

# Public Document Pack



2 November 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, 10 November 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 MEETINGS HELD ON 6 OCTOBER 2022 AND 19 OCTOBER 2022 (Pages 1 - 12)**

To agree the minutes of the meetings held on 6 October 2022 and 19 October 2022 as a true and correct record.

### **3 PUBLIC SPEAKING**

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

- 4 INTEGRATED CARE BOARD INTRODUCTION** (Pages 13 - 26)  
To receive an introduction on the Integrated Care Board.
- 5 ADULT SERVICES UPDATE REPORT** (Pages 27 - 38)  
To provide an overview of the whole directorate including financial position.
- 6 MEALS ON WHEELS SCRUTINY REVIEW UPDATE** (Pages 39 - 44)  
To receive the leaflet produced in response to the Meals on Wheels Scrutiny Review recommendation.
- 7 DENTISTRY AND ORAL HEALTH SCRUTINY REVIEW PANEL REPORT** (Pages 45 - 50)  
To report the findings and recommendations of the Dentistry and Oral Health Scrutiny Review Panel to the Committee.
- 8 SCRUTINY WORKPLAN** (Pages 51 - 62)  
To review the work of the Committee, the implementation of recommendations and identify any additional topics requiring scrutiny.
- 9 DATE AND TIME OF NEXT MEETING**  
To note the date and time of the next meeting as 26 January 2023.

**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](mailto:sharon.davis@blackpool.gov.uk)

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# Agenda Item 2

## MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 6 OCTOBER 2022

### **Present:**

Councillor Critchley (in the Chair)

Councillors

Burdess	O'Hara	Mrs Scott
Hunter	D Scott	Walsh

### **In Attendance:**

Dr Arif Rajpura, Director of Public Health

Ms Nicky Dennison, Public Health Specialist

Ms Hannah Maiden, Public Health Registrar

Ms Kerry Burrow, Public Health Practitioner (Alcohol and Tobacco)

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

Mr Pete Murphy, Executive Director of Nursing, Midwifery, AHP and Quality, Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

Ms Janet Barnsley, Executive Director of Integrated Care, BTH

Mr Mike Chew, Divisional Director of Operations Families and Integrated Community Care, BTH

Ms Lisa Fitzgerald, Deputy Head of Midwifery, BTH

Mr Gene Quinn, Head of Service (Interim) Cumbria and Lancashire, North West Ambulance Service (NWAS)

Mr Matt Dunn, Consultant Paramedic, NWAS

Mr Tom High, Service Manager, Delphi

Mr Louis Wild, Area Operations Manager (Delphi and Acorn)

### **1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

### **2 MINUTES OF THE LAST MEETING HELD ON 23 JUNE 2022**

The minutes of the last meeting held on 23 June 2022 were signed by the Chair as a true and correct record.

### **3 PUBLIC SPEAKING**

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

### **4 EXECUTIVE AND CABINET MEMBER DECISIONS**

The Committee noted the Cabinet Member decision taken since the previous meeting of the Committee.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 6 OCTOBER 2022**

**5 NORTH WEST AMBULANCE SERVICE PERFORMANCE REPORT**

Mr Gene Quinn, Interim Head of Service for Cumbria and Lancashire, North West Ambulance Service (NWAS) presented the NWAS performance report to the Committee. He highlighted that the service was not currently meeting the expected standards in regards to wait times for patients and that in order to address this a clinical incidence desk had been established in order to assess need and allocate resources in the most efficient way. The introduction of the desk had already had a positive impact on the response to high category calls.

He advised that there were a number of challenges locally and nationally that were leading to the performance issues such as discharge from hospital into social care and reported that the whole NHS and social care system was working together to address the concerns in order to improve the position. For its part, NWAS was ensuring that only those patients that needed to be admitted and assessed at a hospital were being transported there. If an alternative would better suit the needs of the patient, NWAS was ensuring they were signposted to the right place. He added that levels of staffing had been a concern and that the service was being proactive in recruiting from other countries and newly qualified paramedics.

Members spoke about the potential anxiety in the community in relation to the change of model for the ambulance service noting the hub and spoke sites to be utilised. It was suggested that NWAS consider how best to communicate with residents and concerns in relation to this. In response, Mr Quinn advised he would report back the concerns of the Committee centrally in order to consider how best to communicate the changes to residents. It was expected that the new hub would be open in January 2023 and at this time no open day was being considered.

In response to questions, Mr Quinn advised that it was expected that the new hub model would have a significant positive impact on the workforce, giving them more opportunity to interact with each other and support each other. He noted that being a paramedic was challenging and workers could be witness to terrible incidents. Having a place to come together and talk through experiences was expected to positively impact sickness rates and improve working conditions which would in turn lead to an increase in paramedics in work at any one time.

The Committee focussed on the challenges to the whole system and Mr Quinn advised that all partners including the hospital were focussed on reducing the number of breaches by 50% by March 2023. He added that system leaders had taken a leading role in hospital handovers and that everything possible was being done to address the problems. Mr Matt Cooper, Area Director, Cumbria and Lancashire added that work on clinical pathways was also a key focus such as falls prevention work and the use of the Psynergy vehicle continued, both of which would ensure people could be kept out of hospital when they did not need to be there.

The Committee requested that NWAS returned in 2023 to provide an update on the opening of the new hub, the impact on performance of the measures being introduced and to update on the falls prevention work.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 6 OCTOBER 2022**

**6 BLACKPOOL TEACHING HOSPITALS TRUST MATERNITY UPDATE**

Mr Michael Chew, Divisional Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust introduced the report which focussed on the findings of the Ockenden report and the recent Care Quality Commission (CQC) inspection of Maternity Services at the Trust. He noted that there had also been a number of enquiries nationally into Maternity Services such as Shrewsbury and Telford from which there were lessons to be learned.

The Committee was informed that the Trust provided evidence of compliance with safety standards on a regular basis and had been part of the maternity incentive scheme meeting those standards for three years. It was explained therefore that a level of confidence could be assumed notwithstanding the CQC inspection outcome. Mr Chew advised that the Trust regularly reviewed the outcomes of patients in a number of areas such as Caesarean Sections, smoking and breastfeeding and that positive feedback was regularly received through the friends and family survey. He added that there were challenges with regards to recruitment and that the Trust was short by 20 midwives and that the level of health inequality and deprivation in Blackpool also provided additional challenge.

It was noted that the CQC visit had been carried out earlier in the year with the report published recently. Since the inspection, the Trust had received early communication from the CQC on the issues in need of addressing and had already acted upon those concerns, providing evidence to the CQC of the action taken. At the time of the inspection a Section 31 notice had been issued to the Trust which had already been removed based on the immediate action taken.

Ms Lisa Fitzgerald, Deputy Head of Midwifery, Blackpool Teaching Hospitals NHS Foundation Trust provided additional information in regards to the outcomes of the inspection and highlighted the five key areas requiring action to address as staffing, medicine management, operation of medical devices, infection control and incident management. She advised that a comprehensive action plan had been developed, with a large number of actions already completed and highlighted that a number of concerns raised by the CQC had been due to poor record keeping rather than action not taken and that this was something that had been addressed immediately. She also summarised the 15 essential actions arising from the Ockenden report and how these had been put into practice at the Trust.

The Committee discussed the inspection outcome in detail and noted their significant concerns in relation to cleanliness, infection control and hygiene. In response, Ms Fitzgerald advised that although accepting that some areas of improvement had been required, a number of the key issues related to the record keeping of cleaning and action undertaken rather than it not happening. She advised that a bespoke plan had been introduced for specific rooms and theatres and that procedures had been tightened to ensure the documenting of evidence. Issues raised such as the soft furnishings in the bereavement suite had been acted upon and addressed within 24 hours of the inspection.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 6 OCTOBER 2022**

pandemic had prevented many non-essential face to face interactions and that services were still slowly resuming. She added that the Trust recognised the benefits in breastfeeding and was hoping to increase the levels of peer support on offer.

Members went on to consider staffing and recruitment and it was noted that a number of experienced staff had retired recently. Ms Fitzgerald advised that the Trust was part of a wider group seeking midwives from other countries and the first international recruits were expected at the Trust by Christmas. She advised that there was a long term plan in place which aimed to increase the number of staff year on year.

Councillor Jo Farrell, Cabinet Member for Adult Social Care and Community Health raised concerns regarding the workforce and the support that they were receiving. In response, Ms Fitzgerald advised that she spoke to the midwives regularly and heard their concerns, sharing their feelings and that the Trust was striving every day to support them and increase resources in order to make a meaningful change to their experience. The Committee noted the importance of a happy workforce on the experiences of patients and their safety.

Mr Pete Murphy, Executive Director of Nursing, Midwifery, AHP and Quality, Blackpool Teaching Hospitals NHS Foundation Trust concluded the Trust's report, advising that there was a national midwife shortage which had impacted on the workforce at the Trust and that he was proud of the service provided by dedicated members of staff. He added that the end point outcomes for patients were positive and compared favourably with other similar Trusts and that outcomes were monitored on a regular basis.

