

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

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

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

6.5 Does the information submitted include any exempt information? No

7.0 List of Appendices:

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

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
NHS AND SOCIAL CARE INTEGRATION: PLACE BASED PARTNERSHIP DEVELOPMENTS The Executive resolved as follows: 1. To support the Lancashire and South Cumbria Integrated Care Board's (ICB) decision to change the Place Based Partnership footprint from Fylde Coast (Blackpool, Fylde and Wyre) to Blackpool, in line with the Upper Tier Local Authority footprint and as one of four Place Based Partnerships in Lancashire and South Cumbria (formerly five), each co-terminus with their respective Upper Tier Local Authorities. 2. To note the decision of the Chief Officers Employment Committee to approve the appointment of Karen Smith, Blackpool Council Director of Adult Social Services (DASS) to the joint Local Authority and Integrated Care Board appointment of Director of Health and Care Integration for Blackpool, (encompassing the statutory Director of Adult Social Services role). 3. To endorse the active participation of relevant Council Officers and Members in key groups relating to the Place Based Partnership for Blackpool and to note that the Leader of the Council will appoint elected member representatives under the appointments to outside body executive delegation.	National Policy sets out a clear intention of a more joined-up approach to health and care built on collaborative relationships; using the collective resources of the local system, NHS, local authorities, the voluntary sector and others to improve the health of local areas. The changes made by the Integrated Care Board to the Place Based Partnership footprint, together with the joint Local Authority and NHS appointment of a Director of Health and Care Integration for Blackpool, allow resources and decision making to be aligned to local needs and priorities for Blackpool. As it is co-terminus with the local authority area it also allows a more simplified structure to operate. Elected members, businesses, health, social care, and community organisations, together with our residents will be better able to shape and influence priorities specific to Blackpool, rather than the wider Fylde Coast, whose population in many respects has different characteristics and needs. The Council and its partners must work together to improve outcomes for people already in need of health and care services and to focus efforts on supporting the lifelong journey of the population to be born healthier, enjoy better lifelong health and wellbeing and a longer life. Blackpool's outcomes in these areas remain among the poorest in England and reducing health inequalities is a key policy aim.	EX31/2022	05/09/2022	Councillor Farrell, Cabinet Member for Adult Social Care and Community Health and Wellbeing

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Gene Quinn, Head of Service (Interim) Cumbria and Lancashire, Matt Dunn, Consultant Paramedic
Date of Meeting:	6 October 2022

NORTHWEST AMBULANCE SERVICE PERFORMANCE REPORT

1.0 Purpose of the report:

1.1 To update the Committee on the performance and activity of North West Ambulance Service.

2.0 Recommendation(s):

2.1 That the Committee considers the content of the report, identifying areas for challenge and discussion.

3.0 Reasons for recommendation(s):

3.1 To ensure robust scrutiny of the service.

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

North West Ambulance Service last presented to this committee in February 2019.

North West Ambulance Service NHS trust was formed in 2006 following the merger of Lancashire, Merseyside, Cumbria and Greater Manchester ambulance services.

The trust has five stations which serve the Blackpool area Blackpool, Fleetwood, Thornton, Wesham and Lytham.

These stations are bases for 23 emergency ambulances, 4 rapid response vehicles, 16 senior/advanced paramedics, 81 paramedics, 24 student paramedics, 56 emergency medical technicians and 3 urgent care staff.

In December 2020, the trust wrote to all local key stakeholders to inform them of the new station planned for Blackpool and new hub and spoke model for the Fylde. This report contains an update on that project.

6.1 Activity

AREA: CL Fylde

Measure Group	Measure	YDY 01.09.2022 01.09.2022	WTD 29.08.2022 01.09.2022	MTD 01.09.2022 01.09.2022	QTD 01.07.2022 01.09.2022	YTD 01.04.2022 01.09.2022
Calls	**Emergency CAD Contacts**	262	962 (240)	262 (262)	16119 (256)	39369 (256)
	of which, duplicates	87	229 (57)	87 (87)	3882 (62)	9275 (60)
	of which, no outcomes (excl. dupl)	29	116 (29)	29 (29)	2302 (37)	5120 (33)
	CPU Measured	208	698 (174)	208 (208)	12591 (200)	30398 (197)
	CPU (<5s)	83.65%	82.52%	83.65%	63.20%	68.23%
	A1 Calls Answered		(0)	(0)	(0)	(0)
	A3 Mean Call Answer Time	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
	A5 Call Answer Time - 95th Percentile	00:01:18	00:01:37	00:01:18	00:02:33	00:01:47
	A114 Call Answer Time - 90th Percentile	00:00:25	00:00:42	00:00:25	00:01:36	00:01:15
Incidents	**Incidents**	146	617 (154)	146 (146)	9935 (158)	24974 (162)
	Incidents with no F2F response	28	100 (25)	28 (28)	1575 (25)	4129 (27)
	H&T %	19.18%	16.21%	19.18%	15.85%	16.53%
	Incidents with F2F response	118	517 (129)	118 (118)	8360 (133)	20845 (135)
	S&T	37	199 (50)	37 (37)	3118 (49)	7495 (49)
	S&T%	25.34%	32.25%	25.34%	31.38%	30.01%
	S&C	81	318 (80)	81 (81)	5242 (83)	13350 (87)
	S&C%	55.48%	51.54%	55.48%	52.76%	53.46%
	% of Incidents with S&C to nonAE dept	4.79%	2.92%	4.79%	3.67%	3.79%
	C1 Incidents	18	52 (13)	18 (18)	1120 (18)	2698 (18)
	As % of all activity	12.33%	8.43%	12.33%	11.27%	10.80%
	C2 Incidents	76	325 (81)	76 (76)	5224 (83)	13126 (85)
	As % of all activity	52.05%	52.67%	52.05%	52.58%	52.56%
	C3 Incidents	35	167 (42)	35 (35)	2313 (37)	5924 (38)
	As % of all activity	23.97%	27.07%	23.97%	23.28%	23.72%
	C4 Incidents	1	4 (1)	1 (1)	94 (1)	250 (2)
	As % of all activity	0.68%	0.65%	0.68%	0.95%	1.00%
	C5 Incidents	11	38 (10)	11 (11)	759 (12)	1838 (12)
	As % of all activity	7.53%	6.16%	7.53%	7.64%	7.36%
	HCP & IFT 3/4 Incidents	5	31 (8)	5 (5)	425 (7)	1138 (7)
	As % of all activity	3.42%	5.02%	3.42%	4.28%	4.56%

6.2 Performance against standards

Category	YDY 01.09.2022 01.09.2022	WTD 29.08.2022 01.09.2022	MTD 01.09.2022 01.09.2022	QTD 01.07.2022 01.09.2022	YTD 01.04.2022 01.09.22
C1 mean (target <00:07:00)	00:08:14	00:07:16	00:08:14	00:07:32	00:07:28
C1 90th percentile (<00:15:00)	00:16:12	00:11:52	00:16:12	00:13:25	00:13:24
C2 mean (<00:18:00)	01:19:45	00:49:23	01:19:45	00:47:18	00:44:49
C2 90th percentile (<00:40:00)	02:45:43	02:00:33	02:45:43	01:47:40	01:43:18
C3 mean (<01:00:00)	05:20:13	03:21:12	05:20:13	03:05:34	02:56:22
C3 90th percentile (<02:00:00)	09:53:27	08:47:58	09:53:27	07:51:36	07:15:27
C4 90th percentile (03:00:00)	00:00:00	02:11:32	00:00:00	09:57:24	09:16:02

6.3 Hospital Handovers

Hospital handovers – the time taken for an ambulance crew to transfer a patient into the care of hospital staff, is one the major challenges affecting the ambulance sector. The target for this is 15 mins but frequently, this is far exceeded, preventing ambulance crews from returning out onto the road and available to respond to patients. This can leave patients waiting longer than we would like for a response.

Delays at hospital emergency departments have increased and the number of hours lost to ambulance services is now unprecedented. This is an issue seen nationally and is high on the agenda of ambulance services and the NHS. Many are in agreement that the main reason for this is the inability to discharge patients safely due to the pressures on the social community care sector.

Data 22- 30/08/2022

Site	A&E attendances	Lost hours due to arrival to handover >15mins	Lost hours due to handover to clear >15mins
Royal Preston	404	161:07	12:16
Blackpool Victoria	554	134:51	04:48
Grand Total	**958**	**295:58**	**17:04**

KEY Sites with less than 100 attendances a week

Site	Attendances	Average turnaround time (hh:mm)	Average handover time (hh:mm)	Average handover to clear (hh:mm)
Chorley and South Ribble District	75	00:28	00:17	00:11
Royal Blackburn	779	00:37	00:26	00:11
Royal Albert Edward Infirmary	392	00:48	00:38	00:09
Blackpool Victoria	554	00:48	00:31	00:10
Royal Preston	404	00:54	00:43	00:11
Royal Lancaster Infirmary	319	00:57	00:45	00:09
Grand Total	**2523**	**00:46**	**00:34**	**00:10**

6.4 Key Initiatives in the Fylde

Psynergy Multi-Disciplinary Mental Health Triage Vehicle – currently staffed 8 hours a day by a Paramedic, Mental Health Professional and a Police Officer.

Increasing numbers of patients being referred to alternatives to the Emergency Department

including the Same Day Emergency Care (SDEC) facility, Virtual Wards (Respiratory), Rapid Intervention Team, Urgent Care Centres etc.

6.5 Blackpool Hub and Spoke

The new 'hub' station for Fylde is taking shape with work on schedule to finish and be fully operational by the end of January next year.

The newly developed site at Blackpool will provide staff with a hugely improved base with lockers and deep cleaning, parking and training facilities. Its design is incorporating a better infection control environment and will enable us to install a 'make ready' facility. At present, staff, at the start of their shift, stock check vehicles but this new service will mean that a specialist team will do this work, so an ambulance crew can report to the station and immediately become available to respond to patients.

Once the Blackpool site is ready and operational, as we have briefed previously, we will then begin a phased closure of the remaining stations in Fylde - Fleetwood, Lytham, Wesham and Thornton, and despatch ambulances from Blackpool to start their shifts at carefully identified 'spoke' locations in the vicinity of the old sites.

Work is ongoing to identify those sites and the stations will not close until a spoke site is fully operational.

NWAS has partnered with two local infant/junior schools - Waterloo Primary Academy and Blackpool Gateway Academy, to help us celebrate the new stations and to be a part of its future. So far, the children have taken part in a steel signing event and we will be organising a

time capsule for them to bury on site. We have also provided the schools with defibrillators and will be holding first aid training events for staff and parents. The children will be included in the launch event (date TBC) and their artwork will feature on the walls once the station is complete. We will continue this relationship with the schools into the future and will host regular partnership events with them.

6.6 **NWAS Strategy**

The trust recently launched its new strategy which is available on our website.

The strategy explains where we want to be in the future and how we will get there and has been developed differently from those we have created in previous years; we have taken more time to listen to our staff and our patients to understand what matters to them most.

Staff told us that we need to improve everyday working lives, focus on getting the basics right and look after each other. Unsurprisingly, they also said that the past challenging few years have taken their toll on their health and wellbeing and so, through this strategy, we commit to creating a working environment where physical and mental health and wellbeing is a priority.

In the strategy, we talk about the population's health; this might sound and feel different to how we have spoken in the past about our role in the healthcare system but now is the time to step up to these challenges to support our communities to recover too. We want to use our new strategy to work with organisations such as councils, and forge new partnerships with groups and organisations to improve the lives of those we have committed to serve.

We are happy to answer any questions relating to the strategy and its aims.

Does the information submitted include any exempt information? No.

7.0 **List of Appendices:**

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 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.

14.0 **Background papers:**

14.1 None.

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mr Mike Chew, Divisional Director of Operations
Date of Meeting:	6 October 2022

BLACKPOOL TEACHING HOSPITALS TRUST MATERNITY UPDATE

1.0 Purpose of the report:

1.1 To receive an update from the Trust on Maternity Services at Blackpool Victoria Hospital following the recent Care Quality Commission inspection.

2.0 Recommendations:

2.1 To consider the update provided on Maternity Services and identify any areas for further discussion and scrutiny.

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 A presentation has been provided, attached at Appendix 6(a) which sets out the

response to the Care Quality Commission inspection carried out earlier this year. The presentation highlights areas of good practice and the improvements required through the inspection and also sets out the learning from the Ockenden review 2022 referencing the immediate action to be taken.

