Blackpool Council

17 January 2023

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, 26 January 2023 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

(1) the type of interest concerned either a

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

and

(2) the nature of the interest concerned

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

2 MINUTES OF THE LAST MEETING HELD ON 10 NOVEMBER 2022 (Pages 1 - 4)

To agree the minutes of the last meeting held on 10 November 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 EXECUTIVE AND CABINET MEMBER DECISIONS (Pages 5 - 8)

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

5 STROKE NETWORK UPDATE (Pages 9 - 20)

To update the Committee on the improvements made to Stroke Services and the proposed models of care.

6 BLACKPOOL TEACHING HOSPITAL MATERNITY SERVICES UPDATE - CARE QUALITY COMMISSION REPORT (JUNE 2022) (Pages 21 - 32)

The purpose of this report is to provide the Adult Social Care and Health Scrutiny Committee with an update on the actions taken in response to the Maternity Services CQC inspection, carried out in June 2022 at Blackpool Teaching Hospital, as requested by the Committee following the Maternity Update report presented in October 2022.

7 DRUG RELATED DEATHS SCRUTINY REVIEW RECOMMENDATIONS UPDATE (Pages 33 - 82)

To update the Committee on the progress of Drug Related Deaths Scrutiny Review Panel recommendations.

8 SUPPORTED HOUSING SCRUTINY REVIEW RECOMMENDATIONS UPDATE (Pages 83 - 86)

To inform scrutiny of the progress against the recommendations from the Supported Housing Scrutiny Review report, and the ongoing work in this area.

9 ORAL HEALTH STRATEGY SCRUTINY (Pages 87 - 90)

To report back the outcomes of the scrutiny meeting held to feed into the development of the Oral Health Strategy.

10 MENTAL HEALTH PROVISION FOR YOUNG MEN SCRUTINY REVIEW FINAL REPORT (Pages 91 - 110)

To consider the final report of the scrutiny review of Mental Health Provision for Young Men.

11 SCRUTINY COMMITTEE WORKPLAN (Pages 111 - 120)

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

12 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as 23 February 2023, commencing at 6pm.

Venue information:

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

Other information:

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

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MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 10 NOVEMBER 2022

Present:

Councillor Critchley (in the Chair)

Councillors

Burdess	O'Hara	Mrs Scott
Hunter	D Scott	Walsh

In Attendance:

Councillor Maxine Callow, Chair Scrutiny Leadership Board
Councillor Jo Farrell, Cabinet Member for Adult Social Care and Community Health
Karen Smith, Director of Adult Services
Kate Aldridge, Head of Delivery, Performance and Commissioning
Sharon Davis, Scrutiny Manager

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE MEETINGS HELD ON 6 OCTOBER 2022 AND 19 OCTOBER 2022

The minutes of the last meeting held on 6 October 2022 and 19 October 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 INTEGRATED CARE BOARD INTRODUCTION

Ms Karen Smith, Director of Adult Services, provided an update on the current position with the Integrated Care Board (ICB) in her duel role as a Director on the board and Director of Adult Services at Blackpool Council.

Ms Smith explained the structure of the Lancashire and South Cumbria Integrated Care System (ICS) and how the Integrated Care Board (ICB) would work alongside the Health and Care Partnership to influence and agree health and care strategic priorities. The key risks and challenges had been identified as health equality, workforce, access to general practitioners, hospital discharges and wait times. The ICB and upper tier local authorities would be working collaboratively on the membership of the board, the terms of reference, meeting arrangements and a development plan for the Integrated Care Partnership (ICP). The partnership would then review the needs of local communities to determine and propose a set of priorities, that would focus on the most complex issues that could not be solved by individual organisations and these would then form the basis of a joint health and care strategy (Integrated Care Strategy). It was envisaged that the strategy would be available by the end of December 2022.

The Committee thanked Ms Smith for her presentation and expressed their disappointment that no additional representative was present from the ICB. Members highlighted concerns that important links and contacts that had been previously developed with the Clinical Commissioning Group (CCG) and were well established would now be lost.

Concerns were also raised by the Committee around the lack of specific targets and projects, what the priorities would be for each area and how the Board would report on its performance and targets. Ms Smith responded that not all appointments to key roles had been made and that specific targets and projects had yet to be determined. The Board would be identifying a small number of priorities that would make the largest impact and meetings were underway at strategic and managerial level to maintain communication links and background knowledge to identify what the local issues were.

Ms Smith went on to confirm that no funding had yet been delegated to place based partnerships but assured the Committee that funding was in place from additional resources for current services and preparations for the winter challenges.

The Committee agreed to hold an additional meeting in February 2023 to receive a progress report from the ICB.

5 ADULT SERVICES UPDATE REPORT

Ms Karen Smith, Director of Adult Services presented the Adult Services Update Report to the Committee and highlighted the significant pressures that were being experienced across the board on social care and health service, including an increase in people being seen with greater or more complex needs, early discharge of patients for recovery within the community and the recruitment challenges for care workers.

Ms Smith reported that the Vitaline service had been successfully working with the North West Ambulance Service (NWAS) to provide assistance in delivering a Falls Pick Up Service. Calls for the service were managed by NWAS which would determine whether each call was appropriate for Vitaline to respond to. The service was available to all Blackpool residents that had fallen in their own home and were uninjured but unable to get back up without trained assistance. It was explained that Vitaline could typically respond sooner than an ambulance, they would then undertake an assessment of the faller to check for any injury and, on following a successful fall pick up, would be able to stand down the ambulance. Members were assured that in the event that a hospital admission was required then an ambulance would still be deployed.

It was reported that the Vitaline service had been successfully piloted in care home settings and had now been rolled out across all settings.

Councillor Jo Farrell, Cabinet Member for Adult Social Care, and Community Health and Wellbeing, spoke of the recent Autism Conference that had been held and of how proud she was that The Autism Team at Blackpool were leading the way.

Members expressed a desire to be invited to future workshops to enable for a greater

understanding of the work that was undertaken by the team.

In response for an update on staffing pressures and morale, Ms Smith responded that the team specifically impacted had been the front of house staff with the remaining teams being stable. Everything had been done to support the team including reviewing hybrid working arrangements, regular briefings with staff and service managers and suggestion boxes. Regular updates and responses to suggestions from the team had been carried out and a redistribution of work between teams had alleviated some of the work pressure. All posts for service managers were now in place with a focus on maintaining support for the staff.

Members enquired about the Adult Social Care Market Reform, in particular the impact on the lowest earners. Ms Smith responded that the introduction of a lifetime cap on care costs was a welcomed move and was intended to prevent people having to sell their homes to pay for care. Cost of care and market sustainability exercises would be undertaken in due course to plan for the future. On-line financial and social care assessments would also be developed for future use.

6 MEALS ON WHEELS SCRUTINY REVIEW UPDATE

Ms Kate Aldridge, Head of Delivery, Performance and Commissioning presented an update on the action taken in response to the recommendation of the Meals on Wheels Scrutiny Review that included up to date prices, telephone numbers and website addresses for various providers of freshly prepared and frozen meals.

Some Members of the Committee expressed their disappointment in how the current format of the information did not match the brief for an appealing and colourful leaflet, as recommended at the September 2021 meeting. In response, Ms Aldridge advised that the information had been presented in its current form as an easily adapted generic format which could be used for multiple purposes. The Committee also acknowledged that the information provided was informative and the use of contact numbers was a welcomed addition. Members suggested that including a price range, would ensure that the information was protected against any changes to the current prices.

Members requested that the information detailed in the cost of living section, with vital contact numbers for help for anyone struggling financially to eat well, was made readily available. Ms Aldridge advised that this information had already been included in Your Blackpool.

Due to the time already lapsed Members were keen to ensure that the information on Meals on Wheels was circulated as soon as possible to residents. The Committee agreed that the information should be included in with the Council Tax bills in whatever format they were sent to residents in March 2023 as agreed previously by the Executive and as set out within the Scrutiny Review's original recommendation.

7 DENTISTRY AND ORAL HEALTH SCRUTINY REVIEW PANEL REPORT

Ms Sharon Davis, Scrutiny Manager, reported the findings following the completion of the Dentistry and Oral Health review panel.

During the course of the review, the Government had made an announcement regarding reforms to dental contracts which would change six key areas over the course of 2022/2023. Due to the unknown potential impact of the changes the Panel had recommended that the Committee receive an update report in approximately 12 months to review the impact the changes had made and whether any further work was required.

The Panel's secondary focus had been on improvement to oral health and prevention of poor dental health. 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 the review panel.

The Committee agreed:
1) To receive an update report in 12 months to review the impact the reforms to dental contracts had made.
2) That the Committee was to provide input into the development of the Oral Health Strategy, at the appropriate stage.

8 SCRUTINY WORKPLAN

The Committee considered its workplan for the remainder of the municipal year and agreed to the inclusion of an additional meeting, to be held by the end of February 2023, to receive an update from the ICB and the Adult Services Update report, scheduled for the January meeting.

9 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting was noted as Thursday, 26 January 2023, commencing at 6.00pm

Chairman

(The meeting ended at 7.41 pm)

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

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of Meeting:	26 January 2023

EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report:

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

2.0 Recommendation(s):

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

3.0 Reasons for recommendation(s):

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

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

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council Priority:

5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background Information

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

the Committee can raise questions and a response be provided.