The Committee requested that the Trust return to present on progress and improvements in approximately four months and that as part of this the action plan be presented.

**7 SMOKING CESSATION NEW MODEL - APPLICATION AND IMPACT**

Mr Shane Faulkner, Operational Lead, Blackpool NHS Tobacco Addiction Service advised that the new service was launched during the pandemic and consisted of tobacco dependency treatment services in the community and for inpatients at Blackpool Victoria Hospital. He advised that despite the service launching in July 2021, it was only 11 quits short of its yearly target of 289 quits. It was therefore predicted that targets would be met in this first full year of the service.

In response to a question, Mr Faulkner advised that contact was maintained with patients following the 12 week programme with further contacts made at 16, 32 and 52 weeks to maintain progress. He advised that should a person relapse they could come back into the service to receive additional support.

Members noted that the service was aiming to target certain groups notably those with mental health conditions and queried what additional support would be provided to those patients. Mr Faulkner advised that the same approach would be taken to all service users and that continued social support would be provided to promote success.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 6 OCTOBER 2022**

It was queried how the targets for the service had been set and what the prevalence of smoking was in Blackpool. In response, Dr Arif Rajpura, Director of Public Health advised that in Blackpool prevalence of adults smoking was 20%, with the England average 12%. Of pregnant women, 21% smoked in Blackpool compared to 9% in England. The aim of the smoking cessation programme was to reduce the overall prevalence of smoking, however, other measures were also required to impact the statistics such as the targeting of illicit tobacco by trading standards. He added that smoking prevalence had reduced but not as quickly as in other areas of England which was why target groups had been identified.

The Committee also raised concerns related to the increasing use of vaping by young people, particularly those that had never smoked. The concern was shared by all and it was noted that Public Health was working closely with schools in order to try and reduce usage, however, many products were clearly targeted towards young people.

The Committee requested that a further report be received on smoking cessation in approximately 12 months to allow them to monitor the performance of the service and requested that future reporting include a breakdown of key demographics of the service users.

**8 ALCOHOL CONSUMPTION, HEALTH IMPACTS AND TREATMENT IN BLACKPOOL**

Ms Hannah Maiden, Public Health Registrar provided an overview of the report on alcohol consumption, health impacts and treatment in Blackpool. She highlighted that the impact of lockdowns on alcohol consumption was based on national data and indicated a 25% increase in home alcohol sales. She noted that this was driven by people already identified as heavy drinkers and that levels had stayed high for approximately one year before declining back to baseline levels. She added that levels of liver disease had remained high with the number of alcohol related deaths significantly rising in 2020.

In Blackpool, 23% of adults consumed more than the recommended 14 units per week which was at a similar level to England averages, however, this had increased from 14%. In contrast the number of alcohol related admissions to hospital and alcohol related deaths were double the England average in Blackpool indicating the potential impact of other factors such as poor diet, deprivation and overall health inequality. The vast majority of cases were linked to liver disease and partners were working together in order to try to address the levels through preventative measures including messaging in schools and lobbying for minimum unit pricing.

Representatives for the drug and alcohol treatment services commissioned by the Council were in attendance at the meeting to provide an overview of current service provision. Mr Tom High, Service Manager, Delphi advised that the drug and alcohol service provisions had been separated as it had been recognised that many people seeking help for alcohol consumption had been put off from approaching services that also catered for drug use. The service had also been opened as a drop in service which had resulted in increased engagement. He added that the service also proactively contacted service users following the conclusion of their time in treatment to offer continued support.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 6 OCTOBER 2022**

unhealthy promotions often offered by local pubs as well as the frequent offers at supermarkets. The stigma attached to seeking help for alcohol dependency was also noted as a challenge as were the additional causes of liver disease such as poor diet and viral hepatitis, with the impact of deprivation significant in Blackpool. It was difficult to identify an easy solution to any of these challenges.

The advancement of the sharing of data between Horizon and the NHS was commended. It would allow real time sharing of information and bring together systems once fully embedded.

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

Ms Nicky Dennison, Public Health Specialist reported that Public Health was seeking the Committee's support in decommissioning the Family Nurse Partnership (FNP) in order to release funds to develop the 0-19 service, building on the work of the health visitors and strengthening the model. She advised that the rationale for the recommendation related to budget pressures but also that the FNP was a very niche service only available to few where the new proposal would support many.

It was reported that the released resource would enable the funding to be of benefit to more local families, and allow the Council to re-model in a way that allowed for proportionate universalism ensuring that the needs of vulnerable children, young people and families in Blackpool were better met through the existing health visiting service.

In response to questions, Ms Dennison advised that it was expected that should the proposal be approved, the process to move to the new delivery model would be completed in approximately 12 months time. She added that she did not expect any groups to lose out following the model change and that the proposal would be more inclusive and flexible.

The Committee agreed to support the proposal to decommission the Family Nurse Partnership (FNP) to release funds to build a new 0-16/19 service, as per commissioning responsibilities.

**10 SCRUTINY WORKPLAN**

The Committee noted its workplan for the remainder of the Municipal Year.

**11 DATE AND TIME OF NEXT MEETING**

The date and time of the next meeting was noted as 10 November 2022, commencing at 6.00pm.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 6 OCTOBER 2022**

**Chairman**

(The meeting ended at 8.34 pm)

Any queries regarding these minutes, please contact:  
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**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 19 OCTOBER 2022**

**Present:**

Councillor Critchley (in the Chair)

Councillors

Burdess	O'Hara	Walsh
Hunter	Mrs Scott	

**In Attendance:**

Councillor Mrs Callow, Chair, Scrutiny Leadership Board  
Mrs Sharon Davis, Scrutiny Manager

Mr Chris Oliver, Interim Chief Executive, Lancashire and South Cumbria NHS Foundation Trust (LSCFT)  
Ms Emma McGuigan, Chief Operating Officer, LSCFT  
Ms Amy Davidson, Network Director Nursing and Quality Fylde Coast, LSCFT  
Mr Andrew Williams, Network Director Operations Fylde Coast, LSCFT

**1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

**2 FYLDE COAST MENTAL HEALTH SERVICES DEVELOPMENTS**

Mr Andrew Williams, Network Director Operations Fylde Coast, Lancashire and South Cumbria NHS Foundation Trust (LSCFT) presented the report to the Committee which highlighted six key areas of development for the Trust:

- The Initial Response Service (IRS)
- Wesham Rehabilitation Centre
- Patient flow work at The Harbour, Blackpool
- Key nursing appointments
- Work stream to improve the Mental Health Urgent Assessment Centre (MHUAC) at Blackpool Victoria Hospital.
- Reducing restrictive practice improvement work at The Harbour.

With regards to the Initial Response Service, it was noted that there had been challenges in acquiring an estate within Blackpool from which to provide the call handling service and therefore a decision had been taken to provide that aspect of the service centrally in order to progress with the implementation of the service on the Fylde Coast.

Members noted that initially it had been cited as a key benefit of the scheme that the whole of the service would be provided from Blackpool and queried whether the new approach would have a detrimental impact. In response, Mr Chris Oliver, Interim Chief Executive, LSCFT advised that the inability to identify an estate had led to a reconsideration of the best way to provide the service. The central provision of the call

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 19 OCTOBER 2022**

handling aspect would be cost saving and allow funds to be utilised in other ways whilst the clinical aspects of the service would be provided in Blackpool as had been proposed and located at the Harbour. The central provision would also provide a quicker mobilisation as staff were already in place and training had been provided.

In response to further questions, Mr Oliver advised that there would be no negative impact on Blackpool residents of the new proposal and it was expected that the IRS would be available in Blackpool from March 2023. He added that the IRS was not a nationally mandated service but one which had been identified by the Trust as being positive for patients. Lessons had been learnt from its provision in other areas and could therefore be applied immediately in Blackpool.

The Committee highlighted the difficulties in recruitment as a major concern and queried whether appointments would be made in time for a service launch in March 2023. In response, representatives from the Trust acknowledged that recruitment was a challenge across all areas of the NHS but that a lot of work had gone into making sure the jobs on offer were interesting and recruitment was carried out innovatively. Ms Amy Davidson, Network Director Nursing and Quality Fylde Coast, LSCFT highlighted that a 'career on a page' had been developed to demonstrate how new recruits could progress their careers at the Trust and that the Trust was also participating in a large international recruitment campaign, offering appropriate practical and pastoral support for appointments. It was considered that locating the service at the Harbour would also make the positions more attractive and the fact that it was a new and innovative service also attracted people to the roles.

Mr Williams went on to report on the Wesham Rehabilitation Service noting that the lower demand for female beds continued and therefore the unit remained an all male unit at this time. A review was being carried out on the future of the unit as concerns had been raised by local residents resulting in a current cap on unit of 24 beds. There was an ongoing engagement programme with local residents and the boundary of the unit had been strengthened to ensure the unit was safe and secure.

In response to questions, Mr Williams advised that due diligence had been carried out prior to the opening of the unit and engagement work had been carried out with neighbours to the property, however, this would be renewed. The cap at 24 patients was temporary and would be revisited following the conclusion of the review.