Mr Michael Chew, Divisional Director of Operations at the Trust and Ms Lisa Fitzgerald, Deputy Head of Midwifery will be in attendance to answer any questions Members have on the details in the presentation.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

Appendix 6(a): Presentation from Blackpool Teaching Hospitals Trust

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.

Blackpool Teaching Hospitals
NHS Foundation Trust

Blackpool Teaching Hospitals Maternity Update 05/10/22 Featuring CQC

Michael Chew Divisional - Director of Operations
and Lisa Fitzgerald – Deputy Head of Midwifery

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Background and context

Blackpool Teaching Hospitals
NHS Foundation Trust

- **National position.** Public enquiries including Ockenden, but also Morecambe Bay and East Kent. The Trust have successfully provided assurance to our Local Maternity System in relation to Ockenden's findings
- **Maternity Incentive Scheme (formerly CNST).** The Trust has achieved these quality expectations three years consecutively
- **Maternity Outcomes.** Outcomes for our women are comparable to other Hospitals when we look at our established comparator group, there are areas where we have challenges like in rates of induction, smoking and breastfeeding, but overall not an outlier
- **Workforce.** Birth rate plus, identified that approximately 100 more Midwives need to be recruited across Lancashire and South Cumbria. Birth rate plus identified that 20 more were needed at Blackpool Teaching Hospital
- **Population.** We have a good relationship with our women. This is well reflected in Friends and Family feedback. We work productively with our Maternity Voices Partnership and have had great success with initiatives like Facebook Live. We work with some of the most deprived communities in the country and this impacts the acuity of our work, particularly how health inequalities drive complications in pregnancy and the extent of the safeguarding issues we face with Social Care colleagues
- **Inspection.** CQC have announced enhanced arrangements around inspection of Maternity Units and all units not inspected and rated since April 2021 will receive a visit. This is in recognition of significant challenges facing maternity services nationally [Maternity inspection programme - Care Quality Commission (cqc.org.uk)]
- **Improvement plans.** We have worked closely with the CQC since the inspection, and it is important to note that CQC removed the Section 31 Improvement Notice in recognition of the immediate actions we have taken and the quality of our improvement plans. CQC highlighted issues we knew that were impacting the quality of experience for our women. Our aim is to use the learning from the CQC inspection to improve the experience of women receiving maternity care, and to restore our Good rating

CQC Inspection Overview

Blackpool Teaching Hospitals
NHS Foundation Trust

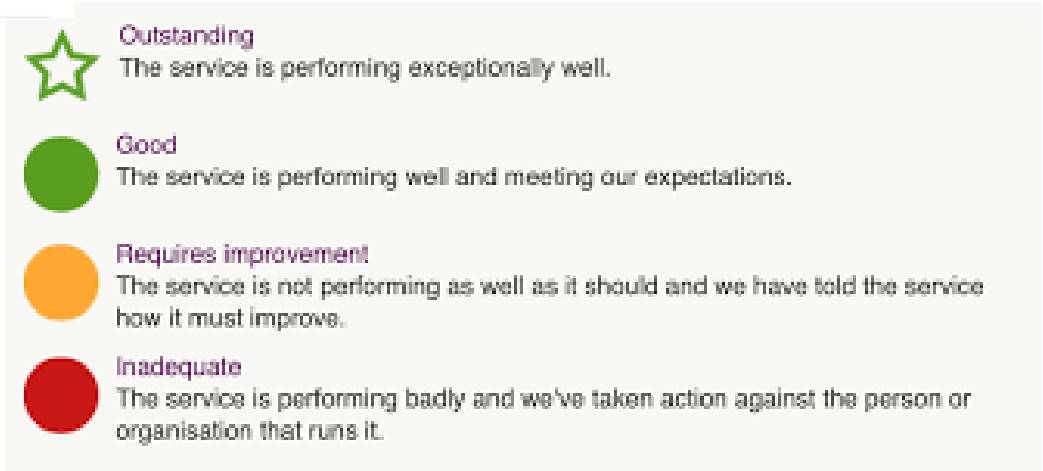
- CQC attended an unannounced visit on the 21/06/2022.
- Section 31 Letter of Intent of the Health and Social Care Act 2008 issued 24/06/2022
- Full report published 01/09/2022

Ratings

Overall rating – Requires Improvement

Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Available gradings:



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Key concerns in the Section 31 Letter of Intent of the Health and Social Care Act 2008 .

- 1) Staffing
- 2) Medicines management
- 3) Medical devices
- 4) Infection control
- 5) Incident management, and learning from incidents

BTH Maternity response to letter of intent

- Detailed action plan with 60 points of action relating to concerns raised.
- 49 actions complete and 11 actions on track.
- **Section 31 intention revoked as CQC accepted action plan and actions**.

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Maternity

Requires Improvement

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Additional key points of concern from report not mentioned in the letter

- Record keeping
- Support Breastfeeding
- Women's individual needs – waiting to access the service
- Understanding women's conditions – facilities to respect women's privacy and dignity.
- Local leaders visibility for patients and staff- strategy, risks, data, co production.

Areas of recognised good points.

- Staff understood how to protect women from abuse
- Medical staffing
- Record storage
- Open and honest
- Women – food, fluids and analgesia
- Women treated with compassion and kindness – individual needs, emotional support
- **Women gave positive feedback about the service**.
- Service planned care to meet the needs to the local demographic.
- Leaders had skills and abilities to run the service

Is the service safe?

Inadequate 🔴 ↓↓

Blackpool Teaching Hospitals
NHS Foundation Trust

- **Mandatory Training**
  - Practice Development (PD) recovery plan, new PD assistant commenced in October to backfill PD role.

- **Safeguarding**
  - Challenged with staffing and some training cancelled to alleviate pressures. Although training figures reduced staff could recognise and report.

- **Cleanliness, infection control and hygiene**
  - New cleaning rotas and schedules, clarity on responsibility. Matron and team leader oversight and assurance to action plan.

- **Environment and equipment**
  - All equipment was checked and ensured in date and maintained checks where outstanding. Medical devices, equipment calibration monitored through the action plan. Plans for stock rotation managed assurance through matron and team leaders.

- **Assessing and responding to patient risk**

- New Induction Of Labour (IOL) policy to include delays and risk assessments. Embedding the Northwest Escalation policy and use of Operational Pressure Escalation Levels (OPEL) levels throughout the Trust.

Is the service safe?

Inadequate

Blackpool Teaching Hospitals
NHS Foundation Trust

- **Midwifery staffing**
  - Rolling recruitment advert reviewed monthly, International Recruitment midwives, Midwifery apprenticeship, student midwives, agency midwives. Using the North West escalation policy to support deflection to mitigate risks.

- **Medical staffing**
  - Adequate medical staff and skill mix. Adequate Anaesthetic cover

- **Records**
  - New maternity system in week 3 of launch during inspection, now embedded and support from LMNS to further advance the functionality.

- **Medicines**
  - Locks on fridges and monitoring of Anaesthetic and maternity medications through audits and reviewed in the action plan. No d ischarges without TTO medication, or robust follow up following discharge. Matron and team leader weekly checks . Business case for mat ernity pharmacist.

- **Incidents**
  - Collaborative working with governance team and closing incidents, learning from incidents news letter to be released.

Is the service effective?

Requires Improvement

Blackpool Teaching Hospitals
NHS Foundation Trust

- **Evidence based care and treatment**
- All hard copies of policies removed from rooms and emergency trolley, use online resource only to ensure up to date evidence based care and treatment.

- **Nutrition and Hydration**
- Buying new breast milk fridge for ward D, signed up for additional support from UNICEF Baby Friendly Initiative (BFI), lactation consultants being trained.

- **Pain relief**
- Pain relief was given in a timely way and epidural timings were also acknowledged.

- **Patient outcomes**
- Placenta book on delivery suite to monitor and audit sent placentas. Digital midwife working on data quality and reviews on record keeping with team leaders. Consultant midwife commencing 03/10 to improve learning and outcomes for women.

Is the service effective?

Requires Improvement

Blackpool Teaching Hospitals
NHS Foundation Trust

- **Competent staff**
- Bereavement midwife recruited, team leaders not to have suppernumary status for all managerial tasks and increase appraisal compliance.

- **Multidisciplinary working**
- Highlighted as good multidisciplinary working within the service.

- **Seven-day services**
- Scoping options within region for escalation planning that supports all birth choices. Currently use community midwives for escalation.

- **Health promotion**
- Parentcraft recommencing within the service and supported by public health midwife.

- **Consent, mental capacity act and deprivation of Liberty Safeguards.**
- Staff support women to make informed decisions about their care and treatment. Also knew how to support women who lacked capacity.

Is the service caring?

Good

Blackpool Teaching Hospitals
NHS Foundation Trust

- **Compassionate care**

- Women were treated with kindness, felt listened to, cared for and respected, also discreet and responsive, respectful and considerate. “Staff were very patient focused”

- **Emotional support**

- Staff gave women emotional support and advice when needed. Swan team supported bereavement presently. Staff supported women in an open environment and helped maintain privacy and dignity. Staff understood emotional and social impact care had on the woman and those close to them.

- **Understanding and involvement of patients and those close to them.**

- Staff made sure those close to the women understood their care and treatment. Women generally give feedback about the service.

- From the CQC maternity survey, BTH needed to focus on antenatal information and care.

Is the service responsive?

Requires Improvement ↓

Blackpool Teaching Hospitals
NHS Foundation Trust

- **Service delivery to meet the needs of local people**
  - Bereavement midwife recruited, all soft furnishings removed and cleaning schedules now in place. Areas of concern fixed and monitored through the action plan. For future co production to design space.

- **Meeting peoples individual needs**
  - Aromatherapy has been replaced and is being monitored as part of the action plan and matron, team leader checks.

- **Access and Flow**
  - IOL delay policy and weekly review of data which has weekly board oversight.

- **Learning from complaints and concerns**
  - Lessons learnt newsletter being produced, working with communications team to creatively consider disseminating information to reach all staff.

Is the service well-led?

Requires Improvement ↓

Blackpool Teaching Hospitals
NHS Foundation Trust

- **Leadership**

- New Director of midwifery to start in post 31/10/2022, Stribe to be launch soon to give an easy platform to raise concerns.

- **Vision and Strategy**

- Maternity specific strategy features within the divisional strategy to support trust strategy. Top areas: staffing, digital solutions, multisystem working for joint up care across the community.

- **Culture**

Stribe app to help and support engagement in an anonymous way to better understand challenges and provide action against concerns. Launch monitored via the action plan.

- **Governance**

- Manager of the day commencing with team leaders, message of the week to be reinstated at handovers. All out of date polices were removed immediately, all online and masters copies in the governance office.

Is the service well-led?

Requires Improvement ↓

Blackpool Teaching Hospitals
NHS Foundation Trust

- **Management of risk, Issues and performance**

- PD recovery plan in progress. NW escalation policy now live, daily gold command calls to Local Maternity Neonatal System (LMNS) to support deflection and divert.

- **Information management**

- Badgernet meeting with Clevermed and Trusts IT specialists to understand and correct initial problems. LMNS data midwife appointment to align data collection using Badgernet across al LMNS.

- **Engagement**

- Maternity Voices Partnership (MVP) collaborative working to be increased and already has worked with team leaders on improving areas. MVP chair also attended groups, Perinatal Surveillance Forum, Maternity Incentive Scheme year 4 and undertaken a 15 steps challenge.

- **Learning, continuous, improvement and innovation.**

- Staff were committed to continually learn and improve services. Good understanding of Quality Improvement methods and skillsto use them. Leaders encouraged innovation and participation in research. BTH a pilot site for HOPE boxes also acknowledged as outstanding practise, virtual pre op assessment clinic. MIS year 3 fully compliant.
- Plan to embed HOPE boxes, working towards MIS year 4.

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Next steps

- Action plan against the Must do's and should do's to the CQC in October.
- Weekly action plan meetings to ensure robust and sustainable plans are in place.
- Multidisciplinary working to achieve all actions for women and their families.