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

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

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

6.5 Does the information submitted include any exempt information? No

7.0 List of Appendices:

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

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
CLIENT FINANCES BANKING The Cabinet Member agreed the recommendation as outlined in the report namely: To agree to the money management fee of £7.00 per week for non-residential clients and £5 per week for residential clients being charged for Section 117 and residential clients in order to ensure that some costs associated with the new banking provider and debit card charges can be covered.	There are a number of reasons for the decision: • If the Council did not act on clients behalf, the costs incurred by having a private company carry out this service for them would be significantly higher for the client than our charges. For example, the Money Carer Foundation charges are £75 per month for a community based package and £45 per month for residential packages and a one off set up fee of £150 per client. Additional charges are £55 each year for a bank account and £4.95 to replace a card. • Providing this service is critical for vulnerable residents to maintain their financial independence. • Starting to charge this client groups would also seem more equitable as all clients who can afford it are then paying the money management fee. • Research would suggest that where a charge is levied for a money management service, other Local Authorities charge for the proposed client group. • Given that the increased charge levied would only cover banking costs, we would in effect	PH69/2022	07/11/2022	Councillor Farrell, Cabinet Member for Adult Social Care and Community Health and Wellbeing

	be continuing to provide a subsidised service for clients as any money would be utilised to pay for banking charges. • A fee waiver is still available for any clients who are not able to afford the charge for a particular reason.			

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Elaine Day, Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN) Manager Hayley Michell, Interim Programme Director Sharon Walkden, ISNDN Programme Manager
Date of Meeting:	26 January 2023

LANCASHIRE AND SOUTH CUMBRIA STROKE SERVICES PROGRAMME

1.0 Purpose of the report:

1.1 To update the Committee on the improvements made to Stroke Services and the proposed models of care.

2.0 Recommendation(s):

2.1 To provide feedback on the implementation of the programme and identify any further scrutiny required.

3.0 Reasons for recommendation(s):

3.1 The Committee requested this further feedback at its meeting on 31 March 2022 in order to monitor progress on the improvements made to Stroke Services in Blackpool.

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

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

4.0 Other alternative options to be considered:

4.1 Not applicable

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 The Committee considered an update on Stroke Services at its meeting on 31 March 2022 and at that meeting agreed that a further report be received in approximately 12 months in order to ascertain progress. A presentation has been provided and is attached at Appendix 5(a). Elaine Day, Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN) Manager, Hayley Michell, Interim Programme Director and Sharon Walkden, ISNDN Programme Manager will be in attendance at the meeting to present and answer questions.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 5(a): Stroke 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 Not applicable.

Appendix 5(a)

Lancashire and South Cumbria Stroke services programme

Presented by: Elaine Day, Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN) Manager
Hayley Michell, Interim Programme Director
Sharon Walkden, ISNDN Programme Manager

Audience: Blackpool Adult Social Care and Health Scrutiny Committee
26 Jan 2023

Purpose of today's visit

- Stroke service improvements
- Enhanced acute and rehabilitation stroke services - reminder of the whole system network approach, the drivers for change and the proposed model of care and an update on the progress made so far
- Receive feedback from the Committee to inform the implementation of the programme
- Members of the programme team can answer the Committee members' questions

Improvements in stroke services

- Relaunch of the L&SC cardiac and stroke prevention network – priority areas of focus being atrial fibrillation (AF), blood pressure, cholesterol and weight management
- RBH have commenced an 8am – 8pm 7 day ambulatory care service
- Two new bi-planars (a replacement and an additional machine) have been sourced to support the delivery of thrombectomy procedures at RPH
- Recent SSNAP scores (Q2 2022/23) showed all the region's stroke services have maintained or improved their score – with two services achieving A ratings
- Continued meaningful involvement and contribution from stroke survivor and carer reps
- Dedicated workstreams to improve psychological input following stroke and improve neurorehabilitation services
- Successful pilot of NROL (Neurorehabilitation on-line)
- Improved recruitment to inpatient and community therapy teams
- Implementation of AI for stroke to support early identification of suitability for thrombolysis and thrombectomy

Improvements in stroke services

- New build ambulatory care area opens at Blackpool Victoria on 30 January
- Work on the stroke gardens which will provide an outdoor space for patients to enhance their recovery, particularly form a mental health point of view are to start mid-Jan and therapist led rehabilitation sessions.

Thrombolysis rates (%)

Oct – Dec 2022	Jan – Mar 2022	April - May 2022	June - Sept 2022	National	Target
3.5	9.0	8.4	6.3	10.8	15

Case for Change

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

Model of Care

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

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

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

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

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

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

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

Integrated Community Stroke Rehabilitation Teams in all localities

Progress

	PRIORITIES	
YEAR 1 2021/22	Complete fully integrated community stroke rehabilitation recruitment – BwD CCG & Central Lancs CCGs only	✓
	Blackpool hospital estate modification to enable provision of ambulatory care	✓
	Increase x5 hyper-acute stroke beds at Preston to facilitate 24/7 thrombectomy service	✓
YEAR 2 2022/23	Recruit stroke triage nurses – LTH, BTH and FGH	✓
	Enhance stroke specialist workforce to deliver 7 day ambulatory care – LTH, BTH, RBH and FGH	✓
	Preparation for transition to become ASC and CSCs - estates and equipment	
	Ensure all sites providing a 6 day rehabilitation service	✓
YEAR 3 2023/24	Expansion of Comprehensive and Acute Stroke Centre workforce to deliver 24/7 service – LTH, BTH and RBH	
	Expansion of Acute Stroke Centres - Blackpool and Blackburn sites. Preston - equipment only	
	7 day rehabilitation service across all acute sites	✓
	Enhance NWAS resource to complete additional patient transfers per day from UHMB to Preston and repatriation of HASU patients.	

✓ Completed

✓ Partially completed

Implementing the Business Case

The Acute Business Case was signed off in Summer 2021 and we are part way through implementation.

It has been brought to our attention Stroke activity across the country has changed in the last 12months:

- Increased number of stroke mimics
- Increased number of confirmed strokes (and complexity)
- Increased number of patients moving onto rehabilitation wards
- Ambulatory care services are not fully established

Conversations are currently underway with stroke service teams to:

- better understand the impact on Royal Preston (increased number of beds) and NWAS
- explore options to implement the business case during this changing landscape.

It is expected a recommendation will be agreed via the appropriate governance in the coming weeks. The Business Case will be refreshed to reflect changes and the implementation plan updated with new timescales.

Questions & Committee feedback

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Michael Chew, Divisional Director of Operations: Families and Integrated Community Care
Date of Meeting:	26 January 2023

BLACKPOOL TEACHING HOSPITAL MATERNITY SERVICES UPDATE – CARE QUALITY COMMISSION REPORT (JUNE 2022)

1.0 Purpose of the report:

1.1 The purpose of this report is to provide the Adult Social Care and Health Scrutiny Committee with an update on the actions taken in response to the Maternity Services CQC inspection, carried out in June 2022 at Blackpool Teaching Hospital, as requested by the Committee following the Maternity Update report presented in October 2022.

2.0 Recommendation(s):

2.1 To note the progress made on the actions taken in response to the CQC 'Must and Should Do' recommendations.

2.2 To receive and consider the attached CQC action plan attached as Appendix 6(a).

3.0 Reasons for recommendation(s):

3.1 An update on the progress and improvements taken in response to the CQC inspection, including presentation of the action plan, was requested by the Adult Social Care and Health Scrutiny Committee at the meeting held on the 6 October 2022.

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

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

4.0 Other alternative options to be considered:

4.1 Not applicable

5.0 Council priority:

5.1 The relevant Council priority is:

Not applicable as external report

6.0 Background information

6.1 The CQC carried out an unannounced inspection of Maternity Services at Blackpool Teaching Hospital on the 21 and 22 June 2022, with the report being published on the 1 September 2022.
Following the inspection, a 'Section 31 Letter of Intent of the Health and Social Care Act' (2008) was sent to the Trust to formally raise the concerns of the CQC about their findings and provide the Trust with an opportunity to acknowledge these concerns and provide assurances to them. An immediate response was provided by the Trust following which the Section 31 notice was removed.

6.2 Because of the inspection, the overall rating for Maternity Services was rated as 'Requires Improvement' and were notified of 13 areas for improvement which included ten 'Must Do' and three 'Should Do' actions.

6.3 In response to these areas for improvement an action plan was developed (attached as Appendix 6(a)) which was agreed and ratified by both the Trust Executive Team and the CQC. The action plan contains 59 actions with assigned leads and progress is monitored by Divisional forums and reported via Trust Clinical Governance Committee.

6.4 **Position Statement**

The 59 actions can be defined under five key themes and the following provides a brief overview of progress update on each.

6.5 **Workforce**
A Birth rate Plus assessment has been undertaken and a subsequent business case for increasing staffing levels has been completed. Recruitment remains a challenge and we remain below Birth rate Plus recommended staffing establishment. We do have a trajectory for Midwifery recruitment until the end of 2023. We have already improved our position in the time since inspection with 5 more Midwives in post and are confident that staffing levels will continue to improve.
In addition, to maintain a safe service we have introduced several mitigations which include:

- Monitoring staffing levels to ensure safety every day.
- Establishment of a region wide Gold Command call each day to support mutual aid across the system as required.
- Increase in agency midwives and 'block booking' of future shifts.
- Development of a recruitment plan for our 13 student midwives qualifying this year.
- Utilising international recruitment with 2 Midwives expected to commence in post in the near future.
- Increase in number of Professional Midwifery Advocates to support staff wellbeing.