In reference to the lower female demand, Members queried whether this had been explored and if it was due to any issues in female staffing or women choosing not to access services due to knowing they would be located too far away from home. In response, it was reported that there were no concerns regarding female levels of staffing and that location of provision had not been raised as a specific issue to date. It was agreed that the number of people waiting in Blackpool for a rehabilitation bed would be reported in writing following the meeting.

Mr Williams moved onto the patient flow work at the Harbour, highlighting the complexity of some patients, the national initiatives in place and the importance of discharging patients to the right place at the right time. A new 'break the cycle' approach was being taken which was a targeted approach to patient pathways.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 19 OCTOBER 2022**

It was reported that patients were included in discussions from the outset about their discharge and in response to a further question that data related to numbers of returning patients could be provided following the meeting. Mr Oliver advised that hospital should only be for those patients that required intensive care but that there were some clinical presentations for which a fast readmission would be required.

The Committee went on to consider key nursing appointments noting that the challenges in recruitment were well known and that the Trust was taking an innovative approach to recruitment where possible. Representatives of the Trust described an improving picture noting that key, experienced roles had been filled and reported that the Trust had the highest patient care hours per nurse in the north west highlighting the assurance that came from good levels of staffing.

The issue of temporary staff was discussed and it was noted that there were a number of temporary staff that worked with the Trust on a consistent basis and it was being explored what could make them become permanent members of staff. The importance of flexibility for staff since the pandemic was also noted and the Trust was exploring how best to offer a work life balance whilst ensuring 24/7 services could remain fully staffed.

Upon consideration of the work stream to improve the Mental Health Urgent Assessment Centre (MHUAC) at Blackpool Victoria Hospital, Members queried how the target of 25% had been identified and whether it was the best possible target. In response, Ms Emma McGuigan, Chief Operating Officer, LSCFT advised that many patients presenting at the Emergency Department (ED) with a mental health problem also presented with a physical health problem and therefore treatment for both aspects was required. The 25% represented those attending the ED with a mental health problem only and therefore could be assessed outside of the ED.

Mr Oliver added that a recent visit by the Care Quality Commission had resulted in no 'must dos' or required action for the MHUAC.

Ms Davidson then reported on reducing restrictive practice improvement work at the Harbour. She noted that national guidance had been produced on getting care right, ensuring a person centred approach and utilising the least restrictive practice possible. The data to date demonstrated a 49% overall reduction in the use of restrictive practices, with the use of restraint reduced by 66% across the Trust and seclusion usage decreased by 35%. Administration of rapid tranquillisation had also decreased by 47% across inpatient wards.

It was reported that there had been an improvement across the inpatient wards with the wards undertaking the projects showing a greater than average improvement, however there had also been improvement demonstrated in other wards which were not involved which would suggest a cultural shift away from tertiary restrictive interventions to towards proactive primary prevention interventions. In line with the evidence base, there had also been a 30% reduction in violence towards staff supported by the move to a least restrictive culture.

Members noted the positive change at the Trust and queried whether the instability in leadership at the Trust might have a negative impact going forward. In response, Ms Davidson advised that since the CQC inspection in 2019, the Trust had undertaken a robust period of self

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 19 OCTOBER 2022**

reflection and since she commenced work at the Trust 18 months prior she could see the changes that had been made. She added that there was always a risk during changes in leadership, however, leaders across the Trust had worked hard to empower staff at all levels to continue to work on their own improvement journey.

In response to further questions, Mr Oliver added that the Trust was a completely different environment to that in 2019. Since that time a complaints and PALs service had been introduced, the freedom to speak was wholly promoted and encouraged and the clinical leadership had been extended with sustained investment in services. Staff were passionate about the improvement journey and were aware of the areas still in need of improvement. Upon further challenge from the Committee, he reported that the Trust had a performance dashboard which was regularly reviewed to identify any patterns of concern. The increase in prevalence of eating disorders during the pandemic was one example of where an issue had been identified and work had been undertaken to bring back down waiting times for the service and would meet national targets again by December 2022.

In conclusion to the report, Mr Oliver noted the importance of health and social care integration and the benefits of the leads for places being from a local authority background. He also advised that currently Lancashire and South Cumbria was only one of two localities with no learning disability and autism beds and that a recent bid for capital funding to the NHS had been successful which would allow for beds to be created in the area.

The Committee agreed:

1. To receive a report on the Initial Response Service in June 2023.
2. That the number of people waiting in Blackpool for a rehabilitation bed be reported in writing following the meeting.
3. That data related to returning patients could be provided following the meeting.

**Chairman**

(The meeting ended at 7.29 pm)

Any queries regarding these minutes, please contact:  
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# Agenda Item 4

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Madeleine Bird, Senior Communications Officer NHS Lancashire and South Cumbria Integrated Care Board
<b>Date of Meeting:</b>	10 November 2022

## INTEGRATED CARE BOARD INTRODUCTION

### 1.0 Purpose of the report:

- 1.1 To receive an introduction on the Integrated Care Board and determine a schedule of future reporting from the Board.

### 2.0 Recommendations:

- 2.1 To consider the development of the Integrated Care Board and determine a schedule of future reporting to the Committee.

### 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 is attached at Appendix 4(a) and colleagues from the Integrated Care Board will be in attendance to speak to the presentation and answer questions.

Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

Appendix 4(a): Integrated Care Board presentation

**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.

# NHS Lancashire and South Cumbria Integrated Care Board introduction and update for Blackpool OSC

Page 15

10 November 2022

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# Lancashire and South Cumbria Integrated Care System (ICS)

## NHS ENGLAND

NHS England will set strategic aims and priorities and will continue to commission some services at a regional level, providing support to the NHS bodies working with and through the ICS. NHS England will also agree ICBs' constitutions and hold them to account for delivery.

## CARE QUALITY COMMISSION

Independently reviews and rates the ICS.



**Lancashire and South Cumbria Integrated Care Board**

## STATUTORY ICS

### LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD (ICB)

NHS Lancashire and South Cumbria (our local integrated care board) was established on 1 July 2022 in line with the Health and Care Act 2022. NHS Lancashire and South Cumbria is accountable for NHS spend and performance and is responsible for the day-to-day running of the NHS in Lancashire and South Cumbria.  
<https://www.lancashireandsouthcumbria.nhs.uk/>

### CROSS-BODY MEMBERSHIP, INFLUENCE AND ALIGNMENT

### LANCASHIRE AND SOUTH CUMBRIA HEALTH AND CARE PARTNERSHIP

The broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. The partnership will enable partners to plan for the future and develop strategies using available resources creatively in order to address the longer term challenges which cannot be addressed by a single sector or organisation alone.



### LANCASHIRE AND SOUTH CUMBRIA PARTNERSHIP STRUCTURES

#### System

Covers a population of 1.8m

#### Provider collaboratives

Service providers will be collaborating at the various different levels of system, place and neighbourhood according to need. National guidance has been published and a Provider Collaborative Board (PCB) has been established to enable partnership working of the acute, mental health and community providers across Lancashire and South Cumbria.

#### Place

Covers a population of 114,000 to 566,000

#### Place-based partnerships

Planners and providers working together across health, local authority and the wider community, to take collective responsibility for improving the health and wellbeing of residents within a place.

#### Neighbourhood

Covers a population of 30,000 to 50,000

#### Primary care networks

Most day-to-day care will be delivered here. Neighbourhoods will develop to bring together partners across health and social care to deliver integrated care and may align with Primary Care Networks.

# Health and Care Act 2022

On 1 July, new legislation came into effect through the Health and Care Act 2022 which meant:

- NHS Lancashire and South Cumbria Integrated Care Board (ICB) was established. The eight CCGs in Lancashire and South Cumbria were closed down and the ICB took on the NHS commissioning functions as well as some of NHS England's commissioning functions and is accountable for NHS spend and performance within the system.
- At the same time our local Integrated Care Partnership was established as a statutory committee. The partnership will see health and care partners across the region work together by agreeing joint priorities and a joint health and care strategy.