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15 Immediate and Essential Actions
Ockenden 2022

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	Detail of IEA	Trust Current Status
IEA 1	**WORKFORCE PLANNING AND SUSTAINABILITY** Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements.	Maternity staffing business case agreed, currently agreeing funding route for 11.5 Midwives. Confirmation on funding agreement needed. Bereavement Midwife and Consultant Midwife roles have been recruited and commence in October. 8.95 WTE new starters next month.
IEA 2	**SAFE STAFFING** All trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals.	Escalation / divert policy Northwest has been added to our policies. Being used and throughout the Trust and region. LMNS daily gold calls to support escalation through region and identify where local units to support deflection at OPEL level 3.
IEA 3	**ESCALATION AND ACCOUNTABILITY** Staff must be able to escalate concerns if necessary. There must be clear processes for ensuring that obstetric units are always staffed by appropriately trained staff. If not resident there must be clear guidelines for when a consultant obstetrician should attend.	Escalation /divert policy Northwest in place in conjunction with the LMNS. Maternity Strategy to include clear guidance on when Consultant Obstetrician must attend. Currently being updated.
IEA 4	**CLINICAL GOVERNANCE AND LEADERSHIP** Trust boards must have oversight of the quality and performance of their maternity services. In all maternity services the Director of Midwifery and Clinical Director for obstetrics must be jointly operationally responsible and accountable for the maternity governance systems. Every trust must ensure they have a patient safety specialist, specifically dedicated to maternity services.	Board Safety Champion attends the Perinatal Surveillance Forum. Joint medical and midwifery leadership for maternity services.
IEA 5	**CLINICAL GOVERNANCE – INCIDENT INVESTIGATION AND COMPLAINTS** Incident investigations must be meaningful for families and staff and lessons must be learned and implemented in practice in a timely manner.	A maternity liaison officer is in place and reports are written in conjunction with families and are meaningful.

IEA 6	**LEARNING FROM MATERNAL DEATHS** Nationally all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy related pathologies. In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings.	LMNS / regional response. Bereavement support worker in post from April and Bereavement Midwife to commence in October. External representation is sought for all PMRT cases.
IEA 7	**MULTIDISCIPLINARY TRAINING** Staff who work together must train together. Staff should attend regular mandatory training and rotas. Job planning needs to ensure all staff can attend. Clinicians must not work on labour ward without appropriate regular CTG training and emergency skills training	This element is identified a risk area and an MDT plan is being formulated. Recovery plan to be implemented.
IEA 8	**COMPLEX ANTENATAL CARE** Local Maternity Systems, Maternal Medicine Networks and trusts must ensure that women have access to pre-conception care. Trusts must provide services for women with multiple pregnancy in line with national Guidance. Trusts must follow national guidance for managing women with diabetes and hypertension in pregnancy.	Appointment of foetal medicine consultant. Antenatal specialist clinics all in place.
IEA 9	**PRETERM BIRTH** Senior clinicians must be involved in counselling women at high risk of very preterm birth, especially when pregnancies are at the thresholds of viability.	Consultant led pre-term birth clinic.
IEA 10	**LABOUR AND BIRTH** Women who choose birth outside a hospital setting must receive accurate advice with regards to transfer times to an obstetric unit should this be necessary. Maternity units must have pathways for induction of labour, (IOL). Trusts need a mechanism to clearly describe safe pathways for IOL if delays occur due to high activity or short staffing. Centralised CTG monitoring systems must be made mandatory in obstetric units across England to ensure regular multi-professional review of CTGs.	BTH do not have a stand-alone birth centre it is alongside IOL pathway reviewed in included guidance around delays in the induction process and transfer to Delivery suite. Centralised CTG monitoring has also commenced using Badgernet.

IEA 11	**OBSTETRIC ANAESTHESIA** In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every trust to address incidences of physical and psychological harm. Documentation of patient assessments and interactions by obstetric anaesthetists must improve. The determination of core datasets that must be recorded during every obstetric anaesthetic intervention would result in record-keeping that more accurately reflects events. Staffing shortages in obstetric anaesthesia must be highlighted and updated guidance for the planning and provision of safe obstetric anaesthesia services throughout England must be developed.	BTH have appropriate anaesthetic cover at present.
IEA 12	**POSTNATAL CARE** Trusts must ensure that women readmitted to a postnatal ward and all unwell postnatal women have timely consultant review. Postnatal wards must be adequately staffed at all times.	Postnatal women are triaged and admitted to Delivery Suite to ensure consultant review.
IEA 13	**BEREAVEMENT CARE** Trusts must provide bereavement care services for women and families who suffer pregnancy loss. This must be available daily, not just Monday to Friday.	The maternity service is jointly working with the SWAN Team. Bereavement support worker in post from April and Bereavement Midwife commences in October.
IEA 14	**NEONATAL CARE** There must be clear pathways of care for provision of neonatal care. This review endorses the recommendations from the Neonatal Critical Care Review (December 2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce, and enhance the experience of families. This work must now progress at pace.	Close working with the Neonatal Network which reviews and audits pathways of care. BTH is a level 2 neonatal unit.
IEA 15	**SUPPORTING FAMILIES** Care and consideration of the mental health and wellbeing of mothers, their partners and the family as a whole must be integral to all aspects of maternity service provision maternity care providers must actively engage with the local community and those with lived experience, to deliver services that are informed by what women and their families say they need from their care.	MDT mental health provision in place. BTH is an early adopter of the National Perinatal Mental Health Programme.

Summary and next steps

Blackpool Teaching Hospitals
NHS Foundation Trust

- CQC recognised that leaders had skills and ability to run the service and manage and prioritise the issues faced. However, t here has been a transition of senior professional leadership in the unit this year. We have a new Director of Midwifery, Lynne Eastha m, joining us on 31st October 2022. Lynne is an experienced Head of Midwifery from Southport and Ormskirk NHS Foundation Trust
- We need to undertake a significant amount of recruitment to address the vacancies identified by Birth Rate Plus, this has alr eady started with the recruitment of a Consultant Midwife, a Bereavement Midwife, specialist roles that will help us drive quality improvement. 9 WTE midwives will also join the Trust in October and we have a rolling recruitment plan in place to grow our establishment
- We are now part of a national Maternity Safety Support Programme which enables us to access support and guidance from senior clinical leaders to help us make improvements
- Final Action Plan will be submitted to CQC on 3rd October 2022, the Trust's Clinical Governance Committee will maintain oversight of this plan and Ockenden to ensure improvement is delivered
- We will continue to work with the Integrated Commissioning Board and our Local Maternity System on the delivery of Ockenden improvement actions and will work through their check and challenge process. We will also be submitting evidence for the Maternity Incentive Scheme for the fourth year, the submission date for this is 5th January 2023
- We are committed to improving our Maternity services and restoring our Good rating, we want there to be strong evidence about the quality of our services that our women and their families can be confident in. We remain proud of our Maternity Team who continue to work incredibly hard to deliver this and of the good practice that the inspection findings also identified

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Any Questions?

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Date of Meeting:	6 October 2022

SMOKING CESSATION NEW MODEL – APPLICATION AND IMPACT

1.0 Purpose of the report:

1.1 This report outlines the progress made by the Blackpool NHS Tobacco Addiction Service in mobilising the local community stop smoking service.

2.0 Recommendation(s):

2.1 To consider the details of work on the new smoking cessation service, identifying any areas of concern or areas for further scrutiny.

2.2 To look at ways to build on the current provision.

3.0 Reasons for recommendation(s):

3.1 New service commenced 1 January 2021. Current review of new model application and impact.

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 associated with this report.

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 What was proposed

Establishing a new stop smoking service in the midst of a global pandemic has presented both challenges and opportunities. Notwithstanding these challenges, the service has launched successfully. They have mobilised face-to-face activity in locations across Blackpool, as well as offering phone support and home visits. The Local Authority was able to re-establish this service because the CCG NHS have picked up the contracts for Inpatient and Maternity work which were previously being held by them.

6.2 The service has also played a significant role in the design and mobilisation of the BTH Inpatient Smokefree Service and subsequent referral pathways into the community. Thus providing a smooth transition from Inpatient Smoking Cessation Support to the Community Service. They have adopted a number of innovative approaches to providing smoking cessation support for local smokers.

- The resumption of face-to-face activity as soon as safely possible and mindful of Covid
- Enhanced marketing of the service
- Returning the team into a supportive and safe office environment at Moor Park; and working across primary care to improve referral pathways.

6.3 Implementation

The service commenced face-to-face activity on 26th August 2021 at Moor Park and added a second clinic at South Shore Primary Care Centre on 27th September 2021. A third clinic was added at Talbot & Brunswick Family Hub from 6th October 2021. Resuming face-to-face activity was significant not just in terms of giving service users a better experience, but also allowing them to raise community awareness of the service in these busy community settings.

6.4 A workplace pilot was commenced in September 2021 with Blackpool Transport which will be expanded over 22/23. The service, combined with national smoking cessation teams, also undertook a major marketing and communications campaign to drive footfall throughout Stoptober (1-31 October).

6.5 The service again combined with national teams for another major marketing campaign to drive footfall for *No Smoking Day* on March 9th, 2022. This was very successful in helping them generate significant quit attempts. In 2022-23 they plan to do specific work with GP practices and the primary care network identifying smokers living with coronary heart disease (CHD) and offering enhanced stop smoking support.

6.6 Active steps are being made to recruit smokers with mental health conditions for stop smoking support. They are prioritising smokers with mental wellbeing issues and have been developing closer links with Community Mental Health Teams, Supporting Minds, and the harm reduction community in order to improve access to the service. Close links have also

been developed with Renaissance and Horizon in Blackpool and they are designing interventions to support our LGBTQ community where smoking rates are thought to be up to 50% higher than the general population.

6.7 A social media presence was established in July 2021 via our @NHSQuitTobacco feeds on Twitter and Facebook. Along with in-house sessions now provided by the team for NHS staff and other external agencies on request:

- *Dual Use Smoking and Cannabis*
- *Smoking & Mental Health*
- *Smoking and Harm Reduction*
- *Motivational Interviewing and Relapse Prevention* training.

6.8 Monitoring

The service achieved 289 quits in 2021-22, equating to 89% of the first-year target of 325. This can be viewed as a solid first year of operations having mobilised a new team in the midst of the COVID-19 pandemic remotely.

6.9 Lung Health Check Programme – The service registered 19 Lung Health Check referrals who went on to set quit dates, with twelve service users achieving 4-weeks smokefree (63%) and seven (27%) reporting as not quits.

6.10 Work commenced with pulmonary rehab teams in community settings to recruit smokers into service. In 2022-23 they plan to do specific work with GP practices and the primary care network identifying smokers living with COPD and other respiratory diseases, including asthma, and are looking to offer enhanced stop smoking support to these groups. The service is presently in dialogue with cardiac rehab teams to enhance the offer of support for coronary heart disease (CHD) rehab patients.

6.11 Below shows comparative local data. The new service was well established by Jan 2022 and below compares that Q4 period with previous Q4s for total quits (regardless of service) for Blackpool residents.

Jan – Mar 2019: 41 quits
Services provided by - GP/Pharmacy/Maternity/Inpatient Service

Jan – Mar 2020: 60 quits
Services provided by - GP/Pharmacy/Maternity/Inpatient Service

Jan – Mar 2021: 82 quits
Services provided by - GP/Pharmacy/Maternity/Community Service being set up

Jan – Mar 2022: 97 quits
Serviced provided by GP – limited number/Maternity/Community Service/No Inpatient as being set up/Pharmacy ended as new Community service up and running

6.12 The 2022 figures show an increase in quits which has been delivered on the whole by the Community Service and Maternity Stop Smoking Service. The new Inpatient Service was launched in April 2022 and will contribute further to this moving forward.

6.13 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 7(a): 4 Week Quit Rates

8.0 Financial considerations:

8.1 None associated with this report.

9.0 Legal considerations:

9.1 None associated with this report.

10.0 Risk management considerations:

10.1 None associated with this report.

11.0 Equalities considerations:

11.1 None associated with this report.

12.0 Sustainability, climate change and environmental considerations:

12.1 None associated with this report.

13.0 Internal/external consultation undertaken:

13.1 None associated with this report.

14.0 Background papers:

14.1 None associated with this report.

NCSCT

Why use CO-verified 4-week quit rates as the primary measure of stop smoking service success?

Author: Lion Shahab
Editor: Andy McEwen
Reviewers: Robert West, Melanie McIlvar, Linda Bauld, Gay Sutherland

Introduction

Four-week quit rates, both self-report and carbon monoxide (CO)-verified, have been used to evaluate the effectiveness of stop smoking services since their inception in 1999. Although it does not take into account a number of important factors that affect success rates (e.g. level of dependence, age, socio-economic status etc), this measurement does allow for a crude comparison between stop smoking services and within services over time.