- Focused approach to Multidisciplinary skills drills training which has improved to over 90% and improving compliancy with training for safeguarding. Bi-monthly reporting through Divisional governance process has commenced to ensure close monitoring of compliance rates.
- Improvement in appraisal rates to over 95%.

6.6 Work is also ongoing to improve retention rates of our staff which includes opportunities for development and career progression and improving the culture on the Maternity Unit to make it a better place to work.

6.7 There has been successful recruitment to the senior midwifery leadership roles and key midwifery roles to support both staff and patient experience. These include:

- Director for Midwifery and Neonates
- Substantive Head of Midwifery post
- Consultant Midwife
- Two Matron expected to be recruited within next 6 weeks
- Two Practice Development Midwives to support multidisciplinary training and competencies
- Risk Midwife
- Specialist Midwife for Bereavement

6.8 **Incident Management and Learning from Incidents**

The current Induction of Labour pathway is complex, and whilst work is ongoing to streamline the process some women are still experiencing waits. A capacity and demand exercise has been completed, the position being that there is sufficient capacity for the number of inductions required, and we have taken steps to make sure it is safer. This has included ensuring policies meet best practice standards and are effective in operation. A senior clinical daily review and risk assessment of all women takes place to focus on their individual management plan and there is also daily collaboration with other Maternity Units in the region for mutual aid should this be required.

We are now in the process of undertaking improvement work to review the management of appointments across the week, ensure efficient safe discharges on the Maternity Ward to increase bed capacity, optimise time management and so reduce delays. In the meantime, reporting of the number of women having Induction of Labour and wait times will continue to Executive Director's via the Operational Exceptions Report.

6.9 Integral to the work being undertaken with the Induction of Labour pathway has been a review of the elective caesarean section pathway. Changes to this have included introduction of a multidisciplinary review each week of women booked for Caesarean Section The meeting reviews effectively identifies patient risks using a RAG rating, prioritises 'golden' patients and mitigates potential delays through proactive planning and checks. High risk patients are clearly identified within the system and effective planning includes additional checks and blocking out subsequent appointments to extend the elective slot if necessary. We are now

looking to implement a similar process for the Induction of Labour pathway.

6.10 The process for sharing lessons learnt from incidents and complaints has been reviewed to ensure this is more robust. Learning is shared via newsletters and is included in staff training as required. Staff feedback from the changes to this process has been positive.

6.11 The Maternity risk register has been reviewed and updated and is reviewed monthly at the Divisional Risk Clinic. The risk register is also presented at the Trust Risk Committee for oversight and scrutiny.

6.12 **Infection Control**

Monthly audits for monitoring and oversight of cleanliness are now in place in the Maternity Unit and these are supported by infection control 'walkabouts' and senior leadership oversight. There has also been upgrading of the clinical areas to refresh the décor and improve the clinical environment.

6.13 **Medicines Management**

All actions required to manage medicines have been completed which has included increased security and improved oversight and monitoring of stock. Monitoring continues to ensure embedding of the changes made.

6.14 **Medical Devices**

There are improved processes in place for monitoring equipment which includes oversight of service dates of medical devices, process for ensuring equipment is replaced as required and designated equipment coordinators identified to support oversight of equipment

6.15 Whilst work is ongoing to monitor and change practices in each of points above, the actions we are taking are not yet fully embedded. The Matron provides a report detailing compliance with 6.12 - 6.14 to the Divisional Quality Meeting where challenge and support is provided by the Senior Leadership Team. Through this process opportunities for improving practice have been identified which will now been taken forward within dedicated task and finish groups led by the Senior Midwifery Team with support from an aligned group of the multidisciplinary team including Infection Control, Pharmacy and our Estates colleagues.

6.16 **Support and Oversight**

The action plan which has been developed contains detailed description of the activity that is taking place. This plan is monitored by the Senior Maternity Team and there is dedicated support to capture the evidence to support completion of the actions. The Executive team are sighted on progress and are in contact with the CQC to update on continued improvements. Trust Board are kept appraised of progress against the plan by the Quality Assurance Committee.

6.17 Whilst there are a number of actions now completed, work is ongoing towards completion

and embedding of changes for the remaining outstanding actions within the timescales assigned. Staff engagement is key to embedding changes made and to support this we have held staff focus groups, working collaboratively with external agencies to provide workshops on Resilience and mental toughness and are implementing a 'Stribe' app to support staff feedback in an anonymous way to better understand challenges they face daily and develop strategies to help.

6.18 Internally, the Executive Team have continued to maintain a visible presence in the inpatient areas within Maternity Services with regular walkabouts and meetings with staff on a 1:1 basis if they have concerns to raise and the Trust Board Safety Champions for Maternity Services are visible to speak to staff, women and their families.

6.19 Externally, we are working in collaboration with the Maternity Voices Partnership to make improvements in the care women and their families experience based on the feedback.

6.20 In response to the CQC report, Maternity Services has been assigned a Maternity Improvement Advisor from the National Team. This role is supporting the service on the improvement journey by focusing on workforce, effectiveness, quality, safety and sustainability, leadership and culture. This support is planned for 3-4 days per month from November 2022 to May 2023, working closely with the Divisional Senior Leadership Team. In May 2023, a diagnostic report will be provided to the Regional Chief Midwife and Trust Board along with a QI plan to support ongoing improvement.

Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 6(a): CQC action plan

7.0 Financial considerations:

7.1 Not Applicable

8.0 Legal considerations:

8.1 Not Applicable

9.0 Risk management considerations:

9.1 Not Applicable

10.0 Equalities considerations:

10.1 Not Applicable

11.0 Sustainability, climate change and environmental considerations:

11.1 Not Applicable

12.0 Internal/external consultation undertaken:

12.1 Not Applicable

13.0 Background papers:

13.1 None.

Appendix 6(a)

Ref.	Must/Should	Recommendation	Division	Corporate Team	Action Reference	Action	Expected Completion Date	Responsible Lead	Evidence	Update
M001	Must	The service must ensure that there are sufficient numbers of suitably qualified, competent, skilled and experiences persons, to include resuscitation and safeguarding training. (Regulation 18 (1)).	FICC		M001.1	To comply with birthrate plus, recruit additional midwives as per trajectory within the agreed business case. First action is to have an increase of six midwives, against the current actual, at the end of the first year.	30/09/23	Director of Midwifery /Deputy Head of Midwifery	Rolling recruitment adverts on NHS jobs	7 new band 5's commenced 26/09/2022. 1 band 6 started 19/09/2022 1 band 5 leaver returned 12/09/2022 Current Vacancy: 5.7 WTE 05.01.2023 - Trajectory added (business case) Monthly HR report to Women's Health Directorate Meeting re new startes/ leavers + 11.5 birthrate plus/ Ockenden = 17.2 WTE Agreed business case added. LF liaising with HM to add update in the Matron's report Business case not yet agreed.
			FICC		M001.2	To monitor compliance with birthrate plus recommendations through monthly Divisional Board Meetings	Complete and ongoing	Director of Midwifery /Deputy Head of Midwifery	Daily Safety Huddle sheet Minutes of Divisional Board	Return - TS /LF take to Divisional Board each month. Action as from 25th will be via Divisional Board 05.01.23 - as M001.1 VB to add a Women's Health Minutes in the evidence folder Ask KG to put in Women's Health minutes
			FICC		M001.3	Utilise international midwifery recruitment to increase number of midwives	01/03/23	Director of Midwifery /Deputy Head of Midwifery	Minutes/action log of international midwifery recruitment Increased numbers of staff in post/fill rates	2 midwives confirmed to commence Q4 (in-line with the regional programme) . Delay in recruitment due to recruitment process external to trust
			FICC		M001.4	Commencing midwifery support worker (MSW) apprenticeship courses.	01/09/23	Director of Midwifery /Deputy Head of Midwifery	Number of MSWs accepted on to the training.	MSW upskill to include blood cultures, catheterisation, and cannulation The MSW degree course apprenticeship due to commence 01/09/2023. 29.11.2022 MSW report update added 02.12.2022 MSW event with University of Cumbria took place HPEC - well attended staff identified for next intake 05.01.2023 DL produce a quarterly report update report
			FICC		M001.5	To implement a separate recruitment programme for third year student midwives 6 months prior to successful completion of their degree	01/03/23	Director of Midwifery /Deputy Head of Midwifery	Specific advert for band 5 recruitment - midwifery students for 09/2023	Moving forward a discussion will take place with the student midwife on completion of the first year (second years) to provide a conditional offer of employment upon successful completion of their degree. 25.11.22 - Facebook screen shot added to evidence 30.11.2022 DRAFT Update document started 05.01.2023 - HM to reference in Matron report / share at Women's health. 3 students qualifying April 23
			FICC		M001.6	Attendance and representation at all relevant Local Maternity Neonatal System (LMNS) meetings where outcome information is discussed, where relevant reports and action plans are disseminated and monitored through the Divisional Quality meeting.	Complete and ongoing	Director of Midwifery /Deputy Head of Midwifery	Minutes of the LMNS meetings. Information review at Perinatal surveillance Safety Interest Group (SIG) minutes Clinical Expert Group (CEG) minutes Maternity and Newborn Alliance Board minutes	05.01.2023 CP to produce a quarterly report 1/4ly report to include QI projects - Share at Quality Meeting. Mat Neo minutes & women's health
			FICC		M001.7	Establish a Local Maternity Neonatal System (LMNS) Gold call each day at 10:00 where the four providers state their Operational Pressures Escalation (OPEL) Framework levels with LMNS and regional oversight as required.	Complete	Director of Midwifery /Deputy Head of Midwifery	Daily staffing and capacity summary GOLD command spreadsheets	Established 21/7/22 05.01.23 - LEsent additional evidence re GOLD command meetings **In place and embedded**
			FICC		M001.8	Undertake a training gap analysis.	Complete and ongoing	Director of Midwifery /Deputy Head of Midwifery Head of Department	Training gap analysis report	PD recovery action plan 05.01.23 LF adding
			FICC		M001.9	Develop a comprehensive training and recovery plan based on the outcomes of the training gap analysis	Complete and ongoing	Director of Midwifery /Deputy Head of Midwifery Head of Department	Training recovery plan Training report to Divisional Quality meeting	PD recovery action plan 05.01.23 LF adding