# Strategic aims of the ICB

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

# Key risks and challenges for the system

The “system diagnostic” process has identified a number of risks and issues which are being inherited by the new organisation:

## **Major structural challenges** –complex challenges requiring sustained focus on a multi-year basis

- Tackle Inequalities
- Improve and sustain Trust performance
- Strengthen system workforce
- Strengthen social care system
- Refresh Primary care
- Recover Financial Position and sustain balanced plans

## **System challenges** – challenges requiring multi-organisational action over the next 1-2 years

- Sustain elective recovery
- Reduce delayed transfers of Care (DTOC)
- Improve urgent and emergency care
- Grow System/Place Based Partnerships
- Streamline commissioning arrangements

## **System challenges** –requiring attention over the next 12 months

- Address Continuing healthcare (CHC)
- Improve SEND and Safeguarding
- Develop intensive community services
- Develop ICB workforce

# ICB priorities

## Major priority themes which are emerging

- Improve the system's performance on urgent and emergency care, discharge and elective care recovery
- Deliver a challenging budget for the remainder of the financial year 2022/23
- Agree an ambitious integration programme for community health and social care services - investment in domiciliary care and intermediate beds to relieve pressure on hospitals and improve capacity of the social care system
- Primary care development (based on the implementation of recommendations in the national Fuller stocktake)
- Improve quality and performance of our NHS Trust providers
- Focus on small number of prevention priorities
- Integrate health equity into our plans at both place and system levels - agreed jointly with our partners

# Enabling deeper integration of health and care

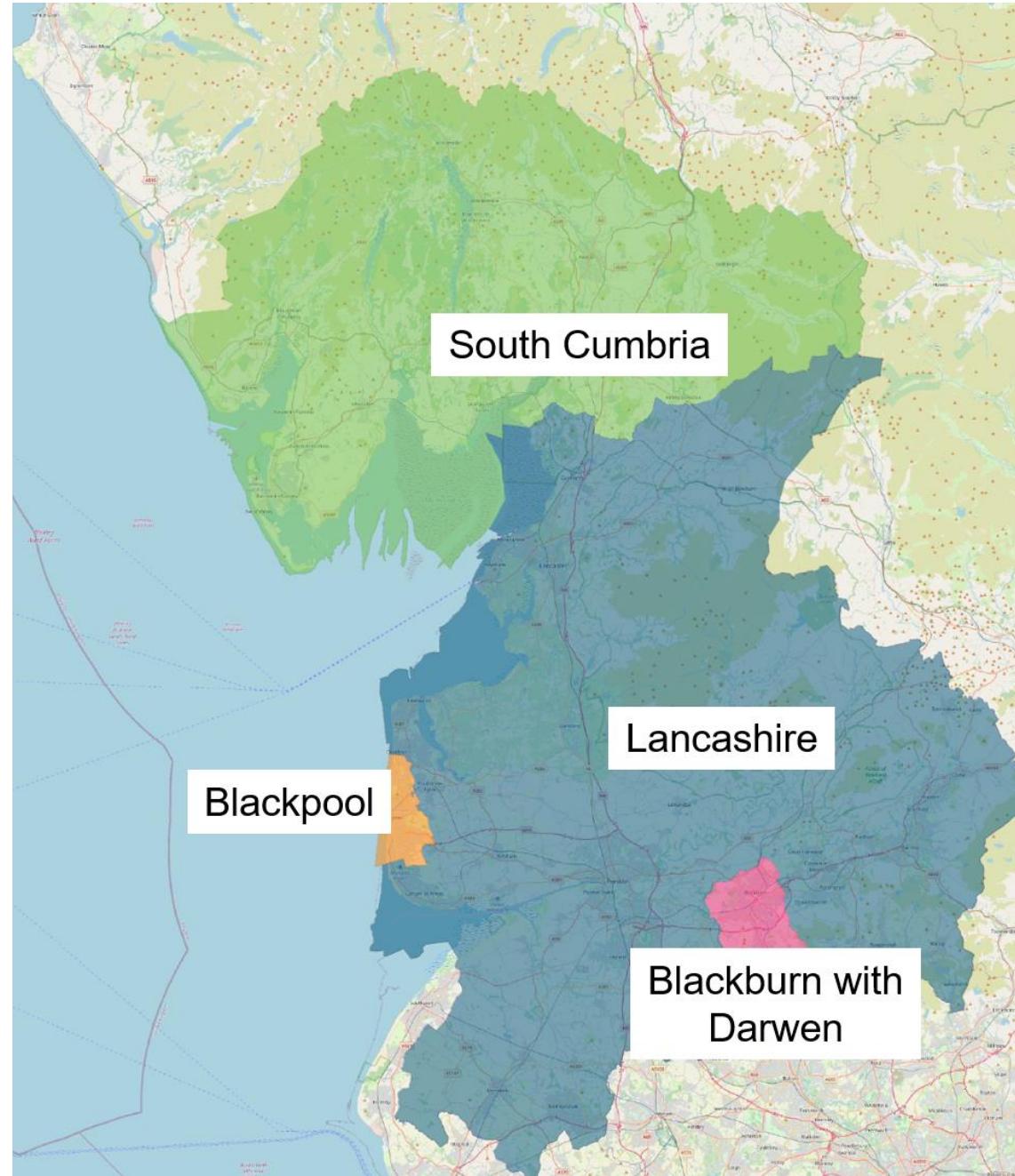
NHS Lancashire and South Cumbria Integrated Care Board (ICB) carried out a review of place boundaries and on 27 July, the board decision covered the following:

- Realigning the current place based boundaries to the two upper tier and two unitary local authorities within the footprint: Blackpool, Cumbria, Lancashire and Blackburn with Darwen
- Mirroring adult social care arrangements within Lancashire, meaning there will be three delivery units including: East Lancashire, Central Lancashire (including West) and North/Coast, to enable deeper integration.
- Mapping places and delivery units to district footprints to support collaboration on wider determinants of health.

# Maps

## New boundaries

Page 22



# Place leadership

## Four new directors of health and care integration

Page 23



**Karen Smith  
Blackpool**



**Claire Richardson  
Blackburn with  
Darwen**



**Louise Taylor  
Lancashire**



**Jane Scattergood  
South Cumbria**

# Developing the Integrated Care Partnership

## An integrated care strategy

- The ICB and upper tier local authorities are working collaboratively on the membership, terms of reference, meeting arrangements and a development plan for the Integrated Care Partnership (ICP).
- The inaugural meeting of the partnership took place on 30 September.
- Throughout the next few months, the partnership will review the needs of local communities to determine and propose a set of system-wide priorities.
- These will focus on the most complex issues that cannot be solved by individual organisations and will form the basis of a joint health and care strategy (Integrated Care Strategy) by the end of December.
- New branding for the ICP will be developed in the autumn.

# Engagement with partners and public

## On draft ICP priorities

- The ICB and upper tier local authorities are working collaboratively on the membership, terms of reference, meeting arrangements and a development plan for the Integrated Care Partnership (ICP).
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- These will focus on the most complex issues that cannot be solved by individual organisations and will form the basis of a joint health and care strategy (Integrated Care Strategy) by the end of December.
- New branding for the ICP will be developed in the autumn.



Proud to be part of



**Lancashire and  
South Cumbria**  
Health and Care Partnership

# Agenda Item 5

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Karen Smith, Director of Adult Services
<b>Date of Meeting:</b>	10 November 2022

## ADULT SERVICES OVERVIEW REPORT

### 1.0 Purpose of the report:

1.1 To provide an overview of the whole directorate including financial position.

### 2.0 Recommendation(s):

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

### 3.0 Reasons for recommendation(s):

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

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

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

### 4.0 Other alternative options to be considered: N/A

### 5.0 Council priority:

5.1 The relevant Council priority is: Communities: Creating stronger communities and increasing resilience.

### 6.0 Adult Social Care Update

#### 6.1 Staffing

As we continue to emerge from the pandemic, the legacy of its impact on Adult Social Care continues to affect work on a daily basis. Adult Social Care staff now undertake a hybrid working arrangement on a rota basis and flexible working has been reintroduced. We do of

course also continue to accommodate staff who for personal reasons cannot work from home.

We have in the last 10 months experienced significant issues in recruitment, this is specifically for qualified roles, Social Worker, Deputy Manager, Team Manager roles and is unprecedented in Blackpool. We have had a high number of staff leave some choosing retirement post pandemic, others moving out of social care altogether and others moving to posts within other council teams or other surrounding local authorities.

Our long term sickness levels are also high at this time, but there are no themes and staff are being supported through attendance management, but 2 have resulted in ill health retirement.

## 6.2 **Service Delivery ASC Community**

Teams are reporting an increase in volume of work activity which can be attributed to a number of factors; people presenting with care needs are coming forward in crisis issues with long waits for domiciliary care are having to be managed by ASC staff and some the result of failure demand from other services or waits for ASC input.

The struggle to recruit staff has impacted on our ability to fill vacancies at all and the combination of the volume of new work coming into the department, trying to cover the work that was on going to colleagues who are off sick and manage existing workloads is a pressure and is a factor contributing to levels of staff sickness.

We had to take the decision last month to merge three teams into two in order to manage them, due to the absence of managers and also a lack of Social Workers in one team. Two weeks ago due to increased staff absences, more management sickness we merged the service into one team with a Service Manager stepping down to manage operationally and we have made the decision; in light of the approaching winter, that this arrangement will be in place for a minimum of the next six months to try and mitigate against further vacancies and absences and provide some stability.

Pressures are being felt by all staff and managers and effective work is underway to support our teams during such a challenging time, including solutions for things that don't work as well as they could – internal and external.

We have also for the first time had to make the decision to place a temporary hold on undertaking scheduled annual reviews and also hold a waiting list for new work coming into the department. This is the picture across many authorities nationally, but is new to Blackpool.

We continue to proactively explore all ways of managing this situation and prioritise urgent work from both new and existing people.