The main purpose of this briefing, however, is to review the evidence on the effectiveness of four-week quit rates as a predictor of long-term abstinence versus measurement of quit rates for longer periods following the quit date. This briefing does not cover the evidence on extending behavioural support and treatment to smokers beyond four weeks, which is covered in a separate NCSCT briefing.

The current standard within the stop smoking services for the assessment of success rates is CO-verified four-week quit rates.[1] A 4-week quitter is defined as someone who reports abstinence between weeks two and four from the target quit date, verified by an expired air CO concentration of less than 10ppm (parts per million).[2] By this standard the average success rates of the services in England is 36%.[3] Although the CO threshold and the exact length of follow-up remain a matter of some debate,[4] (guidelines for the evaluation of smoking cessation interventions in clinical trials recommend assessing smoking status at a minimum of six months)[5;6] there are a number of reasons why the current standard constitutes the primary measure of service success.

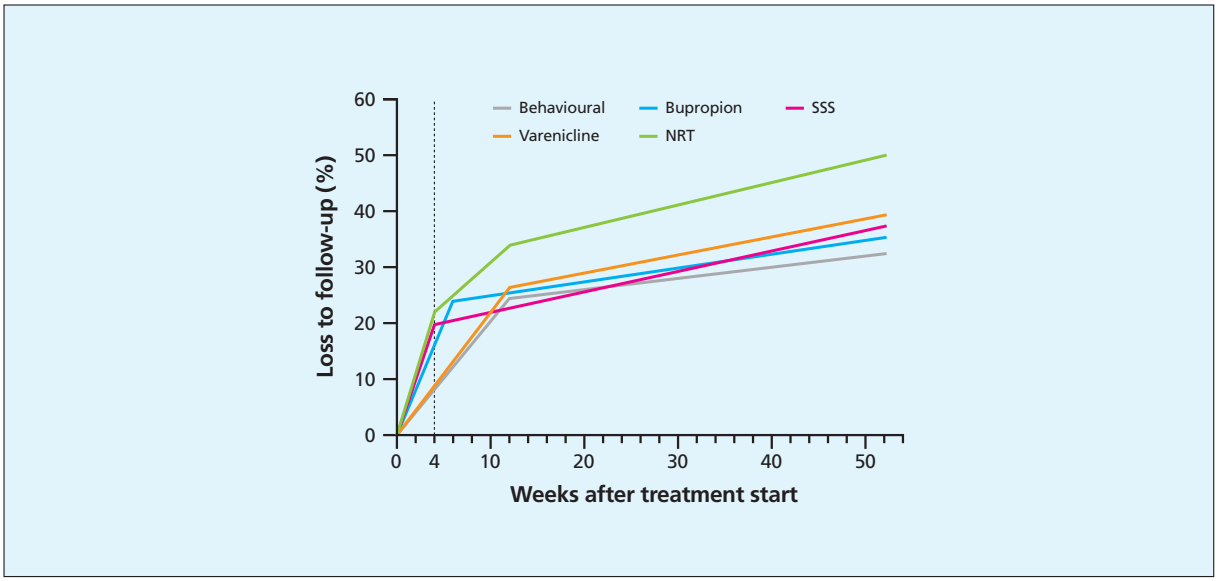
Decreasing the CO threshold does not improve accuracy

Evidence suggests that reducing the CO threshold below 10ppm does not significantly affect validated quit rates until the threshold goes very low (below 3ppm), at which point there is evidence that this starts to misclassify genuine abstainers.[7] The only exception to the 10ppm threshold is for pregnant smokers where in order to avoid missing any women who smoke, given the heightened importance of stopping smoking at this time, a lower cut-off point of 4ppm is recommended.[8–10]

Longer follow-ups result in greater drop-outs and are impracticable

Figure 1 provides estimates of drop out rates (lost-to-follow-up) from a number of research studies examining smoking cessation interventions, including the stop smoking services. The law of attrition suggests that increasing the length of follow-up will increase the rate of drop out.[11] Indeed, drop out is already substantial at four weeks but doubles over longer follow-up periods.

Figure 1: Loss to follow-up with different treatments



Note: Data come from representative primary research of smoking cessation treatments;[14–19]
SSS = Stop smoking services (behavioural support + medication); NRT = Nicotine replacement therapy

Although in smoking cessation research, drop outs are considered to be smokers,[4] introducing such assumptions can result in an underestimation of treatment effects and imprecision, especially when the number of lost-to-follow-up is large.[12] Missing data should, therefore, be minimised if we want to gain a true picture of the effectiveness of stop smoking services. Shorter follow-up (e.g. at four weeks) represents a better way to keep drop-out rates low; maintaining adequate longer term follow-up rates is impractical as it is resource-intensive and incurs costs that can otherwise be used for service delivery.[13]

Long-term relapse rates are well established

Years of research have accumulated a wealth of studies which have informed the shape of the relapse curve in smoking cessation which is typically downward sloping and negatively accelerated, common to most survival curves and behaviours.[20;21]

As shown in Figure 2A, and as evidenced by analysis of long-term outcomes of smoking cessation treatment,[22] the trajectory of the relapse curve is typically the same for assisted or unassisted a quit attempts. Figure 2B provides the typical path of unaided quit attempts which, since it is approximate to aided quit attempts in its shape, can be used to predict long-term abstinence rates that are based on relatively short follow-up. Consequently, it can be assumed that the current 36% (CO-validated) smoking cessation success rate at 4 weeks will result in approximately 9% long-term quitters among stop smoking service clients[23] compared with around 3–4% among those who quit unaided.

This is in contrast with the need for longer follow-ups in clinical trials of new treatments and interventions. In such circumstances the typical shape of the relapse curve is not yet known and may differ from the classic shape, therefore longer follow-ups are required to increase accuracy.[24]

Figure 2A: Survival function for aided and unaided quit attempts[a]

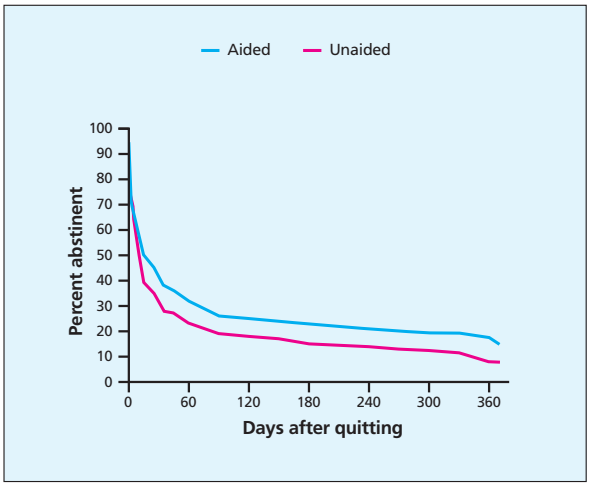
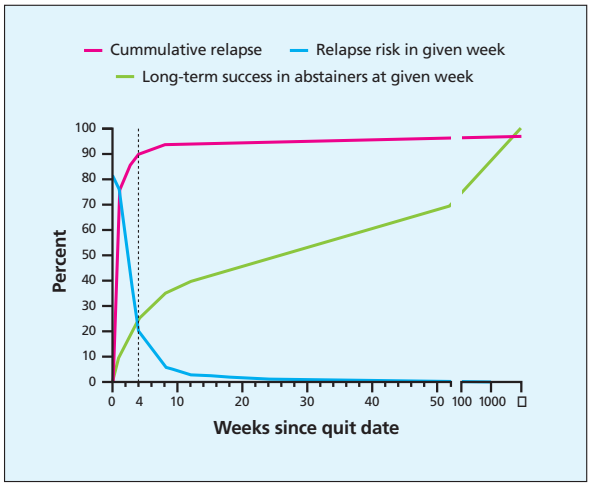


Figure 2B: Relapse and abstinence during unaided quit attempts[b]



[a]Data come from Zhu et al[25];

[b]Data approximately based on Hughes et al[26] and West and Stapleton[27]

Four week quit rates provide adequate reliability and validity

As shown in Figure 2B, most smokers relapse within the first couple of days of a serious quit attempt and the prognosis for permanent cessation improves five-fold in the first four weeks.[27] Indeed, only at four weeks follow-up does the weekly risk of relapse drop below the likelihood of being a long-term abstainer.

Based on this information, it is possible to deduce sensitivity (the true positive rate) and specificity (the true negative rate) at different follow-up points. Sensitivity is high across all follow-up assessments insofar as people who will become long-term abstinent will be abstinent from early on and counted as such. The vast majority of lapses turn into relapses and few people recover from an early lapse to become abstinent long-term (see NCSCT Briefing: The Not-a-Puff Rule). Specificity, by contrast, differs across follow-up points as the risk of relapse decreases rapidly, resulting in many relapsers not being identified early on but most being correctly identified by four weeks with a specificity above 90% and little improvement thereafter.

Lastly, it is possible to evaluate whether four week quit rates provide a reasonably accurate measurement of long-term cessation by comparing predictors of both short-term (four-week) and longer-term (one year) cessation in relation to known predictors of quit success.[28] The assumption is that if both short and longer-term follow-ups produce similar predictors which correspond to known predictors of success that they measure the same underlying construct, i.e. long-term cessation. As can be seen in Table 1, there is a large overlap in the predictors of successful abstinence at both short and longer-term follow-up, including the two most reliable predictors of quit success: nicotine dependence and socioeconomic status.[29]

Table 1: Association of predictors of quit success with abstinence at 4 and 52 weeks.

Predictors	4-week abstinence[a]	52 week abstinence[b]
	Direction of significant association	
Low socio-economic status	↓	↓
High nicotine dependence	↓	↓
Older age	↑	↑
Women	↓	–
Motivation to quit	↑	↑
Poor health status	↓	?
Smoke for pleasure	?	↑

[a]Data come from Judge et al[16]; [b]Data come from Ferguson et al[15]
Note: ? indicates direction is unclear, – indicates absence of significant association

Conclusion

Four-week CO-validated quit rates represent a reliable and valid indicator of smoking cessation which, based on a large body of research, can be used to predict long-term abstinence rates. Taken together with only modest increases in accuracy for longer follow-ups, but with associated disadvantages in terms of the feasibility and costs of such long-term assessments, the current standard for measuring the abstinence of clients using stop smoking services provides a good balance between accuracy and practicability.

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Why use CO-verified 4-week quit rates as the primary measure of stop smoking service success?

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	**Arif Rajpura, Director of Public Health**
Date of Meeting:	6 October 2022

ALCOHOL CONSUMPTION, HEALTH IMPACTS AND TREATMENT IN BLACKPOOL

1.0 Purpose of the report:

1.1 To update the committee regarding alcohol consumption, alcohol-specific hospital admissions and deaths and alcohol treatment and recovery support in Blackpool.

2.0 Recommendation(s):

2.1 That the committee receives and considers the report and endorses the need for Blackpool Public Health and primary, secondary and mental health care organisations in Blackpool to work together on pathways to address alcohol-specific admissions and deaths.

3.0 Reasons for recommendation(s):

3.1 The committee requested that the following be considered as part of their work plan: 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 targeted at women (it was noted that uptake among women is traditionally very low) and what sobriety services are available.

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 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 Average levels of alcohol consumption in the population of Blackpool are similar to those in England, yet Blackpool's residents experience greater alcohol-related harms in the forms of dependence, hospital admissions and deaths.
During the COVID-19 pandemic, alcohol consumption in England rose, particularly in the heaviest drinkers who are most at risk of alcohol harm. Levels of increasing and higher risk drinking in England rose and have not returned to pre-pandemic levels.
Actions to prevent riskier levels of alcohol consumption in Blackpool include the Lower My Drinking app, support for Identification and Brief Advice, Personal, Social Health and Economic education support, a designated cumulative impact area for new off-licensed premises and lobbying for Health as a Licensing Objective and the Minimum Unit Price Guarantee.

6.2 Rates of alcohol-specific hospital admissions for Blackpool residents are over twice the England average.
At the start of the COVID-19 pandemic, in keeping with all unplanned admissions, alcohol-specific admissions in England decreased rapidly. However, unlike admissions from all causes, they then rose to similar or higher rates than at baseline in summer 2020, staying at a high level until August 2021 when they began to decline. Unplanned admissions for alcoholic liver disease have seen significant and sustained rises since June 2020.
Actions to address the high rate of alcohol-specific admissions in Blackpool include intelligence work on admission patterns and a proposed multiagency task and finish group to act on this issue.