			FICC		M001.10	Increase the use of agency midwives to support the permanent workforce	Complete and ongoing	Director of Midwifery /Deputy Head of Midwifery Head of Department	Email confirmation of booking of agency midwives	1 agency midwife regular working 3 CV's received and block booking to be arranged. 05.01.23 Workforce report (PWR) leavers/starters/agency use
			FICC		M001.11	Recruitment a practice development midwife	Complete	Director of Midwifery /Deputy Head of Midwifery Head of Department	Job description (JD) / Person specification (PS) practice development midwife in post	Interim in post for 6 months commencing w.c 10/10/2022. 22.11.22 _Permanent recruitment following interviews - need a photo 28.11 - Email from maternity matron re PD sisters **05.01.23 - AGREED CLOSED**
			FICC		M001.12	Recruit a Consultant Midwife	Complete	Director of Midwifery /Deputy Head of Midwifery/ Divisional Director of Operations (DDOP).	JD/PS for Consultant Midwife. Consultant midwife in post.	Consultant midwife started in post 03/10/2022. **05.01.23 - AGREED CLOSED**
			FICC		M001.13	Recruitment a Specialist Bereavement Midwife	Complete	Director of Midwifery /Deputy Head of Midwifery/ Divisional Director of Operations (DDOP).	JD/PS for Specialist Bereavement Midwife Specialist midwife in post.	Bereavement midwife in post 10/10/2022 **05.01.23 - AGREED CLOSED**
			FICC		M001.14	Monitor and encourage Continuous Professional Development (CPD) utilising personal fund allocation. Professional development and suitable courses identified and communicated to employees through annual appraisal.	Complete and ongoing	Director of Midwifery / Deputy Head of Midwifery /Maternity Matron	CPD course spreadsheet for governance oversight. Increased Take up of personal fund allocation.	CPD monies to be utilised to increase PMA's by funding the course for those identified interested. Encourage uptake of using the monies to support any course identified through appraisal. 05.01.23 - LF to liaise with PD sisters re management of CPD
			FICC		M001.15	Ratify the Northwest Maternity Escalation Policy & Operational Pressures Escalation Levels Framework (NWE Policy) for full use in the Trust.	Complete	Director of Midwifery / Deputy Head of Midwifery	Ratified Escalation policy	Daily monitoring through to safety huddles and corporate flow meeting for appropriate escalation policy ratified and utilised within daily operations. **05.01.23 - AGREED CLOSED**
			FICC		M001.16	Report resuscitation training figures compliance and establish trajectory for improvement. Action plan for increasing compliance monitored through Divisional Quality meeting	Complete and ongoing	Director of Midwifery/ Deputy Head of Midwifery	Training compliance figures and action plan.	PD sister in post. 18.11.22 compliance 78.95% 28.11.2022 Adult Resus Midwives/MSW's 88.06% (not medics) 28.11.2022 Neonatal Resus - Midwives 98% MSW's 81.7% (not medics) 05.01.23 PD sisters to produce a monthly update/bimonthly report
			FICC		M001.17	Report safeguarding training figures compliance and establish trajectory for improvement. Action plans for increasing compliance monitored through Divisional Quality meeting	Complete and ongoing	Director of Midwifery/ Deputy Head of Midwifery	Training compliance figures and action plan.	PD sister in post. 28.11.2022 Adult safeguarding 82.35% 28.11.2022 Childrens safeguarding L3 96.12% 05.01.23 PD sisters to produce a monthly update/bimonthly report
M002	Must	The service must ensure that persons employed receive appropriate support, training, professional development, supervisions and appraisals to carry out the duties they are employed to perform. The trust must ensure there is sufficient capacity for clinical supervision to be delivered effectively by utilising the PMA roles or equivalent (regulation 18 (2) (a)).	FICC		M002.1	Regular professional midwifery advocate (PMA) restorative supervision sessions to be scheduled to enable each midwife to access a minimum of one per year.	Complete	Director of Midwifery/ Deputy Head of Midwifery	Rota of PMA sessions. Record of attendance at PMA sessions	Commenced 7.10.22 rota in place - need update evidence regarding progress
			FICC		M002.2	Increase usage of the PMA referral system and audit the uptake	31/12/2022	Director of Midwifery/ Deputy Head of Midwifery	Baseline e- referral usage, monthly audits	Work commenced, impact to be audited. 22.11.2022 - facebook promoting PMA email address 29.11 Action - add additional column to table with PMA no's
			FICC		M002.3	Increase the number of trained PMAs to meet recommendation of 15 - 20 PMA midwives by using CPD funding and promoting the role within all staff grades.	30/09/2023	Deputy Head of Midwifery Maternity Matron	Action plan Record of qualified PMA's. Divisional quality meetings minutes	1 PMA in training, 2 due to start their training later this year.
			FICC		M002.4	Increase the appraisal uptake, by confirming the baseline appraisal compliance and review the monthly compliance at the Divisional Quality Meeting.	31/03/2023	Director of Midwifery, Human Resources Business Partner, Deputy Head of Midwifery, Maternity Matron.	Monthly appraisal compliance figures. Appraisal organogram. Monthly matron assurance report. Divisional quality meetings minutes	Work has commenced **29.11.2022 Compliance 88.19%**

			FICC		M002.5	Increase the mandatory training uptake to over 90% by 31/12/2022, and monitor through attendance a drills days. Report monthly compliance at the Divisional Quality Meeting.	Complete and Ongoing	Deputy Head of Midwifery Maternity Matron	Mandatory training compliance Drills attendance data Divisional quality meetings minutes	02.12.2022 Medics - 92% (24/25) Anaesthetists 90.9% (10/11) Midwives/MSW's 92.54% Total Maternity Unit - **92.9% -** continue to monitor
M003	Must	The service must ensure that they suitably assess and communicate the risks to the health and safety of service users receiving care and treatment and do all that is reasonably practicable to mitigate any such risk. (Regulation 12 (1) and (2) (a) and (b))	FICC		M003.1	Induction of Labour (IOL) policy OBS/GYNAE/GUID/111 to be updated to include managing delays within the induction process, including communication and management of risks, enhance monitoring, escalation of delays and support to women.	Complete & ongoing	Director of Midwifery/ Deputy Head of Midwifery	Induction of Labour (IOL) policy OBS/GYNAE/GUID/111.	Jan 2022Policy requiring ratification via Govgernance process following review
			FICC		M003.2	To have a capacity and demand model in place that is aligned to clinical practice that supports the most appropriate decision being made for each women about the mode of delivery of their baby.	04/11/2022	Divisional Director of Operations/ Consultant Midwife/ Head of Department	Updated Induction of Labour (IOL) policy OBS/GYNAE/GUID/111 Capacity and demand dataset and plan for the Maternity Unit Weekly clinically led demand management meeting about elective care	Meeting arranged DDoP/HoM 21.11.22 29.11.22 - Consultant Nurse writing a proposal 08.12.2022 Weekly meetings now in place Draft capacity and demand paper written
			FICC		M003.3	To implement monthly audit of compliance with the IOL policy.	Complete & ongoing	Practice Experience Coordinator	Monthly Audits and action plans.	July and August audits complete. July compliance was 30%, compliance against the policy in August was 100%. Need Sept/October/November adding
			FICC		M003.4	Number and length of delays for transfer for ARM and Augmentation included in monthly reporting to Trust Board as part of the Integrated Performance Report (IPR).	Complete	Director of Midwifery/ Deputy Head of Midwifery Divisional Director of Operations	Executive report IPR monthly report.	**In place and embedded**
			FICC		M003.5	To establish Trust wide communication of patient and staffing issues and any mitigating actions for maternity.	Complete & ongoing	Director of Midwifery/ Deputy Head of Midwifery	Daily huddle proforma Sit Rep report Daily flow meeting Trust staffing meetings.	Documented on safety huddle paperwork. A position statement is now presented to all patient flow meetings.
			FICC		M003.6	Review and discussion of lessons learned from incidents to be effectively communicated to all staff via email and notice boards.	Complete	Divisional Director of Nursing	Lessons learned newsletters, screen shots of Facebook page.	Weekly lessons learned newsletter produced and communicated via E-mail, notice boards and a closed Facebook page. **In place and embedded**
			FICC		M003.7	Review and discussion of lessons learned from incidents to be effectively communicated to all staff via QR codes.	Complete	Assistant Divisional Director of Nursing, Quality Improvement manager Divisional Communications Manager	Lesson learned newsletter QR codes	Lessons learned QR codes have been developed, FICC communications specialist sharing to 'closed' maternity staff facebook group QR's in place. Now live evidence in the folder Additional evidence required **In place and embedded**
			FICC		M003.8	Review and discussion of lessons learned from incidents to be effectively communicated to all staff via SBARs.	Complete & ongoing	Maternity Matron/ Deputy Head of midwifery	Band 7 handover sheet Ward handover sheet SBARs	Documented on safety huddle paperwork. A position statement is now presented to all patient flow meetings. Quality Improvement -10 people sample size each month to be asked if they have seen lessons learnt information. Monitor compliance month on month. Additional evidence required
M004	Must	The service must ensure that the premises used by the service are safe for their intended purpose and used in a safe way (Regulation 12 (2) (d))	FICC		M004.1	Monitor bereavement room environmental compliance for IPC and improvement plan via the monthly matron report and Divisional Quality Meeting	31/10/22	Maternity Matron Bereavement Midwife	Monthly matron assurance report Minutes of the Divisional Quality meeting	Through co-production with service users and MVP instigate plan to improve the bereavement room 29.11.2022 Maternity Bereavement services Group overseeing IPC arrangements
			FICC		M004.2	To undertake Trust IPC environment audit and report monthly by the Matron mini maternity COAST audits	31/10/22	Maternity Matron	Monthly matron assurance report Minutes of the Divisional Quality meeting	05.12.2022 - Maternity IPC Task and Finish in place
M005	Must	The service must ensure that the equipment used by the service for providing care and treatment is safe for use (Regulation (12) (e))	FICC		M005.1	Materials management team and procurement team to review stock levels weekly, expiry date of stock, and rotate stock as required. Monitor compliance via the Monthly Matron report through division.	31/10/22	Maternity Matron	Monthly matron assurance report Minutes of the Divisional Quality meeting	
			FICC		M005.2	Reporting of medical and non-medical equipment is included in the medical engineering report, reported via monthly Directorate and Divisional Governance Meeting.	31/10/22	Divisional Director of Operations Maternity Matron	Medical engineering monthly update compliance report Divisional Quality Meetings.	
M006	Must	The service must ensure there is proper and safe management of medicines to include the storage of medicines and safe disposal of medicines no longer than required (Regulation 12 (2) (g))	FICC		M006.1	To produce a Standard Operating Procedure for Maternity Theatre Drug Preparation and Storage.	Complete	Lead Obstetrics Anesthetist/Head of Department	Ratified Standard operating procedure (SOP).	Policy in place **Complete**