### **6.3 Hospital and Health Based Teams**

The Transfer of Care Hub, a multi-disciplinary team of health and social care staff that oversee hospital discharges for those people requiring a service on discharge is now well established and still developing. The service works over seven days a week, and ASC have staff in throughout this period. Further recruitment to ensure robust cover is available will mean that for the first time in the 3 years since it was established this team has a full complement of social care staff.

This team are proving effective in supporting people's discharge from the acute and peripheral hospitals and work with on average 100 people a week to determine the best place of discharge and then source and arrange this. Ward staff still discharge more physically able patients directly; but due to concerns about how some of these people managed post discharge, we have incorporated a support work role into this team to follow up on people sent home via this route. This has picked up and supported a number of people who were failing to manage and avoided potential readmissions to hospital, and avoidable hardship for the person concerned.

Former hospital social work staff are now based within the community and provide discharge support service, assessing everyone discharged within the first three days to check the discharge plan is robust and was correct, arrange alternatives if not appropriate and also assess and plan with people for how best to meet their medium to longer term on going care needs. This naturally increases the overall volume of work the Council does, but is a feature of discharging people earlier in their recovery.

Utilising Resilience and Surge funding we are providing additional hours on a 6month temporary basis into our Rapid Response team to ascertain the social care demand if the service moves ahead with the national requirement for a seven day 8:00am – 8:00pm service; funding was not sufficient to do this full time or permanently, but we hope to gather evidence over the 6 months of staffing and funding requirements going forward.

We continue to have social care staff operating out of the six main Primary Care Teams (Doctors Surgeries) and are also involved in some of the wider system discussions about the introduction of integration following the Fuller Report recommendations.

We are also working even more closely with Blackpool's Carer Centre, with one of their team basing themselves with our Social Workers once a week and regular meetings between the Director of Adult Social Care and their Chief Executive.

### **6.4 Care Quality Commission Assurance**

We are mindful that CQC is now moving towards undertaking inspections of Adult Social Care teams, based primarily on system working regarding integration but from our perspective looking at how we engage with and support the people we work with and whether or not we

are compliant with required legislation and guidance.

Work in advance of this is underway to check we are working as well as we can and addressing any gaps in required practise/systems.

#### 6.5 **Care Reform Work**

Blackpool is one of the Trailblazers for the Care Reforms and work has been underway in both ASC and also finance and support services to establish pathways for undertaking this work. Currently there are some questions about the timescales for the implementation of this work but we continue to prepare and work through emerging issues in readiness. We have purchased an online self-assessment tool for people to utilise to determine their own care needs and are looking to roll this out to test it but also possibly help with general workflow issues in the months ahead. Self-assessment helps those who can use it (with or without help) to focus on their key issues, which they can sort for themselves and what they need help with.

#### 6.6 **The Autism Team**

The Autism Team continues to develop and receive a high number of referrals. The team has increased in terms of its staffing numbers and currently is established at:

- One acting Team Manager
- Five Social Workers, one of these being a Preparing for Adulthood post. One post is currently out for recruitment.
- One Case Assessor
- Four Support Workers. One post will be vacant shortly due to maternity leave, this temporary post is out to advert.

The team are currently working with 74 people all who experience a level of autism that affects their day to day functioning. Each of these individuals will have had a Care Act Assessment completed and a care plan devised to meet their identified care needs. This is often undertaken by a Support Worker from within the team who is able to understand the person's needs around their autism and adapt their interventions to enable the best progress to be made.

The team has recently employed a Case Assessor who is able to carry out statutory Care Act Reviews of which there are currently 23. People who receive a review in this team are no longer receiving ongoing support from the team, but have a commissioned care package in place which requires a statutory review. This team are currently up to date with their reviews. The Case Assessor is also able to assist the Social Workers and carry out lower level Care Act Assessments as well as acting as the duty officer.

The team currently has 34 people on a waiting list. These individuals are contacted weekly to ensure that their mental health has not deteriorated. Any person who it is felt would be unsafe to remain on a waiting list will be expedited. The team have worked extremely hard to reduce the waiting list and as we recruit to the vacant Social Work post would expect there to be no waiting list.

As we head into November, we are extremely proud to inform of our second Autism Away Day at The Winter Gardens. This time we are concentrating on our local businesses and educating them in terms of the merits of employing an autistic person as well as of course offering support and guidance to those who are unsure or anxious around meeting the needs of somebody with Autism. Along with awareness raising of what helps and hinders autistic people when out and about.

The day will consist of the morning being presentations from autistic people and some other guest speakers who will talk about, communication, environment and employment. The afternoon session will be open to everybody and will include local businesses having a stall to advertise their business and hopefully consider recruiting somebody with autism.

Finally, we will be soon having our first meeting as an Autism Partnership Board, this will be co-chaired between Karen Smith, Director of Adult Social Care and an autistic person or persons with autism. These are very exciting times in Blackpool and we will update in six months' time and report on our ongoing progress.

#### **6.7 Care and Support – All Age Provider Services:**

It is more and more evident from around the country and the world that the Covid pandemic, albeit very challenging and certainly impactful of society and our most vulnerable has presented opportunities to work in different ways and come together across different fields of expertise to ensure our most vulnerable in society have continued to receive good quality care and support.

The Integration between health and social care is one of the areas that has certainly improved over the past few years and there are more and more opportunities for collaboration as we enter the winter months.

In Blackpool we are fortunate to be in a position of delivering Council led health and social care services that absolutely deliver ‘integration’ and joined up provision across some very complex areas of care. The Council’s Care and Support – All Age Provider Services, has been at the forefront working in new and different ways with partners across the health and social care economy to deliver innovative services to our most vulnerable residents. Below are some examples of what has been achieved in Blackpool between collaborators across health and social care:

**ARC – Assessment and Rehabilitation Centre** - It is fair to say that ARC has experienced

significant change during the last few years in response to Covid but also in response to the increasing acuity of people's needs that requires support from ARC. The Council, in partnership with Blackpool Teaching Hospitals, has delivered an integrated health and social care model of care at ARC for several years now. This was initially with a focus of rehabilitation and residential reablement, however, over recent years there has been a shift towards more complex care and people requiring a period of time to recuperate following a discharge from hospital. As a result, ARC has provided care to people who are much more poorly than they have been in the past. This has presented a significant amount of challenges as caring for people with a greater level of needs requires a higher level of staffing and additional specialist clinical support.

To this end the ARC has increased its general staffing cohort to ensure adequate staffing is available to meet all care needs. In addition the team have identified that additional clinical leadership was required from a nursing point of view and we established a Clinical Lead Nurse role to support the clinical care of the people accessing ARC. Furthermore, working with colleagues at the Adelaide Street GP Practice and our Integrated Care Board (CCG) Commissioners, we successfully developed a daily visiting GP Service at ARC that has enhanced further the clinical care and enabled the ARC team to better care for people with very complex medical conditions, on site at ARC without the need of needing to be referred or conveyed to hospital. There is working underway to evaluate the impact of the daily visiting GP Service to inform the continuation of funding into the future.

**Falls Pick Up** – There has been a considerable amount of media focus about how the NHS will respond to the anticipated difficult winter period. One of the key areas of focus nationally is around 'falls' whether this be people in their own homes or in care homes. It is typical for most falls that an ambulance is called for assistance. Not all these fallers are conveyed to hospital, but a large number are and some will be admitted to hospital as a result often following a wait of many hours.

In Blackpool, the Council's Vitaline Service which delivers the technology enabled care provision for Blackpool, has been successfully delivering a Falls Pick Up service to Vitaline clients for over 10 years. The service has recently been working with North West Ambulance Service (NWAS) to deliver a 'NWAS Divert' offer for Blackpool residents. All calls for uninjured fallers that go through to NWAS are automatically shared with Vitaline so that a 'Falls Pick Up' visits can be scheduled in. As we are all too aware from our 24 hour news cycle, waits for ambulances are increasing and this is likely to get worse as we head into winter. Where the NWAS Divert Service comes into its own is that Vitaline can typically respond to the faller sooner than an ambulance. Vitaline can undertake an assessment for injury as trained by NWAS and following a successful fall pick up, can stand down the ambulance. This response has ensured the faller has spent less time on the floor and has ultimately prevented an ambulance visit and potentially a conveyance to hospital.

Building on this success, the Council's Vitaline Service has now expanded the Falls Pick Up service for care homes. Still using NWAS as the diverter but the care home also telephones Vitaline following the call to 999 and whichever service arrives on site first, they then stand the other down. A recent example of someone in a care home falling, the care home staff telephoned for an ambulance and due how busy they were, they advised they may not be able to respond for six hours. Vitaline received the call and was able to respond within 30 minutes and within 45 minutes from the time of the call to Vitaline, the resident was up off the floor and back in their bed, settled, happy and safe. The ambulance crew were stood down and they were better able to prioritise resources to other emergencies.