6.3 Rates of alcohol-specific deaths are over twice the England average. Alcoholic liver disease is the cause of the vast majority of such deaths.
During the COVID-19 pandemic rates of alcohol-specific death rates rose significantly in England, driven by alcoholic liver disease.
Actions to address the high rate of alcohol-specific deaths in Blackpool include a reinstatement of the alcohol partnership as part of the new Combating Drugs and Alcohol Board, formal review of alcohol deaths in treatment, intelligence sharing with NHS colleagues and consideration of a review process for out-of-treatment alcohol deaths.

6.4 Blackpool's alcohol treatment service is provided by Horizon. Of those in treatment, 57% receive treatment for alcohol only, and 43% receive treatment for a combined drug and alcohol issue. Numbers in alcohol only treatment have been falling for a number of years. They declined further in COVID but have returned to pre-pandemic levels. There is a large amount of unmet need for alcohol treatment in Blackpool. Treatment success, as defined nationally, is stable whereas it is declining in England as a whole. Stakeholder feedback on Blackpool's treatment service was sought in 2021/22 and has fed into an action plan for the local alcohol treatment service.
Actions to improve the quality of alcohol treatment in Blackpool include a separate alcohol team and pathway, same-day drop-in assessment provision, enhanced engagement and

recovery support for service users, improved links with Children's Services and provision of clinics in community locations. Blackpool's recovery model is currently being reviewed and a coproduced new model is planned. Views of groups with protected characteristics on alcohol treatment are being sought.

6.4 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 8(a): Alcohol consumption, health impacts and treatment in Blackpool

8.0 Financial considerations:

8.1 Not applicable.

9.0 Legal considerations:

9.1 Not applicable.

10.0 Risk management considerations:

10.1 Not applicable.

11.0 Equalities considerations:

11.1 Specific consideration of protected characteristics of those entering alcohol treatment have been considered in the national dataset. Further consultation work is proposed to further explore the views of those with protected characteristics.

12.0 Sustainability, climate change and environmental considerations:

12.1 Not applicable

13.0 Internal/external consultation undertaken:

13.1 Detailed in Appendix 8(a) under the heading Stakeholder feedback on Blackpool's alcohol treatment service.

14.0 Background papers:

14.1 None

Appendix 8(a)
Alcohol consumption, health impacts and treatment in Blackpool

Introduction

An estimated 25%, or 1 in 4, of adults in England are drinking at levels that pose some risk to their health.[1] 3.5%, or 1 in 29, of adults in England may have some level of alcohol dependence. Alcohol is the third leading risk factor for death and disability after smoking and obesity, with a resultant high impact on health services. Rates of both alcohol-related deaths and hospital admissions are linked to area deprivation. Alcohol dependence in England is three times as common in men as in women.

A new Commissioning Quality Standard, linked to the new Supplemental Substance Misuse Treatment Recovery Grant, was published in August 2022. This aims to:

- encourage partnership approaches to effective commissioning
- improve the transparency of local alcohol and drug treatment
- increase accountability between local system partners, national and local government, and local councils and the communities they serve
- enable local partners to assess their commissioning practices

It is not expected that local areas will immediately fully meet the standard, but they should aim to make consistent progress towards it.

Data presented below includes routine national statistics and key findings from a needs assessment and treatment service review carried out by Blackpool Public Health in 2021/22. These sources informed Blackpool's recently updated joint strategic needs assessment on alcohol. Information on alcohol consumption, health impacts (hospital admissions and deaths) and on the commissioned treatment service is detailed, alongside action being taken to address current issues in each area. These actions will help Blackpool to meet the commissioning quality standard mentioned above.

The lead practitioner for alcohol (and tobacco) in the public health team is Kerry Burrow. She has been in post since February 2021.

Alcohol Consumption

Data from the Health Survey for England 2015-18 suggests that the consumption of alcohol across Blackpool is similar to the England average. (Table 1) However, Blackpool has high levels of alcohol-related harm (health, disorder, violence) for the size of the population.

[1] Nomis - Official Labour Market Statistics (nomisweb.co.uk) adult resident population England accessed 14.03.2022

Table 1: Patterns of alcohol consumption for Blackpool and England (%)

	Blackpool	England
Adults who abstain from drinking	17.3	16.2
Adults drinking less than 14 units per week	60.0	61.0
Adults drinking more than 14 units per week	22.7	22.8

Source: PHE/NDTMS, Alcohol commissioning support packs, 2022-23

In the UK less affluent people experience a higher rate of alcohol-related health problems, despite people in different socioeconomic groups having similar alcohol consumption levels. [2] This is known as the 'alcohol harm paradox' and is well recognised, although not fully understood. Compared with their more affluent counterparts, less affluent drinkers are more likely to experience combinations of health risks (such as smoking and alcohol use), to drink in harmful patterns (such as binge drinking) and to face barriers to accessing health services.[3]

Changes in alcohol consumption during the COVID-19 pandemic

While we do not have data at a local level on consumption and purchasing of alcohol before and during the pandemic, we do know that patterns of consumption are similar to national averages.[4] Thus it can be assumed that consumption will have risen in Blackpool during the pandemic as has been seen elsewhere.

Between 2019 and 2020 (before and during the pandemic), off-trade volume sales of alcohol (sales in shops and off-licenses) increased by 25%. The increase was consistent and sustained for most of 2020.[5] This suggests that people were drinking more at home during this period.

Survey data shows that whilst most people reported drinking the same volume and the same frequency during the pandemic as they did before, those who did report drinking more tended to be heavier drinkers. In other words heavier drinkers, those at most risk of alcohol harm, brought about the overall increases in alcohol consumption seen during lockdown.[6]

The proportion of respondents drinking at increasing- or higher-risk levels was higher than previous years throughout much of the year of the pandemic and into 2021.

Figure 1 shows the prevalence of increasing and higher risk drinking for males and females in England. It can clearly be seen that while rates did decline from the high in 2020, at the end of 2021 they were not back to pre-pandemic levels and were increasing again for males.

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2 Bellis, M. A., Highes, K., Nicholls, J., Sheron, N., Gilmore, I. and Jones, L. (2016) The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals, BMC Public Health, 16:111

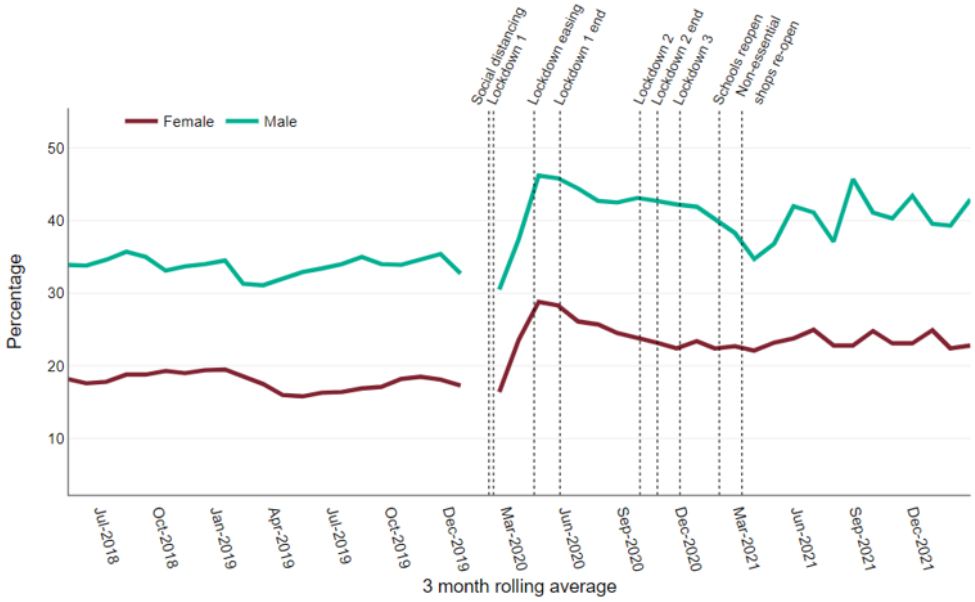
3 Drinkaware, Understanding the alcohol harm paradox

4 *PHE/NDTMS, Alcohol commissioning support pack, 2022-23*

5 OHID, Wider impacts of COVID-19 on Health (WICH) monitoring tool, Behavioural risk factors, August 2022

6 PHE, Monitoring alcohol consumption and harm during the COVID-19 pandemic, July 2021

Figure 1: Prevalence of increasing and higher risk drinking (AUDIT-C) in England by sex



Source: OHID, Wider impacts of COVID-19 on Health (WICH) monitoring tool, Behavioural risk factors, August 2022

Action on consumption

- The Lower My Drinking app was commissioned by the council in January 2020 to prevent alcohol-related harm in the general population
  It takes people through a validated alcohol consumption screening tool and gives different advice or support tailored to their level of risk from alcohol:
    - Lower risk drinkers (less than 14 units weekly) receive positive reinforcement
    - Increasing risk drinkers receive Brief intervention and advice
    - Higher risk drinkers are offered an Extended Brief Intervention (personalised 4 week programme)
    - Possibly dependent drinkers are directly signposted to Blackpool's treatment service (Horizon)

  To date, 924 people have accessed the app and 94% of these have completed the alcohol screen. The vast majority of those using the app are screened as at or above increased risk drinking levels. This is in contrast to survey data on the general population which suggests that only around 23% of Blackpool residents are drinking at or above increased risk levels. This would suggest that the app is reaching the target audience of those with risky levels of alcohol consumption in Blackpool. 65% of those using the app are women, in contrast to 40% of those accessing the alcohol treatment service.
  The app is regularly promoted through council social media channels and in alignment with Alcohol Awareness week and Dry January, as well as by colleagues in health, care and the Voluntary, Community and Faith sector (VCFS).
- Identification and Brief Advice is an evidence-based approach to helping people understand their alcohol intake and take some positive action to reduce their risk. It is promoted in primary

and secondary care, and in addition training in this intervention is offered by one of the council's public health trainers. Specific training for the Children's Social Care workforce is being rolled out from October 2022.

- Public Health Blackpool have a Personal, Social, Health and Economic education Support Officer for Blackpool schools who signposts school staff to appropriate resources on alcohol and can offer training.
- Blackpool has a designated cumulative impact area where the Council considers that the number of licensed premise is at an excessive level. Alcohol related crime and hospital admissions are particularly prevalent for residents here. A licensing assessment is applicable to any applications for new off-licence premises and variations to existing ones. The overall effect of this assessment is to create a rebuttable presumption that any applications listed above will be refused a licence. To rebut this presumption, an applicant would be expected to show through the operating schedule, and where appropriate, with supporting evidence, that the operation of the premises will not add to the cumulative alcohol harm impact already being experienced in the area.
- Our Director of Public Health continues to lobby for Health as a Licensing Objective and for a minimum unit price guarantee on alcohol in England.

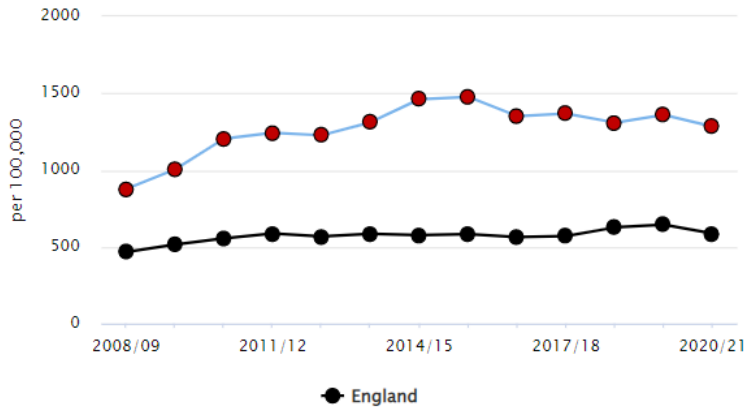
Health impacts of alcohol

1. Alcohol-specific hospital admissions

Alcohol-specific admissions are those where either the main or a secondary cause of the admission is a condition wholly due to the use of alcohol.

There were 1,740 alcohol-specific hospital admissions of Blackpool residents in 2020/21. Around two-thirds of these admissions were for males. Rates are over two times higher than the England average. The trend has been static over the last five years.