			FICC		M006.2	To install keypad locking systems for maternity theatres' trollies, cupboards, and the fridge	Complete	Lead Obstetrics Anesthetist Maternity Matron	Photographic evidence	Now in place **Complete**
			FICC		M006.3	Safe management of aneasthetic medicines in maternity theatre to be included in delivery suite induction for obstetric anaethetists and department induction for new trainees.	Complete and ongoing	Lead Obstetrics Anesthetist/Head of Department	Anaesthetic induction programme. Induction attendance lists.	December 2022 - inductions up to date
			FICC		M006.4	To monitor the safe storage of medicines within maternity services through the pharmacy safe and secure audit.	31./0/22	Divisional Director of Operations Maternity Matron	Pharmacy safe storage of medicines audit (quarterly)	Q2 audit complete. Q3 complete and added - needs an action plan for areas of non-compliance 29.11.2022 DoM - shared the audit TL's and action plan being collated
			FICC		M006.5	Team leaders to undertake a weekly 'To Take Out' (TTO) medication spot check to ensure no medication has been left on the ward.	31/10/22	Director of Midwifery	Monthly matron assurance report Minutes of the Divisional Quality meeting	
			FICC		M006.6	To obtain approval of a designated maternity pharmacist (8a) through the development and approval of a business case.	30/01/23	Divisional Director of Operations	Business case. Business case approval. JD and PS	Interim arrangement additional pharmacy 8a support already within division. 29.11.22
M007	Must	The service must ensure that they assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated. This must include ensuring appropriate cleaning schedules and cleaning is undertaken (Regulation 12 (2) (h))	FICC		M007.1	Monthly Matron's walk rounds using the mini-mat COAST audits for monitoring and oversight of cleanliness across the unit including the checking of cleaning schedules.	31/10/22	Maternity Matron	Monthly matron assurance report Minutes of the Divisional Quality meeting Copies of cleaning schedules	Matron reports - September/October
			FICC		M007.2	IPC audits results and actions to be reported through to the monthly Divisional Quality Meetings.	31/10/22	Director of Midwifery / Deputy Head of Midwifery / Maternity Matron	Monthly matron assurance report Minutes of the Divisional Quality meeting	
M008	Must	The service must ensure the care and treatment of service users must be appropriate, meet women and babies breast feeding and ensuring available access to expressed milk (Regulation 9 (1))	FICC		M008.1	Procure designated fridge for safe storage of breast milk	Complete	Maternity Matron/ Director of midwifery	Fridge ordered	The fridge has now been delivered and is on Ward D 25.11.2022 - photo requested **Complete**
					M008.2	Produce shareable resource on how families can access breastfeeding support	Complete	BFI Co Ordinator	Breast feeding resource produced and routinely shared	
					M008.3	Bring additional breastfeeding support advocacy onto Ward D	31/12/22	DHoM / BFI Co Ordinator / Ward D Lead / PH Midwife	Existing schedule for breast feeding support advocacy	Increase more days / times covered with accessible face to face support in the unit. 29.11.2022 See evidence for commentary of the Breast feeding support strategic and operational infant feeding support groups scheduled
					M008.4	Procure suitable breast pumps	31/10/2022	Maternity Matron/ Director of midwifery	Breast pumps ordered	Jan 23 Delivered and awaiting asset numbers
M009	Must	The service must ensure that they assess, monitor and improve the quality and safety of the services provided in carrying on of the regulated activity (Regulation 17 (2) (a))	FICC		M009.1	Schedule monthly Perinatal surveillance meetings with bi-monthly executive presence to raise and monitor safety concerns with safety champions.	Complete & ongoing	Director of Midwifery / Deputy Head of Midwifery / Maternity Matron	The dates of the Perinatal surveillance schedule and minutes.	29.11.2022 Add in Safety Action 9 evidence
			FICC		M009.2	Schedule monthly governance audit meeting attended by Multi professionals to review and monitor safety standards via the Trust's dashboard and Northwest Coast Maternity dashboard.	Complete & ongoing	Head of Department	Agenda and schedule for the Clinical Governance Audit Meeting	
			FICC		M009.3	Please see action M001.6				
			FICC		M009.4	Please see actions M003.1 - M003.7				
M010	Must	The service must ensure that they assess, monitor and mitigate the risks related to the health, safety, and welfare of service users, and others who may be at risk which arise from the carry-on of the regulated activity (Regulation 17 (2) (b))	FICC		M010.01	All maternity risks on the divisional risk register to be reviewed and in date.	Complete and ongoing	Head of Department	Minutes of Divisional Quality Meeting and Divisional Board Minutes of Women's Health Directorate Meeting Minutes of Risk Management Committee	06/10/2022 all maternity risks have been reviewed and are up to date. On identification of a new risk, the risk assessment is undertaken, added to the agenda of the next quality meeting (held monthly)
			FICC		M010.02	Visibility and scrutiny of all high scoring divisional risks commenced via Trust Risk Management Committee (RMC) chaired by CEO and attended by all Executive Directors and representatives from divisional triumvirates. RMC identified need for risk clinic to be held with division.	Complete	Divisional Triumvirate & Deputy Director of Quality Governance	Minutes of Risk Management Committee.	First RMC established in July 2022. FICC Risk Clinic to be scheduled prior to November RMC 29.11.2022 SK uploading report I**n place Complete**
			FICC		M010.03	Post the Maternity Risk Clinic, all maternity risks to be reviewed and updated in-line with the learning shared at risk clinic.	Complete and ongoing	Divisional Triumvirate & Quality Manager	Updated risk register RMC minutes post risk clinic	

M011	Should	The Trust should ensure that women are fully informed about the reason for remaining in hospital ahead of an induction.	FICC		M011.1	Undertake a review of induction of labour guidance to ensure literature supports a fully informed induction of labour process, in partnership with the Maternity Voices Partnership (MVP).	31./2/2022	Consultant Midwife & Head of Department	Review and analysis of the Induction of Labour report.	Following a review of the Induction of labour process there is now a daily update on IOL, escalated through daily Trust staffing meetings. The public health midwife has introduced new parent craft sessions which cover potental delays in the induction process.
			FICC		M011.2	The midwife in charge will explain to all to women in hospital awaiting IOL the reason for their delay	Complete and ongoing	Maternity Matron Maternity patient experience coordinator	Audit of patient records	
			FICC		M011.3	Perform a survey with the Maternity Voices Partnership to co-produce a relevant resources and training where gaps identified.	31/12/2022	Consultant Midwife & Head of Department	Survey results and action plan	29.11.2022 Consultant midwife - leading as part of the proposal see 3.2
			FICC		M011.4	Women being admitted for IOL are managed as per actions M003.1 - M003.3				
M012	Should	The Trust should consider utilising the trained professional midwifery advocates to support in professional development and supervisions.	FICC		M012.1	To facilitate professional development support for staff utilising the PMA email referral. As per action M002.1 - M002.3				ssee M002.1 - M002.3
M013	Should	The Trust should consider involving all staff in baby abduction drills as per the providers policy.	FICC		M013.1	To undertake baby abduction simulation drills in coordination with the Head of Patient Safety and Emergency Planning.	31/12/2022	Deputy Head of midwifery	Baby abduction policy Record of staff on duty Report and action plan following the drill.	Planning meeting to be arranged for 16th December 2022 to agree way forward with training

BRAG Key	
Complete and embedded with evidence	BLUE
Complete requiring additional evidence	GREEN
Off track with minor issues	AMBER
Not on track	RED

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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Date of Meeting:	26 January 2023

DRUG RELATED DEATH SCRUTINY REVIEW – UPDATE ON RECOMMENDATIONS

1.0 Purpose of the report:

1.1 To update the Committee on the progress of Drug Related Deaths Scrutiny Review Panel recommendations.

2.0 Recommendation(s):

2.1 To determine whether the recommendations of the scrutiny review can be signed off as completed and identify any further scrutiny required on drug related deaths.