The Vitaline Falls Pick Up service has been enhanced further by working with Blackpool Teaching Hospitals Community Services and the Rapid Response Team. This team is a multi-disciplinary team of clinical specialists based in the community who can provide clinical support to patients in their own homes and in care homes. Where our Vitaline responders become concerned about someone they may be visiting, for a fall pick up or other reason. They can call into Rapid Response between 8:00am-8:00pm seven days per week and seek clinical advice and guidance. Prior to this arrangement being in place, Vitaline would need to make contact with the persons GP, Out of Hours (111) or call for an ambulance. Working with Rapid Response has created a live triage intervention where our clinical colleagues can make risk based decisions about how best to care for the person and whether a hospital admission of GP is required. The enhanced service has been in place since June 2022 and so far over 40 admissions to hospital have been avoided as a result of Vitaline and Rapid Response working in partnership. This model is now being developed in Morecombe and across other areas of Lancashire and South Cumbria.

#### Q2 Statistics:

Falls Pick Up in Own Home Q2 July - Sept 2022: 662 fallers, 4 conveyance to A&E and 558 successful lifts and avoidable admissions.

Falls Pick Up in Care Homes Q2 - 12 fallers, 0 conveyance to A&E. Feedback from homes is really positive and waits did not exceed 45 minutes for a response from Vitaline compared to what could have been several hours for an ambulance.

**Social Care Technology** – We will all be aware of the evolution in digital technologies and the accessibility of such technology, whether this be via a mobile phone or a watch on one's wrist. Digital technologies have been around within health and social care for many years but more towards health. This is now changing and social care is catching up in terms of the different technologies available to support people with self-care and their families. The Council's Vitaline Service is at the forefront of these developments. The service embarked on their 'digital switch' programme pre-Covid anticipating that the old analogue telephone lines will become obsolete by 2025. This work has continued at pace and the Council has invested a considerable amount of capital finding into supporting the switch from analogue to digital.

We are aware that by August 2023 the analogue telephone lines will start to be switched and as such Vitaline are installing new digital Smart Hubs in people's homes in readiness for August 2023.

What the digital switch creates for social care is an opportunity to better deliver technology enabled care remotely, including monitoring in peoples own homes and a lot more health and wellbeing support via digital applications. To this end the Vitaline Service has been working with the Health and Social Care Career Academy and Blackpool and Fylde College to develop a 'technology space' inside the Health and Social Care Career Academy at the Council's Bickerstaffe offices. Drop in sessions have been arranged for Social Workers and Care Providers so that they can be shown the equipment available and what it can do for people. The Council's Telecare/Telehealth lead from Vitaline will be in attendance at the sessions so that people can receive expert advice and guidance.

As we enter a more technological period across social care, we need to ensure our Social Workers, care providers and families are thinking about 'technology first' when it comes to care and support of people. The demands for social care are increasing and anything that technology can help with in terms of enhancing and/or replacing some elements of care. Then, we can better target the social care resources for care where they are need most. The aspiration is to care for people with a blend of physical and digital care into the future and taking advantage of new technologies to better care and support our most vulnerable residents.

## 6.8 **Review of the Safeguarding Arrangements/Interim Chair**

Partners including Lancashire Police, NHS Lancashire and South Cumbria Integrated Care System, Blackburn with Darwen Council, Blackpool Council and Lancashire County Council are committed to providing the best services and support to promote and protect children, families, and vulnerable adults across its communities. The partnership has a unique ability to work together to promote the welfare, protect from abuse and neglect, children, young people and Adults from risk or harm.

In 2019, partners agreed to pool their resources to create a centralised Joint Partnership Business Unit (JPBU) to oversee each localities safeguarding arrangements incorporating from a children's element, the independent scrutineer function. The role of the Pan Lancashire Safeguarding Adults Executive Board and the Children's Safeguarding Assurance Partnership is to ensure the most appropriate policy, operational and governance arrangements are in place across the county. Steve Ashley had been undertaking the role of the chair for the three adults' boards and Strategic Executive Board across Lancashire and resigned from his post mid-August.

The operating environment has changed since the partnership arrangements commenced with NHS and Social Care Reform, introduction of the Health and Care Act, CQC regulation of Local Authority ASC arrangements etc.

For this reason, the Partnership has committed to undertaking a review of the Pan-Lancashire partnership governance arrangements across Children, Young People and Adults. The aim is to agree a partnership model that upholds best practice outcomes, delivers statute partnership, organisational duties and locally led decision making and galvanises strong leadership at all levels. The review will outline the form, fit and functional requirements needed to deliver the refreshed model and aims to take place over the next few months.

As an interim measure, Karen Smith will be undertaking the role of the chair of the Blackpool Safeguarding Adults Board until the review has concluded and decisions are finalised as to future arrangements.

### **Workplan**

The sub-groups were suspended during the pandemic and were reinstated with a new model around 12 months ago where the sub-groups now operate on a wider footprint to cover the three upper tier authorities including Blackpool.

The membership, engagement and participation with Partners of the sub-groups has been challenging which has resulted in the delay of the workplans being produced. There has been a lack of clarity and direction for the sub-group workplans from the Strategic Boards in all three areas. The [Joint Partnership Business Unit \(JPBU\)](#) have used the feedback from the development days (Lancashire and Blackburn with Darwen SABs) together with one-to-one discussions with Blackpool SAB (their development day was cancelled due to a high number of apologies).

The workplans are now being developed based on:

- identified key areas from the development sessions
- safeguarding adult review findings/recommendations
- requested SAB Partners to provide direction on the specific and local areas of focus/action – from their agency perspective (awaiting responses)

## **6.9 Budget/Finance**

### **2022/23**

Adults Services is currently forecasting a net overspend of £0.3m as at Month 5. The two main areas for this pressures are within Complex Cases and Short Term Care. There was a significant investment in this year's budget for Complex Cases yet demand has continued to increase at pace, likewise investment was made to increase the Short Term Care budget linked in to the impact of speedier hospital discharges and an emphasis on avoiding admission to hospital. The service has benefited by being able to reclaim some of this expenditure through the NHS and further savings have been seen against Homecare packages which partly offset the pressures described above.

## **6.10 Medium Term Financial Strategy**

Work has now begun on updating the Department's Medium Term Financial Strategy as part of a wider exercise to refresh the Council's overall financial plans for the next six years. Work is well under way with Accountancy and Adults Senior Management Team to understand the current levels of activity and to model future demand. The impact of earlier hospital discharges and clients needing higher packages of care will be a cost pressure in future years that will need addressing. Added to this will be the requirement to increase provider fees in line with National Living Wage rises (or Real Living Wage where applicable) along with considering the financial implication of the announced Health & Social Care Reforms. The September announcement of a record rise of 10% in the Real Living Wage has already had a significant effect on the modelling of fee rates for next year. This work will dovetail with the current refresh of the council's Medium Term Financial Sustainability Strategy.

Demographic pressures or changes in the volume of activity due to demand are evident in the system. These pressures include -

- An increase in the number of adults requiring a Complex Case package of care at an annual cost of £750k to the service.
- The requirement for more short term support both at home and in residential care as people are discharged from hospital within very short timescales at an annual cost of £300k to the service
- A reduction in income from Nursing Placements causing a pressure of £200k to the service.

## **6.11 Adult Social Care Market Reform**

The announcement of extra funding for the health and social care sector, as part of the government's Build Back Better plan, to increase capacity in the NHS and reform adult social care, in particular by introducing a lifetime cap on care cost of £86k, is now progressing. Blackpool has been chosen as one of six Trailblazer authorities and we have engaged with our residential and domiciliary market to conduct a Fair Cost of Care exercise ahead of a go-live date no later than April '23, subject to the upcoming fiscal announcements expected on 17<sup>th</sup> November. A Market Sustainability plan will be developed to detail how Blackpool will attempt to bridge any gaps between our current fee rates and the results from our costing exercise over the forthcoming years. National funding will be needed in order for this to be affordable.

## **6.12 Market Sustainability**

All providers are being impacted by staff shortages and rapidly rising costs. The Council works very closely with all social care providers to support them wherever needed and

practicable. Support on offer includes:

1. Quality Monitoring Team – As well as contract monitoring, the team keep in touch with providers to offer support and act as a link between providers and external partners.
2. Provider Peer Support Hub and Emergency Workforce provide practical hands-on advice and support, including coordinating emergency staffing.
3. Finance and Business Support are available for open and frank discussions around financial issues and collective identification of solutions/lobbying themes.

**6.13 Director of Health and Care Integration**

This is a new role for Blackpool and is jointly employed between the Council and NHS (Integrated Commissioning Board, ICB). The post holder is also Blackpool's statutory Director of Adult Social Care) and builds on the 'soft' integration and extensive partnership working already in place in Blackpool, including a focus on prevention and wider determinants of health.

**7.0 List of Appendices:**

7.1 None.

**8.0 Financial considerations:**

8.1 Contained within the body of the report.

**9.0 Legal considerations:**

9.1 Contained within the body of the report.

**10.0 Risk management considerations:**

10.1 Contained within the body of the report.

**11.0 Equalities considerations:**

11.1 Contained within the body of the report.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 None associated with this report.