Figure 2: Trend in admissions for alcohol-specific conditions, all persons, Blackpool and England



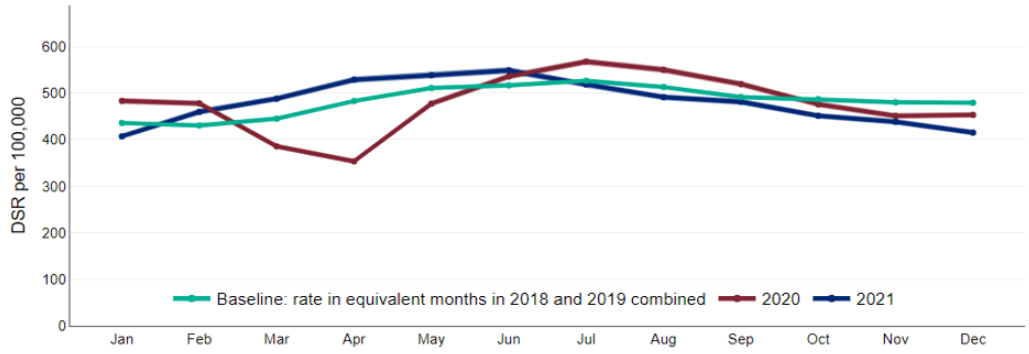
Source: PHE, Local Alcohol Profiles for England, February 2022

Changes in alcohol-specific hospital admissions during the COVID-19 pandemic

Data on changes to hospital admissions during the pandemic is only available at a national level. All

unplanned admissions, irrespective of their cause, sharply decreased as the pandemic took hold in 2020. The rate of alcohol-specific admissions decreased rapidly around the time of the first national lockdown. However, unlike admissions from all causes, alcohol-specific admissions increased to similar, or significantly higher, than baseline in the summer months of 2020. Rates continued to be higher than the baseline during the first half of 2021 before falling to just below baseline from August onwards.

Figure 3: Monthly trend in emergency hospital admissions for all alcohol-specific conditions in England - all persons



Source: OHID, Wider impacts of COVID-19 on Health (WICH) monitoring tool, Behavioural risk factors, August 2022

Unplanned admissions for alcoholic liver disease were the only alcohol-specific unplanned admissions to increase between 2019 and 2020. From June 2020 onwards, there have been significant and sustained increases in the rate of unplanned admissions for alcoholic liver disease.

Action on hospital admissions

- Blackpool Public Health Intelligence Team have done specific analysis on alcohol-specific admissions which will be shared with partners via the multiagency alcohol and drugs meeting convened by Blackpool Teaching Hospitals
- Blackpool Public Health are liaising with health colleagues via Primary Care Network operational partnerships, Blackpool Victoria Hospital's specialist liver and alcohol teams and via the ICB's newly formed Alcohol Services Pathway Group to initiate a task and finish group to look specifically at admissions prevention and follow-up

2. Alcohol-specific mortality

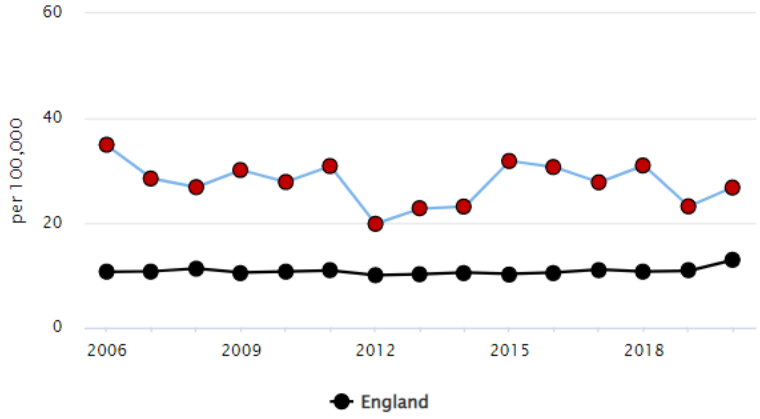
Alcohol-specific deaths are those where a condition wholly due to the use of alcohol is the underlying cause of death.

There were 48 such deaths of Blackpool residents in 2021 (provisional data). Over the last decade, there has been an average of 43 alcohol-specific deaths a year in residents of the town. Around two-thirds of these deaths are in males. Rates are over two times higher than the England average.

The trend has been static over the five years to 2020. (Figure 4)

Alcoholic liver disease is the main cause of death for those dying from an alcohol-specific cause.

Figure 4: Alcohol-specific mortality rate 2006-2020, Persons, Blackpool and England



Source: OHID, Local Alcohol Profiles for England

Changes in alcohol-specific mortality during the COVID-19 pandemic

Data on changes to mortality during the pandemic is only available at a national level. In 2020, there was a 20% increase in total alcohol-specific deaths compared to 2019. The alcohol-specific mortality rate was significantly higher from May 2020 until at least February 2022 (latest data).

The upward trend in total alcohol specific deaths was brought about by increases in deaths from alcoholic liver disease, which accounted for 80.3% of total alcohol specific deaths in 2020. Although alcohol related cirrhosis can take a decade or more to develop, most deaths occur as a result of acute-on-chronic liver failure due to recent alcohol intake, which is strongly linked to heavy drinking.

Action on mortality

- Reinstate the Alcohol Partnership as part of the new Combating Drugs and Alcohol Board
- Alcohol-only deaths in treatment will be formally reviewed at the multiagency Drug Related Death panel going forward
- Blackpool Public Health Intelligence Team have done specific analysis on alcohol-specific deaths which will be shared with partners via the multiagency alcohol and drugs meeting convened by Blackpool Teaching Hospitals.
- A process for identifying out-of-treatment alcohol only deaths is under consideration with police colleagues with a view to deciding on the need for a separate system of death reviews in addition to the Drug Related Death panel

Alcohol Treatment

1. Horizon Integrated Treatment Service

Horizon is the integrated drug and alcohol treatment service for residents of Blackpool. The service provides planned care and integrated community based treatment for drug and alcohol clients. Delphi Medical and Renaissance are the organisations that provide Horizon's treatment services for alcohol. Renaissance provides assertive outreach.

'Unstructured', or short-term, and longer, 'structured' interventions are available for people presenting with alcohol problems. One to one and group interventions are available. Treatment options depend upon the needs and complexities of each client. Alcohol clients are usually seen at the main treatment centre but home visits can be arranged if required. Structured treatment is care planned and consists of community based psychosocial interventions and clinical treatment. Community detoxification and residential rehabilitation are also available to clients who would benefit from these approaches. Specific police and probation programmes are delivered to people where alcohol is related to offending behaviours and these include alcohol interventions to support treatment and offender prevention.

2. Numbers in treatment

Our data for alcohol treatment comes from the National Drug Treatment Monitoring Service (NDTMS). It is not possible to split this data into adults and young people.

In 2020/21, there were 693 clients seen in structured treatment in Blackpool with an alcohol problem. Of these, 394 were receiving treatment for alcohol only, whilst 299 had a problem with alcohol and at least one other drug. In comparison to England, Blackpool's treatment service consistently sees a higher proportion of complex drinkers - people who are using at least two other drugs alongside alcohol.

Numbers in structured treatment for alcohol only were falling even before COVID, with a declining trend seen since 2010/11. This coincides with alcohol services being merged together with drug provision, alongside less investment in alcohol specific services. (Of note, it is possible that there have been changes in the approach to recording/coding numbers in treatment for alcohol during the last decade due to changing provider).

Numbers in treatment for alcohol remain low in comparison to local prevalence estimates and rates of unmet need for alcohol treatment[7]. The 2018/19 estimate of the number of dependent drinkers living in Blackpool is 3,867, a rate of 35 per 1,000 population. This is 2.5 time higher than the England rate of 13.7 per 1,000.[8] Around 57% of those estimated to have dependence are likely to be amenable to entering treatment.[9] In 2018/19 there were 667 adults in treatment for alcohol only or alcohol and a non-opiate drug. This equates to approximately 30% of those estimated to be alcohol dependent and amenable to having treatment.

Changes to numbers in alcohol treatment during the COVID-19 pandemic

Numbers in alcohol only treatment did decline during the first lockdown, nationally as well as locally Across Blackpool, numbers fell by almost a fifth between March and May 2020 (Figure 5). Numbers in treatment remained lower than normal during 2020 before beginning to rise again in 2021.

New presentations into treatment remained relatively static throughout and were the same as before the pandemic.

Overall the average number in treatment was 193 per month during the two years Feb-18 to Jan-20. The

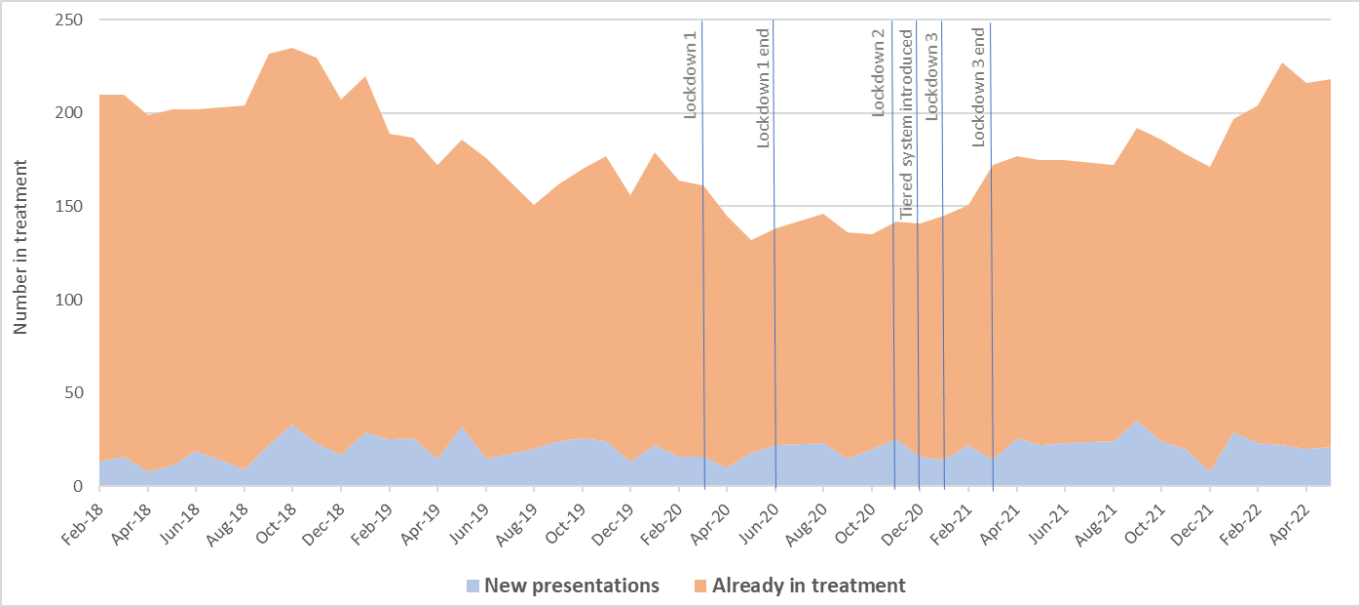
[7] Public Health England – Adults Alcohol Commissioning Support Pack 2021-22: Key Data. Planning for alcohol harm prevention, treatment and recovery in adults. Blackpool.

[8] PHE, Alcohol dependence prevalence in England, March 2021

[9] Estimates_of_Alcohol_Dependence_in_England_based_on_APMS_2014.pdf

following two years, Feb-20 to Jan-22 saw an average of 160 per month in treatment.
Numbers in treatment in 2022 now seem to be back to the pre-pandemic levels seen in 2018.

Figure 5: Trend in the numbers of Blackpool residents in 'Alcohol only' treatment by month, Feb-18 to May-22



Source: NDTMS, Impact of COVID-19 on treatment activity monitoring reports, May 2022

Horizon delivered a hybrid service throughout the period of COVID-related social restrictions comprising a mixture of telephone appointments and face to face contacts depending on risk. This move to virtual/phone consultations worked well for many service users and these will continue to be offered within a hybrid model moving forward. Face to face consultations have now returned. Assertive Outreach at the hospital was suspended during the pandemic due to visiting restrictions, but referrals from the hospital to the treatment service were still made. This service recommenced as soon as restrictions were lifted.
Inpatient detoxification (IPD) decreased during COVID restrictions during 2020/21 due to a reduction in the number of beds available to allow social distancing. This number has now risen to above pre pandemic levels and we are seeing significant investment in this area with an increase in places available through extra funding.