3.0 Reasons for recommendation(s):

3.1 The Committee requested and required assurance on the recommendations following the Drug Related Death Scrutiny Review.

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

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

4.0 Other alternative options to be considered:

4.1 Not applicable

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 The attached report covers the progress made since the last drug-related death scrutiny review, including an update on drug-related death data. Also attached is an evaluation report

of the Health Homeless Hub.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 7(a): Drug Related Deaths Update on recommendations - scrutiny Report
Appendix 7(b): Evaluation of Health Homeless Hub report

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 Relevant internal and external partners were consulted in the development of the progress report.

14.0 Background papers:

14.1 Not applicable.

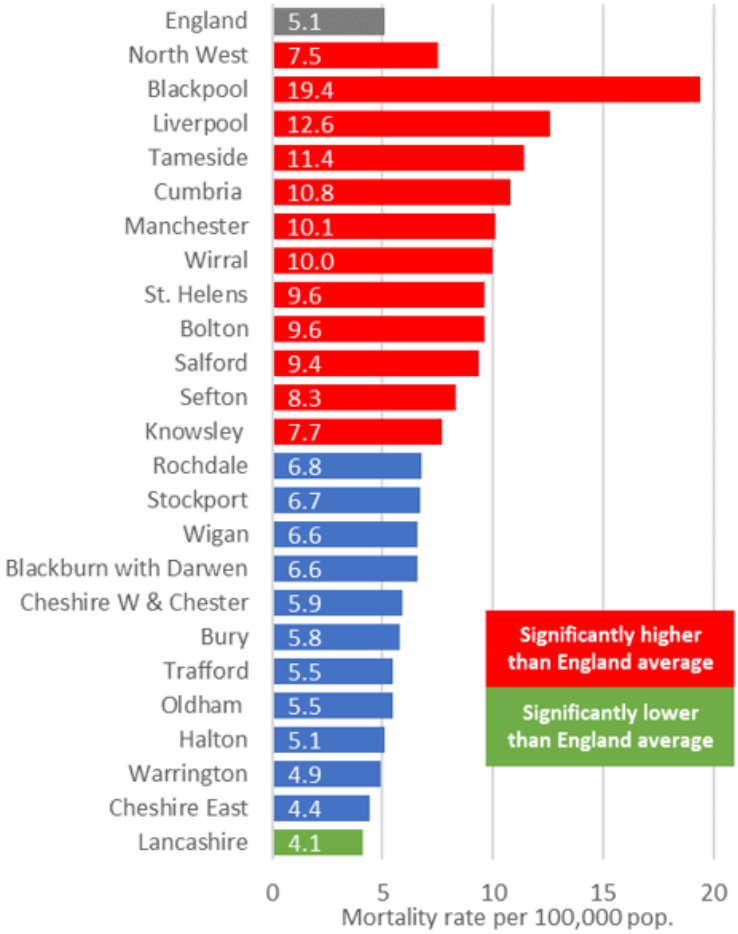
Drug Related Deaths Update on recommendations - scrutiny Report

The purpose of this report is to inform the committee on updated published Drug Related Death data and the recommendations following the Drug Related Death report presented at the last Scrutiny committee.

Drug Related Death Data

Blackpool has the highest rate of drug misuse deaths in England with a mortality rate of 19.4 per 100,000 which is almost four times higher than the England average of 5.1 per 100,000. Figure 1 shows how Blackpool compares to other areas in the North West. There were 117 drug poisoning deaths in Blackpool in 2019-21, 76 of these were categorised as drug misuse, with males accounting for over two thirds of these cases.

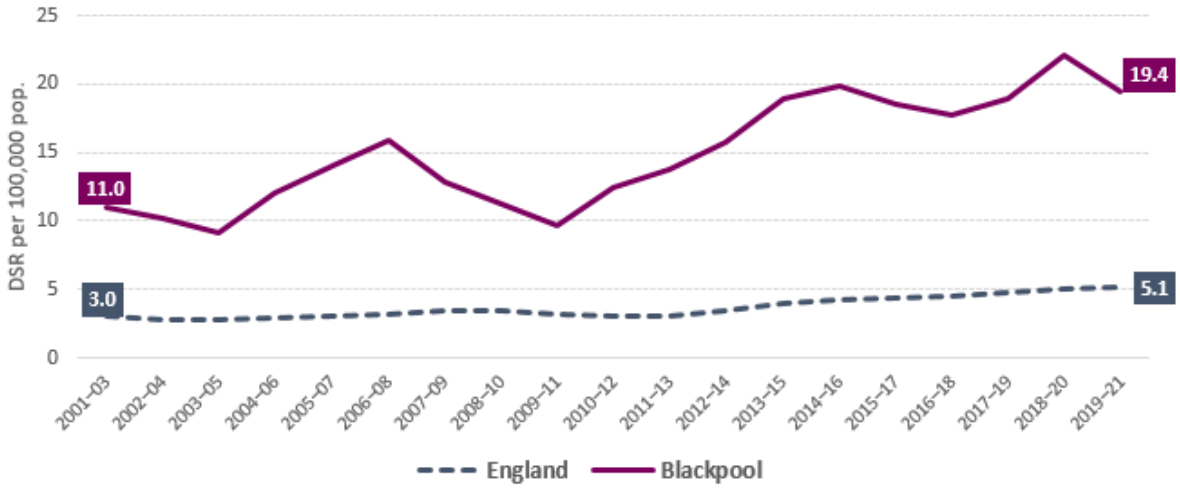
Figure 1: Deaths from Drug Misuse – North West Region 2019-21



Source: ONS, Deaths related to drug poisoning by local authority, 1993-2021

As seen in Figure 2 below, there has been a 102% rise in rates in Blackpool since the low of 2009-11 and the number of deaths has increased from 39 to 76 in that period. Rates did fall slightly in the 2019-21 period, mainly due to fewer deaths in 2021 in both males and females. In comparison, rates continued to rise across England.

Figure 2: Trend in deaths related to drug misuse: 2001-03 to 2019-21, England and Blackpool



Source: ONS, Deaths related to drug poisoning by local authority, 1993-2021

The committee are asked to note the updated published ONS data which shows an improved position in the data for Blackpool compared to those reported at the last meeting. Figure 1 shows an improved rate of 19.4 (2012-21) from 22.1 (2018-20) for drugs from death misuse. Figure 2 shows deaths related to drug poisoning from an upward projection of 31 (2018-20) to downward turn at the end of 2019-21 of 19.4.

The following is a summary and update of the Recommendations from the original and last scrutiny meetings:

Recommendation One:

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

Recommendation one – complete – update provided at the last meeting. The committee are asked to note the work is continuing as normal business. All services will continue to develop, improve and share intelligence.

Recommendation Two

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

Naloxone is continually being distributed through services and the ADDER programme. In 2022 (Jan to Dec) Renaissance (inc ADDER outreach) have distributed 255 via either the needle exchange or via the assertive outreach team, a mix of nasal and injectable.

Further developments for Community Naloxone Distribution include looking at the intelligence such as areas of high prevalence of DRDs/NFOs to target those areas through outreach and mobile service interventions.

To support the message of naloxone use, a Naloxone campaign including social media posts and an overdose awareness event took place. Further developments include developing a Naloxone campaign targeting local businesses in the town centre.

The distribution, awareness and messaging around Naloxone is part of Public Health and the Harm Reduction service standing communication campaigns.

Recommendation Two – Complete – the Committee are asked to note the updates and work will continue as part of normal business going forward.

Recommendation Three

That Karon Brown and Emily Davis commence work on a comparative costing of Heroin Assisted Treatment and Overdose Prevention Centre's to share with all partners and identify what aspects could be legally introduced into services already being provided in order to make an immediate impact, reporting back to Committee in approximately 6 months.

Public health have explored costings for both safer drug consumption facilities (overdose prevention centres) and heroin assisted treatment clinics. We are continuing to have discussions with partners on potential barriers, legal repercussions and feasibility of introducing safer injecting facilities.

Heroin- assisted treatment is significantly more cost prohibitive and would require separate and recurrent funding. The Middlesbrough heroin-assisted treatment clinic has recently closed due to rising drug costs and a reduction in the number of users, which has led to loss of LA and PCC funding.

We continue to pilot the use of Buvidal – an opioid substitute administered as a prolonged release injection, targeting people at high risk of drug-related death. A Blackpool-specific evaluation of Buvidal is currently underway through a National Institute of Health and Care Research study.

Recommendation Three – Complete – Public Health continues to explore the feasibility of an overdose prevention centre.