**13.0 Internal/external consultation undertaken:**

13.1 None.

**14.0 Background papers:**

14.1 None.

# Agenda Item 6

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Kate Aldridge, Head of Delivery, Performance and Commissioning
<b>Date of Meeting:</b>	10 November 2022

## MEALS ON WHEELS SCRUTINY REVIEW UPDATE

### 1.0 Purpose of the report:

- 1.1 To receive the leaflet produced in response to the Meals on Wheels Scrutiny Review recommendation.

### 2.0 Recommendations:

- 2.1 To consider the leaflet, identifying any comments and determining if it meets the objectives of the scrutiny review.

### 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? Yes

### 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 The Meals on Wheels Scrutiny Review concluded in September 2021 and made the following recommendation:

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 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.

The document attached at Appendix 6(a) has been developed in response to the recommendations and submitted to the Committee as per the original recommendation for comments as detailed above.

Does the information submitted include any exempt information?

No

## **7.0 List of Appendices:**

Appendix 6(a): Draft leaflet

## **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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## Meals on Wheels

Blackpool Council wants residents to enjoy healthy meals every day of the year and recognises the benefits of meals on wheels. There are a range of providers who will deliver ready-made meals to your door, each offering a slightly different service so you can find the right one to suit you and your circumstances. We have gathered together information about the providers we know about here for you to help you make a decision. The information is up to date at the time of printing, and all details should be checked with the provider before you make a purchase.

### Providers

#### MyChef

MyChef can deliver a hot meal, ready to eat, to your door 7 days a week. There is no contract or long-term commitment. They provide a wide range of healthy and nutritious meals and can offer medical, therapeutic, 'free from' and special diets including diabetic, gluten free, soft and pureed, high nutrition and low calorie.

Seasonal menus run on a four-week rotation, with a two course meal (a main meal plus soup or dessert) costing £8.25 and three courses (a main meal plus soup and dessert) costing £9.25. A tea-time pack of sandwiches, crisps or savoury snack, fruit or dessert and cake or biscuits can be added for £2.95.

MyChef also provide a '*safe and well*' welfare check, where trained and DBS checked drivers will contact a nominated person to let them know the meal has been delivered and how the person receiving it is feeling. They will immediately alert a nominated person if they have been unable to gain entry or have any concerns.

If you have any questions or enquiries, or would like to arrange a free trial meal, please contact the team on **01253 305 200** or alternatively visit their website [MyChef \(b-c-m.co.uk\)](http://MyChef (b-c-m.co.uk))

#### Live Happy

Live Happy delivers freshly prepared homemade chilled meals 5 days a week – Monday to Friday. On a Friday, your delivery can include additional meals to cover the weekend, which will last 3 days in the fridge and can be frozen. You can reheat the meal yourself when you are ready to eat, or if you prefer, the driver can heat your meal for you when they deliver it.

The price of a chilled meal ready to reheat is £7 for 2 courses or £8 for a main meal and a sandwich. Payment can be made by invoice, debit or credit card, or in cash to your driver and there is no contract or minimum order. All drivers are fully DBS checked, follow set alert procedures and if there is a problem or they have concerns they will contact a friend or relative.

A monthly menu is available on their website, or one of their friendly team will always be happy to talk you through the options available. For more details on how to arrange for meals to be delivered to your home, please contact them on **01253 868 276** or alternatively you can visit their website for more information: [Live Happy \(livehappyltd.co.uk\)](http://Live Happy (livehappyltd.co.uk))

## Frozen Meal Delivery Services

Some people prefer to have a choice of meals on the day and are able to undertake some meal preparation, or have someone who can do this for them. Another options for meals delivery is to have a less frequent delivery to your home of frozen meals, that you can store and heat when you wish.

We know of two main providers who can deliver to Blackpool, they are **Wiltshire Farm Foods** and **I-Care Cuisine**.

Both services have an online ordering process, you can pay online or talk to them about other payment methods.

Frozen meals with less frequent delivery that you store in your freezer can be cheaper than meals delivered daily, because the way the food is provided is more efficient for the company who deliver it.

Ready Meals Delivered - Wiltshire Farm Foods Tel: 0800 077 3100

Home Page - ICare Cuisine

**You should not worry about whether you can afford to eat well. Please do not go hungry, we may be able to help. If you are struggling financially to eat well, help, advice and support is available:**

- Citizens advice bureau – Freephone advice line **0808 278 7818** or their website is Citizens Advice Blackpool
- Discretionary Assistance fund – General enquiries **0800 6940 100** or their website is Discretionary Support Scheme
- Household Support Fund – Website Household support fund
- Blackpool Centre For The Unemployed & Welfare Rights – Advice line **01253 523 178** or their website is BCFU
- Age UK – Freephone Advice line **0800 055 6112** or their website is Age UK
- Free food parcels are available on request from the Salvation Army Community Centre, the Citadel, Raikes Parade, Blackpool. Please ring the advice line **01253 626 114**.

# Agenda Item 7

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Mrs Sharon Davis, Scrutiny Manager.
<b>Date of Meeting:</b>	10 November 2022

## DENTISTRY AND ORAL HEALTH SCRUTINY REVIEW PANEL REPORT

### 1.0 Purpose of the report:

- 1.1 To report the findings and recommendations of the Dentistry and Oral Health Scrutiny Review Panel to the Committee.

### 2.0 Recommendations:

- 2.1 That the Committee requests an update on the progress made on ability to access dentists in approximately 12 months.
- 2.2 That the Committee meets to input into the development of the Oral Health Strategy in due course.

### 3.0 Reasons for recommendations:

- 3.1 To ensure the Committee continues to review Dentistry as appropriate ensuring improved accessibility for residents.

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:

The Committee could choose to not undertake the work, however, this is not recommended.

### 5.0 Council Priority:

- 5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

## **6.0 Background Information**

6.1 The topic of dentistry and oral health was raised as a key priority during the Committee's workplanning workshop held in July 2021. Anecdotally Members had been aware that access to dentists even prior to the pandemic had been somewhat difficult and this had been exacerbated by Covid. These concerns were supported by research carried out by Healthwatch Blackpool.

The main objectives of the review were:

- To ascertain access to NHS dentists and how easy it is for residents to access the treatment they require and identify any potential areas for improvement.
- To consider key policies and protocols on oral health and preventative work.

As part of the review Members considered specific issues including:

- The number of NHS dentists, number of patients per dentist, NHS policy/guidance regarding Covid and how this is applied across dentists.
- Preventative work carried out amongst children and parents in order to improve oral health.
- How patients access services, how do they make contact, make appointments, and emergency provision.
- The availability of specialist provision for people with learning difficulties and autism.

The Review Panel was Chaired originally by Councillor Adrian Hutton and latterly by Councillor Kim Critchley and comprised of Councillors Paula Burdess, David O'Hara, Danny Scott, Michele Scott and Gerard Walsh.

## **6.2 Key findings of the Panel**

The Scrutiny Panel held four meetings, the first to scope the review and remaining three to consider a vast amount of evidence from a range of representatives including NHS England, Public Health and Healthwatch Blackpool.

## **6.3 Healthwatch Blackpool**

Feedback received from Healthwatch Blackpool highlighted that patients had been raising increasing concerns with regards to accessing dentists. That some NHS patients were being told that their dentist would no longer see them unless they moved to private provision, that patients were being removed from books due to not attending in the previous two years when it had been impossible to do so due to

Covid and that those without a dentist were unable to find one that was accepting new patients. The submissions by Healthwatch backed up from a local perspective what was being reported nationally in the news and what Members had experienced themselves in the town.

#### 6.4 **Access to Dentists**

Nick Barkworth, NHS England and NHS Improvement provided the latest data to demonstrate the number of patients accessing dental services and how this had changed over the years. He acknowledged the impact of Covid on the numbers and the steep decline in patient access during the pandemic was very apparent in the data. The access statistics started to improve once the Government had lifted all restrictions placed on Dental Surgeries in April 2022. Upon request, the Panel received Ward level data to form an accurate picture of access. When compared to national averages, access in Blackpool was similar or slightly better, however, it was acknowledged that levels were still not high enough and that evidence suggested that not everyone who wanted to access.

In Blackpool there were 13 General Dental Practices in primary care with 244,316 Commissioned Units of Dental Activity (UDA). This provided access for approximately 81,500 patients with urgent Care Access provided seven days per week at Whitegate Drive. There was one Community Dental Service, one Minor Oral Surgery Provider and in Orthodontics, one Specialist Orthodontic Practice with 11,000 Commissioned Units of Orthodontic Activity (UOA) which allowed access for approximately 524 Case Starts.

It was noted that emergency provision was still in place and working effectively for patients that needed immediate access but could not access regular dentist appointments, however, there were concerns that once emergency treatment was completed, the problem of accessing regular check up appointments for those patients remained. The Panel felt that focusing on prevention and preventing the need for an emergency appointment should be a key focus and to do this routine appoints were necessary.