3. Characteristics of people in alcohol treatment

Table 2 shows a demographic breakdown of clients in alcohol only treatment for 2020/21. During this period the gender and age split of those accessing treatment was broadly in line with the national picture for treatment services.
60% of those in alcohol treatment in Blackpool in 2020/21 were male and 40% were female. The Health Survey for England (HSE) 2018 found that twice as many men as women drank at increasing or higher risk levels (anything over 14 units weekly). Higher risk drinkers, the group most likely to need

treatment, are defined as males drinking over 50 units weekly and females drinking over 35 units weekly. In HSE 2018 62.5% of this group were male and 37.5% were female. In other words, the gender split seen entering our treatment service is broadly in keeping with the gender split we would expect in the population of highest risk drinkers.
The ethnic group of those in structured alcohol treatment is broadly in keeping with Blackpool's general population. NDTMS data does not allow further comment on other protected characteristics due to small numbers.

Table 2: Age and gender of adults in alcohol only treatment for Blackpool and England 2020-21

	Total adults	Male (%)	Female (%)	Age 18-29 (%)	Age 30-59 (%)	Age60+ (%)
Blackpool	394	60	40	12	78	9
England	76,740	58	42	9	78	12

Source: PHE/NDTMS, Alcohol commissioning support packs, 2022-23

4. Treatment outcomes

The national measure of successful treatment is a count of those who had a planned exit from the treatment service and did not represent within 6 months.

In 2020/21, 62% of those in alcohol only treatment left, of which 62% left treatment successfully. This figure of 38% of those in treatment for alcohol only completing successfully is comparable to the England figure of 35%. However, whilst in Blackpool the trend for successful completion has been static over the last five years, it is declining for England.[10]

5. Recovery support

At present a review of the recovery support available in Blackpool is being carried out, led by the Lived Experience Team. This will feed into the design of a new, coproduced recovery model involving commissioned services and the Voluntary, Community and Faith sector.
Acorn, a lived experience organisation in the North West, are subcontracted by Delphi to deliver a number of recovery programmes, available to both alcohol and drug clients. These include the Reduction and Motivation Programme (RAMP), Dependency and Emotional Attachment Programme (DEAP – a community rehabilitation programme) as well as Open Minds (a low level Cognitive Behavioural Therapy group) and PACES (Personal responsibility And Commitment to Emotional Intelligence and Self-awareness). Delphi also run 'My Recovery' groups for people with both drug and alcohol problems as well as a bespoke alcohol brief intervention group over a rolling 6 week period. Further SMART Recovery groups will start running in the autumn to enhance the 'Freedom' component of Horizon's offer. Acorn also provide a dedicated Early Abstinence Recovery Support worker in the Alcohol team at Horizon. Horizon also connect people with mutual aid organisations such as Alcoholics

[10] OHID Local Alcohol Profiles for England 2022

Anonymous and Narcotics Anonymous where appropriate.

6. Stakeholder feedback on Blackpool's alcohol treatment service

During the latter part of 2021 and in early 2022 Blackpool Public Health sought feedback from stakeholders on the commissioned alcohol treatment service. This was done through meetings with primary and secondary care health colleagues and via a survey of stakeholders and service users carried out by Infusion Research. The response rate to the survey was low, most likely due to the ongoing impact of the pandemic in early 2022 when it was carried out.

Despite the low numbers, some important and consistent messages were received. Responses came from those with a variety of health, council and third sector roles as well as from service users.
Key messages included:

- Some good relationships with staff, effective staff
- Good group work
- Would like to see a wider range of support and treatment available, including alternatives to groups
- Would like improved waiting times and quicker appointments, including for detoxification
- Would like more proactive promotion and communication
- More need to 'think family'
- Active and dynamic approaches needed for engagement and retention

Action on alcohol treatment

- A specific alcohol action plan for completion by December 2022 has been agreed with Horizon building on the findings of the needs assessment and service review.
- Some actions from this plan are already completed:

  The establishment of a separate alcohol team and pathway within Horizon, operating at a separate site from the drug team and with a single point of contact.

  Provision of drop-in same day assessment clinics for alcohol only clients Monday to Friday

  System established for routine correspondence with primary care on alcohol clients progress

  Enhanced engagement work to follow up those who are referred but do not attend assessment

  Enhanced recovery support through routine follow up contacts at 3 and 6 months after discharge from treatment

  Colocation of Horizon worker alongside children's services and routine attendance at Multiagency Risk Assessment Conferences (MARAC) and Multiagency Safeguarding Hub (MASH) meetings

  Community sites for clinics being offered in Claremont and at the Women's Centre every week

- Blackpool Public Health are commissioning focus group work to consult with people with certain protected characteristics who have (or have had) problematic alcohol use and find out their experiences and views with regards to either not feeling able to, or choosing not to, engage with alcohol services, with a view to shaping future service design. These will include people who identify as: men, women, LGBTQ+, having a disability
- Horizon is also an active partner in Blackpool's work with people experiencing multiple disadvantage, such as Changing Futures and Project ADDER. This enables flexible outreach work with those who are alcohol dependent and have other multiple complex needs. It has improved access into detoxification pathways for this group as a result.

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Date of Meeting:	6 October 2022

HEALTH VISITING, SCHOOL NURSING AND FAMILY NURSE PARTNERSHIP, SERVICE REVIEW

1.0 Purpose of the report:

1.1 The report outlines the current services, highlights the challenges and provide solutions and options to inform the future delivery model/s for the services.

2.0 Recommendation(s):

2.1 Adult Social Care and Health Scrutiny, is asked to support the proposal to decommission the Family Nurse Partnership (FNP) that will release funds to build a new 0-16/19 service, as per our commissioning responsibilities. We are proposing that Option 3, in the table below, is the best solution to meet the needs of families in Blackpool.

3.0 Reasons for recommendation(s):

3.1 **Increased Burden on Health Visiting and School Nursing**

Blackpool children and young people experience poorer health across a range of indicators than their counterparts across England. In addition, to the complex needs of our children and young people in Blackpool, there are a number of issues that are increasing the burden on the School Nursing and Health Visiting Services. These include; a local and national shortage of Health Visiting and School Nursing staff, the increased requirement to attend and support safeguarding meetings, the burden of undertaking Our Children review health assessments and the administrative burden associated with safeguarding and Our Children health assessments.

The Family Nurse Partnership (FNP)

The FNP Service is a prescribed and intensive programme that supports first time mothers, under 19 for a period of 2 years. The maximum allowable caseload for each family nurse is 25, whereas the Health Visitors have a caseload of c250-300. FNP, is therefore a necessarily costly programme per capita.

The evidence base for FNP is mixed. Many of the benefits of the programme seen in the USA where it was developed, have not been replicated in the UK. When evaluated in the UK, FNP

has resulted in some improvements in language, school readiness and reading. However it has not delivered improved outcomes in maternal or child health or in involvement with children's services. The Building Blocks, study, a randomised controlled trial (RCT) to evaluate the Family Nurse Partnership in England, provide the following interpretation of the evidence in 2016,using a cohort of at baseline and 24 months' follow-up ; '*Adding FNP to the usually provided health and social care provided no additional short-term benefit to our primary outcomes. Programme continuation is not justified on the basis of available evidence, but could be reconsidered should supportive longer-term evidence emerge'*[1]. Our local programme has been in place since 2010 and the data available to us does not evidence additional impacts not seen in the national randomised controlled trial.

We have approached the national FNP programme and there are some opportunities to alter the eligibility criteria to up to age 25, and not just first time mothers. In order to meet the fidelity of the programme, we would still need to use the intensive visiting model over the course of 2 years, and the Family Nurses, would still have a caseload of 25. If we were to decommission the service, we would be able to design local eligibility criteria for targeted support for vulnerable families, using evidence-based indicators.

The benefits of the proposal

The released resource would enable the funding to be of benefit to more of our local families, and allow us to re-model in a way that allows for proportionate universalism. We would ensure that the needs of vulnerable children, young people and families in Blackpool are better met through our existing health visiting service. In re-modelling we could consider whether the additional HV visits remain of value for all families, or whether we should consider a more needs based approach to the extra visits. It will support the Blackpool Born Into Care work and maintain a focus for those aged 0-3, as per the Better Start programme.

We could enhance service effectiveness by carrying out quality improvement work on administrative processes, for example, around safeguarding. The existing contracts end on 31st March 2025, and a revised model could act as a pilot and inform the procurement, allowing us to embed the learning and further revise the model as needed.

Some funding could be used to provide greater preventative support for primary and secondary age children, for example, a monthly School Nurse drop in for all primary schools in Blackpool, based on the success of this model in Secondary Schools across the country.

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

[1] Lancet. 2016 Jan 9; 387(10014): 146–155.

4.0 Other alternative options to be considered:

4.1 The table below provides a summary of the options that were considered, we propose that option 3, provides the best solution.

Option	Advantages	Disadvantages
1. Leave as is.	• None that we have noted.	• We have a stated pressure within the SN and HV services that would not be solved • Targeted support would remain restricted by FNP eligibility criteria • Blackpool Better Start are in agreement that this is not a viable option.
2. Change the approach, for FNP; • increase the age range from 19 to 25 • extend the offer to mothers that have had a previous child, not just first time mothers.	• We could define our own vulnerable population that is provided with the support, within the slightly broader eligibility criteria • A chance to explore the impact of a different population receiving intensive support.	• It will take time to implement, under the guidance of the national team • The National Team, have been approached and we can't apply any further flexibility to the programme • 75% of Mothers, who have had children taken into care are over 25 • It would still be under the prescriptive delivery programme of FNP and therefore costly , 120 places for a resource of £3,271, per place • We would not release funds to support SN and HV services.

3. Decommission FNP and release funds to build a New 0-16/19 service retaining targeted support based on local need, embedding more PH initiatives and increasing visibility of SN in Primary as well as secondary.	• We have local control, not dictated by a national programme • The revised model could act as a pilot for a subsequent procurement • It allows us to re-model in a way that allows for proportionate universalism • We may be able to add value to Start for Life funding and develop a placed based model around the family hub model framework • In re-modelling we can consider which additional HV visits are of value and to whom • Provides an opportunity to transform safeguarding work and other indirect or administrative tasks within HV and SN services.	• It will take time to agree a collaborative model with the provider and the Better Start partnership. • We will need to ensure that the Better Start Funding is utilised for those aged 0-3 years.

5.0 Council priority:

5.1 The relevant Council priority is

- The economy: Maximising growth and opportunity across Blackpool.

6.0 Background information

6.1 Blackpool children and young people experience poorer health across a range of indicators than their counterparts across England. Specifically, in relation to development and educational attainment, numbers of Looked After Children (LAC), obesity and dental health.

There is shared ownership and accountability for the delivery of local Healthy Child Programme outcomes. No one commissioner or provider, has control over all the factors that influence these outcomes in terms of service provision.

Public Health commission a number of children and young people services and the review included those indicated in the table below. Better Start Commission services, alongside public health and the contribution enhances the delivery of these services.

Table 1: Contract Values 2021/2022

Service	Public Health Contribution *	Better Start Contribution	Total
FNP	£229,767	£162,720	£392,487
Health Visiting	£2,199,938	£299,303	£2,499,241
School Nursing	£616,800	0	£616,800
Quality Assurance of Enhanced HV Service	0	£30,000	£30,000
Budget for all services	£3,046,505	£492,023	£3,538,528

*Excludes additional provision for 0-19s from both Better Start and Public Health, for example School Breakfast, holiday clubs, Henry and oral health.

6.2 **The Health Visiting service**

Health visitors lead and deliver the Healthy Child Programme (HCP), providing services covering pregnancy and the first five years of life. The HCP is the evidence-based public health programme for children and young people, which provides a range of health interventions and support beginning in pregnancy and continuing through early childhood. The services are delivered in line with national guidance; Healthy Child Programme 0 to 19, health visitor and school nurse commissioning, the public health nursing workforce: guidance for employers and All Our Health.

Our local service offer 8 contacts, 3 more than any other HV service across the country, with an aim of improving child health and development. These are universal visits, provided to all families.

The 5 mandated reviews and the 3 additional local reviews are not the full extent of the health visiting service offer. Families may require additional contact and support for needs identified by themselves, the health visiting team or other members of the early years workforce., for example by a nursery nurse providing parenting support. Additional Universal Plus (UP) and Universal Partnership Plus (UPP) contacts are undertaken where there is additional need.

Staff in Blackpool, report feeling under pressure, and a number are regularly undertaking additional hours and falling behind with professional development. In addition bench/bank staff are being utilised to cover absences. The key pressures are safeguarding, the levels of sickness absence, in the past and currently, and the inability to recruit Band 6 Health Visiting Nurses. We have agreed the recruitment of Band 5 staff in order to 'grow our own' and secure a place on the specialist training programme. It is a

similar picture nationally. The UP and UPP, alongside the associated safeguarding work has a high administrative burden.