Recommendation Four

That the Council led by the Cabinet Member for Adult Social Care and Health continues to lobby Government to change the legislation to allow the local authority to introduce a drug consumption room including the lobbying of local MPs.

The cabinet member for adult social care and health continues to work with public health to lobby for the introduction of a drug consumption room.

Recommendation Five

That the CCG's medication optimisation team work with GPs to ensure safe prescribing methods were embedded within practices with an update on progress provided in approximately 6 months.

The progress to ensure safe prescribing methods and embed with practice is as follows:

An opioids working group for the ICB has been established and have met twice to date, it is at the development stage and early discussions are to focus on agreeing a communications strategy, education

sessions, reviewing opioid resources already out there, pathways and referrals, out of hours provisions, and sharing best practice.

Partners from the NHS Lancashire and South Cumbria Integrated Care Board reported as part of the GP Enhanced Contract, that actions were included in the Medicines Optimisation work-plan regarding the audit/review of patients on high dose opioids. During the pandemic the contract was paused, however when we were able to suggest pieces of work to focus on (where practice capacity permitted), opioid reviews were recommended. Some practices were able to progress work in this area and we developed 2 performance indicators so practices could monitor their progress. Several practices were able to reduce their prescribing levels but given that this is a complex area of prescribing, the gains will take time to show a noticeable difference across prescribing data.

Post pandemic the project is continuing in the updated work-plan for 22/23 across the Fylde Coast and this will again be monitored via the dashboard indicators on a monthly basis.

Locally GPs use a prescribing support software programme called Eclipse which has a specific opioid module that practices can use to identify specific cohorts of high risk patients and manage the medication review for that patient in terms of engaging them via an initial patient questionnaire, information leaflet regarding the risks relating to opioids and template to undertake the review. All practices have had the opportunity to attend briefing sessions on the module although we have offered this again to practice pharmacists who have recently been recruited to their role.

This work has been incorporated into the work-plan for GP trainees that have a placement with the Lancashire and South Cumbria Integrated Care Board to embed good prescribing practice in our future prescribers and from the first case studies we can see the patient benefits.

The current GP trainee is going to do some training/update sessions to her peer group across the Fylde Coast and will also update the clinicians in her current GP practice.

Recommendation Five – complete – the Committee are asked to note the updates and work will continue as part of normal business going forward.

Recommendation Six

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

This work is also being progressed across Lancashire and South Cumbria; Medicines Optimisation Leads across all areas are sharing best practice, resources and will have a consistent approach to targeting specific patient cohorts, so that we are all monitoring the same prescribing indicators and we can benchmark more effectively across the ICB to demonstrate improvements in prescribing.

There is an offer of support from the North West Coast AHSN (Academic Health Sciences Network), commissioned by NHSE which supports innovative working and they have been tasked with scoping the specific support required in Lancashire and South Cumbria. Local leads are currently undertaking this work with them.

There is a need to make interventions sustainable; the need for ongoing education and up-skilling of clinicians in undertaking reviews for patients who have complex needs is important, to improve competence & confidence in undertaking this work. Also, there needs to be an ongoing focus in contractor agreements to ensure that the work is continued among other competing priorities.

As a system there is a need to address the wider commissioning of sufficient support services for clinicians to refer to e.g. Physiotherapy, mental wellbeing, weight management, Substance misuse services to help the holistic needs of patients in managing their pain.

All this has been flagged in the support that could be included in the AHSN work.

Recommendation Six – complete – the Committee are asked to note the updates and work will continue as part of normal business going forward.

Recommendation Seven

That the Council and Blackpool Clinical Commissioning Group be requested to continue the outreach homeless provision continue post pandemic and that the Committee receive an update on the provision and impact in approximately 12 months' time.

Public Health Blackpool have recently undertaken a full evaluation of the Fylde Coast Homeless Health Hub. The report evidences the in-depth multi-agency working and describes the 'system' approach that has been developed. It includes client feedback and provides case studies from both the nursing and lived experience teams evidencing the positive impact on individuals (copy attached).

It's important to note that since the Hub model became operational during January 2021, other initiatives such as ADDER, Changing Futures, and a dedicated Homeless Mental Health Team, have gone live therefore, to enable maximum use of resource and increase the positive outcomes for our clients, a system approach to service delivery has become essential. The nurse led team are an integral part of the system delivery and although sit within the Hub model, they are now supporting clients identified through ADDER and Changing Futures, a much wider population than originally intended.

Due to the multiple homelessness/multiple disadvantage initiatives currently being funded, the necessary system development discussions are underway with all partners to re-configure, ensure continuity and future financial stability.

Brigit Chesworth, Public Health registrar has been leading on work for multi-agency support for wound infections for individuals with complex needs and has provided the following update:

A multi-agency group has been formed to explore how best to provide post-discharge care and support in the community to individuals with complex needs who have presented to hospital with a wound infection. 'Complex needs' include, but are not limited to, experience of substance misuse, homelessness, contact with the criminal justice system and domestic violence. Physical co-morbidities and Mental Health difficulties are also common within this cohort. Individuals with complex needs are at higher risk of wound infections, and may present to hospital requiring treatment for these wound infections. For notifiable wound infections (e.g. IGAS), liaison with the local or regional health protection team may be needed, to undertake contact tracing. Following hospital discharge, either planned or unplanned (e.g. self-discharge from the ED or a ward), there is currently no standardized process for coordinating support and care for the individual in the community. The aim of this work is therefore to develop a system by which individuals with complex needs who present to hospital with a wound infection are identified, following which a pathway is triggered which results in a coordinated and comprehensive package of support being provided within the community post-discharge, and a community link being provided to the health protection team if needed.

At a recent meeting, various routes were discussed regarding how to identify the target cohort, and ideas were suggested for how to coordinate the post-discharge pathway. Actions have been agreed to explore the different options, and the group will re-convene in the near future to further develop the pathway.

Recommendation Seven – complete – the Committee are asked to note the updates and work will continue as part of normal business going forward.

The following is a summary and update of 3 additional Recommendations from the last meeting:

1. **That appropriate services work with their Communications Teams in order to identify the ways in which the successes can be communicated with members of the public and ensure that expectations were set appropriately.**

Sharing the 'success stories' of people with lived experience is part of the forward communications plan for public health and we are working with are partners on this. This will link in with our plan for a trauma – informed workforce and ultimately, becoming a trauma-informed town. We are also working with an academic partner to develop a local accreditation scheme to allow organisations to become a trauma-informed service.

The police make good use of social media to publicise the successes such as warrants or the large scale disruptions of Organised Crime Groups and County Lines. The Blackpool Police Facebook and Twitter accounts are regularly updated by the Communications team and the Neighbourhood Policing Team and there is a good following and lively debate on both. It is not appropriate to provide updates to individuals who have provided intelligence or information which may have resulted in warrants or arrests as this could put them at risk should they share this with anyone else. Staff are aware that they need to manage the expectations of the public when receiving information from them and explain that a single piece of information may not be enough to be acted upon however it would start to build the wider picture which may result in police action further down the line.

Recommendation – complete – the committee are asked to note the ways Public Health and the Police communicate success stories.

2. **That all Councillors be invited to attend Trauma Informed training.**

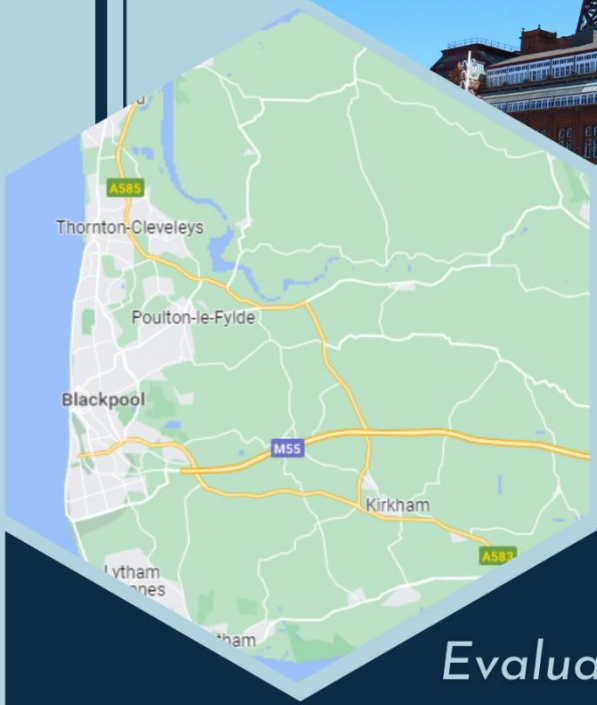
Trauma Informed training for councillors has been added onto the elected member training plan and public health will facilitate access to training when required.

Recommendation – to be noted as complete as training has been incorporated in training plan.

3. **That an update be provided to a future meeting to allow the Committee to ascertain progress.**

Update provided at January meeting. – *Recommendation complete.*

The committee are asked to note that all the work will be overseen by the new Combating Drugs and Alcohol Board going forward.



Evaluation of

FYLDE COAST HOMELESS HEALTH HUB

October 2022

NHS
Lancashire and South Cumbria
Integrated Care Board

Blackpool Council
BUILDING A BETTER COMMUNITY FOR ALL

healthwatch Blackpool

Contents:

1. Introduction

This evaluation was carried out by two GP trainees, Dr Furqan Sattar and Dr Olumide Adebambo, whilst undertaking a placement with Public Health Blackpool. Supervision was provided by Dr Judith Mills, Public Health Blackpool and Tracy Whitfield, Population Health Project Manager, Lancashire and South Cumbria ICB, Fylde Coast. Engagement with service users was led by Healthwatch Blackpool and supported by stakeholders of the wider Homeless Health Hub.