#### 6.5 **Announced Changes to Dentistry**

The Panel also received information on how NHS dentistry was commissioned, the way in which performance monitoring was carried out and the existing way in which contracts were made. During the course of the review meetings, the Government made an announcement regarding reforms to dental contracts which would change six key areas over the course of 2022/2023:

- Introduce enhanced Units of Dental Activity (UDAs) to support higher needs patients, recognising the range of different treatment options currently remunerated under Band 2

- Improve monitoring of and adherence to personalised recall intervals
- Establish a new minimum indicative UDA value
- Address misunderstandings around use of skill mix in NHS dental care, whilst removing some of the administrative barriers preventing dental care professionals from operating within their full scope of practice
- Take steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year, where affordable
- Improve information for patients by requiring more regular updating of the Directory of Services.

The potential impact of these changes were unknown but it was hoped that they would bring about a reduction in wait times and improved access by ensuring staff were utilised efficiently, that patients were recalled routinely based on risk factors freeing up capacity and surgeries were appropriately remunerated for higher needs patients. Due to the changes to be implemented, the Panel agreed to conclude the review and recommend that the Adult Social Care and Health Scrutiny Committee receive a report in approximately 12 months to review the impact the changes had made and whether any further work was required.

## 6.6 Oral Health Strategy

The Panel's secondary focus was on improvement to oral health and prevention of poor dental health. The Council's Public Health team reported on the ongoing oral health schemes in Blackpool including the supervised tooth brushing scheme, toothpaste and toothbrush distribution, milk fluoridation scheme and campaigns used previously such as GULP! (Give up loving pop!). A report was also received from BetterStart regarding their work with 0-5 year olds to improve oral health.

Figures from the Public Health England Oral Health Survey (2019) showed 33.4% of five-year old children have some dental decay experience. The prevalence of dental decay in Blackpool is currently 10% higher than the national average for the 5 year olds, with the highest levels of experience of dental decay found with Better Start wards. The Panel received an overview of the number of extractions in a hospital setting and noted that the numbers had been declining over the last few years. Although difficult to evidence the reasons, it was hoped that the work being undertaken on prevention was having an impact.

It was noted that the Council's Oral Health Strategy was still in the early stages of development and that it would be appropriate and helpful for the Adult Social Care and Health Scrutiny Committee to have an early input into the development of the Strategy in light of the work of this Panel.

Does the information submitted include any exempt information?

No

**7.0 List of Appendices:**

None.

**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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# Agenda Item 8

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Mrs Sharon Davis, Scrutiny Manager.
<b>Date of Meeting:</b>	10 November 2022

## SCRUTINY COMMITTEE WORKPLAN

### 1.0 Purpose of the report:

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

### 2.0 Recommendations:

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

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

### 3.0 Reasons for recommendations:

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

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

- 3.2b Is the recommendation in accordance with the Council's approved budget? N/A

### 4.0 Other alternative options to be considered:

None.

### 5.0 Council Priority:

#### 5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

## **6.0 Background Information**

### **6.1 Scrutiny Workplan**

The Committee's Workplan is attached at Appendix 8(a) and was developed following a workplanning workshop with the Committee in June 2021. The Workplan is a flexible document that sets out the work that will be undertaken by the Committee over the course of the year, both through scrutiny review and committee meetings.

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

### **6.2 Implementation of Recommendations/Actions**

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

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

### **6.3 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.

### **6.4 Dentistry and Oral Health Scrutiny Review**

This review has now concluded with a full report on the Committee's agenda for consideration. A separate meeting to feed into the Council's Oral Health Strategy will be set up in due course.

Does the information submitted include any exempt information?	No
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## **7.0 List of Appendices:**

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

Appendix 8(b): Implementation of Recommendations/Actions

**8.0 Financial considerations:**

8.1 None.

**9.0 Legal considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Equalities considerations:**

11.1 None.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 None.

**13.0 Internal/external consultation undertaken:**

13.1 None.

**14.0 Background papers:**

14.1 None.

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<b>Adult Social Care And Health Scrutiny Committee Work Plan 2022-2023</b>	
10 November 2022	<ol style="list-style-type: none"> <li>1. <b>Update on new Place Based Partnership/ICB</b></li> <li>2. <b>Adult Services update</b></li> <li>3. <b>Dentistry and Oral Health Scrutiny Review report</b></li> <li>4. <b>Update on Meals on Wheels Scrutiny Review Recommendations</b></li> </ol>
26 January 2023	<ol style="list-style-type: none"> <li>1. <b>Adult Services update</b></li> <li>2. <b>Enhancing the Stroke Network</b> update on actions taken and recruitment.</li> <li>3. <b>Response to Multiple Disadvantage</b></li> <li>4. <b>Maternity Services update</b></li> <li>5. <b>Drug Related Deaths Scrutiny Review</b> update on recommendations.</li> <li>6. <b>Update on Supported Housing Scrutiny Review Recommendations</b></li> </ol>
TBC June 2023	<ol style="list-style-type: none"> <li>1. <b>ICB End of year performance</b></li> <li>2. <b>Final report on Drug Related Deaths Scrutiny Review Recommendations</b></li> <li>3. <b>Blackpool Safeguarding Adults Annual Report 2022/23</b></li> <li>4. <b>Adult Services</b></li> </ol>

**Future Items identified by the Committee:**

**October 2023 – update on smoking cessation and alcohol deaths/treatment**

**November 2023 - update on access to dentists**

<b>Scrutiny Review Work</b>	
December 2022	<b>Healthy Weight Scrutiny Review</b> - 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.
TBC 2023	<b>Dementia</b> – Provision of services/dementia friendly, impact of increasing diagnosis, support services on offer, long term impact of pandemic (dementia groups to be invited).
TBC 2023	Scrutiny review of <b>population health management</b> 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	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
2	11.10.21 (EX)	<p>Meals on Wheels Scrutiny Review</p> <p><b>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:</b></p> <ul style="list-style-type: none"> <li><b>A) That the Scrutiny Panel considers the draft leaflet prior to circulation.</b></li> <li><b>B) That the leaflet be circulated to GP surgeries, libraries, community centres and churches and be included in Council Tax bills.</b></li> <li><b>C) That the leaflet and/or corresponding information be provided to domiciliary care providers, social workers, community based health practitioners and the Council's Customer Service staff to ensure they can provide advice as appropriate.</b></li> </ul>	Original aim was before Christmas	Kate Aldridge	<p>A full report and copy of the leaflet will be presented to Committee in November 2022.</p> <p>Previous update provided to Committee in December 2021:</p> <p>Kate Aldridge, Head of Corporate Delivery and Commissioning has advised that the leaflet has not yet been created, but both leading providers of meals on wheels in Blackpool have been contacted and information gathered from them about what needs to be included and information has been updated on the FYI directory in the meantime. Both providers are keen that the leaflet (while not recommending any provider in particular) helps people understand what meals on wheels can offer and what questions people could consider asking when they are looking to decide what is right for them. The providers are happy to work with the Council on the wording and content of the leaflet, and we will also be checking it works for the intended audience through its development (service users and friends and family). It is expected that a draft will be presented to the Committee in the new year.</p>	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		<p>D) That the leaflet contain advice regarding accessing benefits and be appealing and colourful.</p> <p>E) That the information contained within the leaflet also be provided through a Council webpage and in Your Blackpool.</p> <p>F) That the leaflet be updated on an annual basis by the Corporate Delivery Unit to ensure the information is current and recirculated.</p>				
3	24.02.22 (EX)	<p>Supported Housing Scrutiny Review</p> <p><b>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.</b></p> <p><b>That the Council continues to lobby the Government to introduce regulation or legislation to allow the Council to enforce its approach to supported housing as set out in the agreed standards.</b></p>	January 2023	Vikki Piper, Head of Housing		Not yet due.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
4	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.
5	31.03.22	The Committee agreed to receive the BSAB workplan in approximately six months.	November 2022	TBC	The independent Chair who attended the meeting in March is no longer in post and Karen Smith is the interim Chair. As a result a brief update has been included in the Adult Services Overview Report.	Completed.
6	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.
7	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.
8	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	October 2022	Joanne Stark	Updated received at 19 October 2022 special meeting.	Completed.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		following meeting of the Committee.				
9	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	Item on agenda.	Completed.
10	06.10.22	The Committee requested that NWAS returned in 2023 to provide an update on the opening of the new hub, the impact on performance of the measures being introduced and to update on the falls prevention work.	October 2023	NWAS		Not yet due.
11	06.10.22	The Committee requested that Blackpool Teaching Hospitals Trust return to present on progress and improvements in relation to maternity services in approximately four months and that as part of this the action plan be presented.	February 2023	Peter Murphy, Mike Chew		Not yet due.
12	06.10.22	The Committee requested that a further report be received on smoking cessation in approximately 12 months to allow them to monitor the performance of the service and requested that future reporting	October 2023	Arif Rajpura		Not yet due.

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		include a breakdown of key demographics of the service users.				
13	19.10.22	The Committee agreed: <ol style="list-style-type: none"> <li>1. To receive a report on the Initial Response Service in June 2023.</li> <li>2. That the number of people waiting in Blackpool for a rehabilitation bed be reported in writing following the meeting.</li> <li>3. That data related to returning patients could be provided following the meeting.</li> </ol>	June 2023	Chris Oliver		Not yet due.

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