6.3 The School Nursing Service

The fundamental role of the school nurse is to 'co-ordinate and deliver public health interventions' to improve children and young people's health and wellbeing. School nurses provide an interface between children, young people and their families, communities and schools.

They are a universal service that support in the region of 19,000 pupils, aged 5-16. They aim to provide holistic assessment of health and wellbeing through health promotion, ill health prevention and early intervention strategies to address individual and population health needs. Unfortunately, the review revealed that they spend, over 50% of their time, undertaking indirect work, which is work in relation to safeguarding, liaison with other agencies and not in direct work with young people. The ability to provide public health work is being compromised.

The School Nurse review, completed in March 2021, found that there was a lack of clarity about the offer and the offer was not based on evidence of need. Overall, given the contract value for school nursing, the review reported that the expectation placed upon the School Nursing Service by children, young people, parents and teachers, stakeholders and the service themselves, is greater than the available resource.

6.4 The Family Nurse Partnership programme (FNP)

FNP, offers young mothers having their first baby support from a Family Nurse. The nurse visits the woman at home during pregnancy and until the baby's second birthday. FNP aims to help young mums to:

- have a healthy pregnancy
- improve their child's health and development
- plan their own future.

Due to the intensity of the programme, it has a high per capita cost, being more expensive than usual care and reaches a maximum caseload of 120 young women.

The initial evidence-base was from the American model, where they have no health visiting service. Building Blocks, a randomised controlled trial (RCT) evaluated the Family Nurse Partnership in England and their main findings revealed;

- FNP did not reduce the number of women that smoked in pregnancy. In both groups 56 women out of every 100 smoked late in pregnancy.
- FNP did not reduce the number of small or premature babies. In both groups the average baby weighed 7lb 1oz.

- FNP did not reduce the number of women getting pregnant again within two years. In both groups 66 women out of every 100 were pregnant again within two years.
- In both groups nearly 80 out of every 100 children were seen in hospital as an emergency before their second birthday.

There were some, positive outcomes found, in relation to educational attainment , Children from families visited by a Family Nurse were more likely to achieve a good level of development at reception age. There were no statistically significant differences on educational measures at Key Stage 1. However, when adjusted for a child's month of birth, families visited by a Family Nurse were more likely to reach the expected standard in reading.

The report concluded that adding FNP to the usually provided health and social care provided no additional short-term benefit to our primary outcomes. Programme continuation is not justified on the basis of available evidence, but could be reconsidered should supportive longer-term evidence emerge.

The local programme has been in place in Blackpool since 2010 and is well received with low levels of attrition. Over a decade on from the FNP in Blackpool however, there is no clear narrative or data to demonstrate that the service has led to improvements in population health.

There are a number of issues that need to be considered, over and above the evidence-base, in relation to its ongoing suitability of FNP for Blackpool's population. Women over 19 are not part of the programme and whilst we could extend this to 25, we know that the age of Blackpool mothers that have their children taken into care is older, with 99% being over the age of 19, and of those 76% being over the age of 25. Families involved with Children's Services are without doubt some of our most vulnerable. This is not the stated aim of the FNP programme, but our argument is that we need additional support for these families.

Locally, the numbers of clients supported by FNP, varied over the year, as they moved onto and off the programme, the Annual review, 01/04/2021 to 31/03/2022, reported that ;

- 30 Clients were enrolled during the period 01/04/2021 to 31/03/2022 of these 30% (9) of the clients were 16 and under at time of enrolment
- Overall the local FNP service worked with 134 clients and families over the last twelve months delivering 935 visits, in previous years visits have been in the region of 1600
- Of the 134, clients, there were 19 clients under the age of 19 who are subject to the following, CIN 6, CP 7, LAC 3, Care Leavers – 3, indicating that a number have additional vulnerabilities.

6.5 **Conclusions and Recommendation**

We have considered the service in light of its suitability for Blackpool, the cost and magnitude of benefit for our population. We have concluded that whilst there is evidence of a significant advantage in early educational attainment and reductions in child maltreatment in studies undertaken the US and Holland, we have needs in Blackpool that are not met by the programme. In addition, there is a wealth of work being undertaken through the Better Start partnership which is working to improve school readiness and reaching more families.

We have met with the national FNP Team and whilst they were supportive of some flexibility, it wasn't sufficient to meet our needs. The programme would still need to have the same level of visits, for a 2 year period and caseloads for each nurse, would remain at 25.

We feel that the option to re-design, in collaboration with Better Start, and alongside the work being undertaken for those born into care and the Family Hubs and Start for Life funding provides us with opportunities, to embed early help assessments, promote the co-location in family Hubs and build an evidence informed model based on the common elements of what is working in other services.

We will define the population that needs greater support, using an evidence based vulnerability tool, and commit to evaluating this new way of working's feasibility and acceptability, with a commitment to evaluate effectiveness. It is considered that this approach will support the sustainability of a model which is using the learning from A Better Start, enabling partner organisations to continue with a more cost-effective model, beyond the Better Start funded period. Given the stage of the ABS programme, this is positive step towards mainstreaming services and approaches and supports scale up and knowledge transfer. Public Health will work alongside the Centre for Early Child Development to develop and design the new way of working, using local intelligence, data and lived experience.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None

8.0 Financial considerations:

8.1 The proposal is cost neutral, as the pressures in one service will be met by the decommissioning of Family Nurse Partnership and the release of the funding.

9.0 Legal considerations:

9.1 There are no legal considerations, the contractual arrangements, allow for termination of services, with a six month notice period. The Family Nurse Partnership is not a mandated service and a number of other local authorities have decommissioned, 3 in the year, 01/04/2021 to 31/03/2022.

10.0 Risk Management Considerations:

10.1 **Caseload Management**

A consequence of decommissioning is the need to manage the current caseload, ensuring service users are safely transitioned to the Health Visiting Service. The service will stop taking on new users and the six month notice period allows time to transition current users back to the Health Visiting service.

10.2 **Staff Changes**

There will be no staff redundancies, as existing staff can be redeployed to fill vacancies in the Health Visiting service. However, there is a need for discussions with affected staff which can be undertaken within the 6 month notification period.

10.3 **Provider Willingness to support the change**

Communication with the provider has been held and we don't expect any challenge to our decision.

11.0 Equalities Considerations:

11.1 Currently the service has eligibility criteria that we feel do not meet the local vulnerable populations in Blackpool. The triage process seems to focus principally on first-time mothers that are under the age of 19 and doesn't triage on the basis of additional indicators of vulnerability. There is also no data on who refuses and why.

We have a universal Health Visiting Service that are able to deliver a needs based service and we intend to define what we mean by vulnerable and robustly monitor the impact of the UP and UPP offer.

We know that the age of Blackpool mothers that have their children taken off them and placed into care is older, with 99% being over the age of 19.

In Blackpool, we have a number of support systems still in place for teenage mothers.

12.0 Sustainability, climate change and environmental considerations:

12.1 None Noted

13.0 Internal/external consultation undertaken:

13.1 Following the review, the options have been fully considered by the Public Health Senior Management Team and the option to decommission FNP was felt to be the best option.

The proposal has been discussed and debated at the Corporate Leadership Team and the The Better Start Board and they have confirmed their agreement to the proposal to decommission.

The provider of the services, Blackpool Teaching Hospitals NHS Foundation Trust, has also confirmed their agreement.

14.0 Background papers:

14.1 The Public Health Business Plan for 2021/22[2], includes the action to review 'Health visiting' and 'Family Nurse Partnership (FNP) outcomes' and to revisit the financial modelling for universal partnership (UP) and universal partnership plus (UPP) work. The aim is to produce a new service specification, based on the findings. S:\Business Plan\2022-23\PH Business Plan 2022-23 draft.docx

In reviewing the Health Visiting Service, we have taken the opportunity to consider the findings of the Blackpool School Nurse Review, completed in March, 2021 and to review the impacts of the FNP. The review has been undertaken in the context of current policy and guidance.

Supporting public health: children, young people and families
High Impact Areas
Family Nurse Partnership
The Family Nurse Partnership | (fnp.nhs.uk)
Building Blocks RCT -FNP
https://guidebook.eif.org.uk/programme/family-nurse-partnership
Best start in life and beyond: Improving public health outcomes for children, young people and families
Improving public health outcomes for children, young people and families. Guide 1: Background information on commissioning and service model (publishing.service.gov.uk)
NICE guidance on social and emotional wellbeing in children and young people, antenatal and postnatal mental health, looked after children and young people (2021)
https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
Health Visiting and School Nursing Delivery Models

[2] S:\Business Plan\2022-23\PH Business Plan 2022-23 draft.docx

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting:	6 October 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 10(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 10(b) has been developed to assist the Committee in effectively ensuring that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

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

6.3 Pathology Collaboration

Members received an update on the Pathology Collaboration work in September 2022. It was reported that a written update would be provided in January 2023 on the proposals being taken forward.

6.4 Mental Health in Young Men Age 16-25 Scrutiny Review

This review is being carried out jointly with the Children and Young People's Scrutiny Committee. A further meeting has been scheduled for 16 November 2022 to consider the final bits of information and to start thinking about a conclusion to the review.

6.5 Dentistry and Oral Health Scrutiny Review

The next meeting of this review is scheduled for 29 September 2022 and will focus on the outstanding information requested at its previous meeting and the changes proposed for dentistry and the commissioning of dentistry as well as the

development of the Oral Health Strategy.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

Appendix 10(a): Adult Social Care and Health Scrutiny Committee Workplan
Appendix 10(b): Implementation of Recommendations/Actions

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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Adult Social Care And Health Scrutiny Committee Work Plan 2022-2023	
6 October 2022	1. **Impact of alcohol during lockdowns** levels of alcohol consumption, deaths related to alcohol, the role of the new Alcohol Lead (and details of the strategic needs assessment they are developing), how services can be target at women (it was noted that uptake among women is traditionally very low) and what sobriety services are available. 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
19 October 2022	**Special Meeting: Mental Health Services** As agreed at the meeting on 28 September 2021, following the update on the CQC inspection outcomes in March 2022 a full detailed progress report on mental health services to be provided to a special meeting to which the full partnership will be invited to attend. **Initial Response Service –** update on the development of the service.
10 November 2022	1. **ICB/PCP Mid year performance update/Update on new Place Based Partnership/ICB** 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	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	1. **ICB/PCP End of year performance** 2. **Blackpool Safeguarding Adults Annual Report 2022/23** 3. **Adult Services**

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).
December 2022	**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.
January 2023	Written update to be requested on **Pathology Collaboration.**
TBC	**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	Scrutiny review of **population health management** to also include long covid.

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. Report on meeting agenda.	Completed.
2	06.02.20	That an item on dementia be added to the workplan.	TBC	Sharon Davis	Delayed due to the pandemic. Added to the workplan as a scrutiny review panel.	Not yet due
3	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:** **A) That the Scrutiny Panel considers the draft leaflet prior to circulation.** **B) That the leaflet be circulated to GP surgeries, libraries, community centres and churches and be included in Council Tax bills.** **C) That the leaflet and/or corresponding information**	Original aim was before Christmas	Kate Aldridge	A full report and copy of the leaflet will be presented to Committee in November 2022. 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 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	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		be provided to domiciliary care providers, social workers, community based health practitioners and the Council's Customer Service staff to ensure they can provide advice as appropriate. **D) That the leaflet contain advice regarding accessing benefits and be appealing and colourful.** **E) That the information contained within the leaflet also be provided through a Council webpage and in Your Blackpool.** **F) That the leaflet be updated on an annual basis by the Corporate Delivery Unit to ensure the information is current and recirculated.**			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.	
4	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**	January 2023	Vikki Piper, Head of Housing		Not yet due.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		introduce regulation or legislation to allow the Council to enforce its approach to supported housing as set out in the agreed standards.				
5	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.
6	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.
7	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.
8	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.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
9	23.06.22	To receive a written update following the LSCFT management meeting to discuss the appraisal on the IRS on Tuesday 28 June 2022. To receive full update on the IRS at the following meeting of the Committee.	October 2022	Joanne Stark	This will form part of the special meeting on 19 October with LSCFT.	Not yet due.
10	23.06.22	The Committee agreed that a report be requested from the Integrated Care Board/Place Based Partnership on the transition to the new structural arrangements to the next meeting of the Committee.	November 2022	TBC		Not yet due.