The aim of this project was to evaluate the pilot of the Homeless Health Hub covering Blackpool Fylde & Wyre, based at the Salvation Army (The Bridge), Blackpool. Those who are homeless/rough sleeping often face barriers in accessing local services and experience difficulties in interacting with multiple service providers. Due to the high numbers, transience, and the growing need for wound care of this client cohort, particularly in Blackpool, the hub offer was developed to address this.

In this report we begin with background information of homeless health problems generally and expand on the local context. This is followed by a description of the Homeless Health Hub and how it started and evolved, briefly describing the service specification as well as the outcomes set out when the service began, focusing on the key elements of the Nurse-led homeless clinics. We discuss findings from a quick literature search to show similar models in the UK, followed by the evaluation of the service with our service users and stakeholder's questionnaire and key recommendations.

2.0 Background

2.1 Health problems in people facing homelessness

The population of people who are homeless have multiple and complex needs, including severely poor health, deep social exclusion, and early death. Poor health is often both a cause and an effect of homelessness, and the two tend to interact in complex and mutually reinforcing ways.

In 2020, there were an estimated 688 deaths of homeless people registered in England and Wales, which even though this showed a decrease of 11.6% from that in 2019, the figures were not statistically significant and identified to be potentially underestimating the actual numbers[1]. Drug-poisoning is the leading cause of these deaths (accounting for almost 38.5% of all these estimated deaths), followed by alcohol-specific causes and suicide (accounting for 12.1% and 10.8% of the deaths respectively) in these. Northwest had the second highest number of deaths registered, with 126 (18.3% of the total number) estimated deaths of homeless people in 2020. However, considering the size of the population, Northwest of England has the highest rate, with 23.3 homeless deaths per million people.

Populations facing homelessness have complex physical and mental health needs, with 78% of homeless people reported having a long-term physical health condition compared to 37% of the general population, and 44% of homeless population having a mental health diagnosis compared to 23% of the general population[2]. They are also far more vulnerable to issues relating to alcohol and drug use, violence, and abuse.

Alongside their high and complex needs, people who are homeless commonly face a range of barriers to accessing health and care services (Gunner et al., 2019)[3]. These can include:

- Difficulties navigating the health and care system, due to a range of different factors including low literacy skills, language barriers, complex administrative processes and the lack of transport

- Reluctance to engage due to expectations of rejection or stigmatisation, or distrust of institutions, often based on negative past experiences

[1] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2020registrations

[2] https://www.homeless.org.uk/our-work/resources/homeless-health-needs-audit

[3] Gunner, E., Chandan, S. K., Marwick, S., Saunders, K., Burwood, S., Yahyouche, A., & Paudyal, V. (2019). Provision and accessibility of primary healthcare services for people who are homeless: A qualitative study of patient perspectives in the UK. *British Journal of General Practice*, **69**(685), e526. https://doi.org/10.3399/bjgp19X704633

- "Chaotic' lifestyles, in which health and care needs are often not an immediate priority – service users can have difficulties keeping to appointments and can be difficult for services to contact

- Attitudinal issues within services and among some staff, including the stigmatisation of people who are homeless (Rae & Rees, 2015)[4], a lack of confidence and a lack of understanding around working with this population group, including being sufficiently trauma informed.

Some of the physical health problems seen in homeless population is shown in the image below (Figure 1):

Figure 1 Adapted from Health needs audit – Homeless.org

[4] Rae, B. E., & Rees, S. (2015). The perceptions of homeless people regarding their healthcare needs and experiences of receiving health care. *Journal of Advanced Nursing*, **71**(9), 2096–2107. https://doi.org/10.1111/jan.12675

2.2. Local context

The Fylde Coast has a population of 352,000 people living in a mix of urban, suburban, and rural communities. These areas include Blackpool, Fleetwood, Thornton-Cleveleys, Poulton-le-Fylde, Garstang, Great Eccleston, Over Wyre, Lytham St Annes, Kirkham, Wesham, and the surrounding villages.

During July 2021, the Chief Medical Officer's Annual Report, Health in Coastal Communities, was published, highlighting that coastal communities, the villages, towns, and cities of England's coast, include many of the most beautiful, vibrant, and historically important places in the country yet have some of the worst health outcomes in England, evidencing low life expectancy and high rates of many major diseases. For example, Blackpool, although one of the country's favourite holiday destinations, has some of the most deprived communities in England with significant levels of health inequalities resulting in people experiencing a range of preventable diseases which affect quality of life and lead to increased morbidity.

There are many reasons for poor health outcomes in coastal communities. The pleasant environment attracts older, retired citizens to settle, who inevitably have more and increasing health problems. An oversupply of guest housing has led to Houses of Multiple Occupation which leads to concentrations of deprivation and ill health. The sea is a benefit but also a barrier: attracting NHS and social care staff to peripheral areas is harder, catchment areas for health services are artificially foreshortened and transport is often limited, in turn limiting job opportunities. Many coastal communities were created around a single industry such as previous versions of tourism, or fishing, or port work that have since moved on, meaning work can often be scarce or seasonal.

The need for a new approach to supporting homeless health in Blackpool was identified, following a Public Health England led outbreak control response to Group A Streptococcal (GAS). GAS is a notifiable infection. A one-off non-NHS wound management clinic was held in response to the outbreak. This was successful in engaging with the patient cohort but failed to encourage patients to complete follow up treatment within generic health services.

The patient cohort is split into two demographic age cohorts. Those 45 – 60 and those 20-30. The latter is a concern as it would suggest that Blackpool is following the recent trend in Glasgow and Dundee with an increase in heroin use. In Glasgow there has been an associated increase in HIV diagnosis within the drug using community.

Blackpool has the highest rate of drug related deaths in England, with a rate of 22.1 per 100,000 which is four times higher than the England average of 5.0 per 100,000. Figure 1 shows we compare to other areas in the North-West. There were 122 drug poisoning deaths in Blackpool in 2018-20, 86 of these were categorised as drug misuse, with males accounting for almost two thirds of these cases.

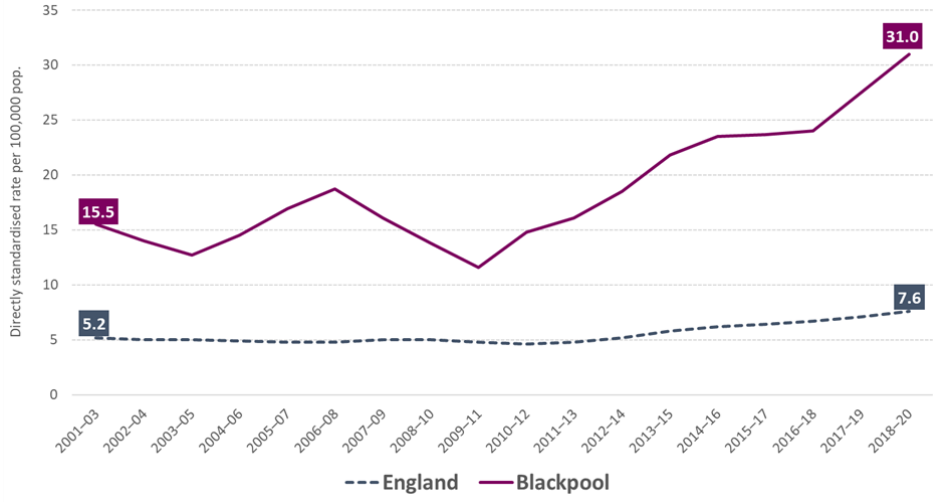
Rates of hospital admissions in Blackpool for conditions that are related to drug misuse mirror this increase in deaths. IV drug users have been identified nationally and locally as high users of emergency services.

Figure 1: Deaths from Drug Misuse – North-West Region 2018-20

Area	Recent Trend	Count	Value
England	–	8,185	5.0
North West region	–	1,476	7.1
Blackpool	–	86	22.1
Liverpool	–	168	12.9
Wirral	–	92	10.1
Cumbria	–	126	9.7
Blackburn with Darwen	–	39	9.1
Manchester	–	120	9.0
Tameside	–	58	8.8
Knowsley	–	35	8.4
Bolton	–	62	7.7
Salford	–	53	7.6
Bury	–	40	7.3
Rochdale	–	45	7.1
St. Helens	–	34	6.7
Sefton	–	49	6.5
Wigan	–	62	6.4
Stockport	–	47	5.6
Oldham	–	35	5.4
Cheshire West and Chester	–	51	5.4
Lancashire	–	161	4.8
Halton	–	18	4.8
Trafford	–	32	4.5
Warrington	–	27	4.3
Cheshire East	–	36	3.3

As seen in Figure 2 below, there has been a 167% rise in rates since the low of 2009-11 and the number of deaths has increased from 48 in that period.

Figure 2: Trend in deaths related to drug poisoning: 2001-03 to 2018-20, England and Blackpool



Deaths related to drug misuse are lower in both Fylde and Wyre over the same period, showing a rate per 100,000 for Fylde 8.06 and Wyre 6.59.

Blackpool is ranked the 1st worst district nationally for alcohol related deaths and 13th for hospital admissions for alcohol related conditions. Both Fylde and Wyre are both above the national average for alcohol related hospital admissions.

Health Foundation data 2019/20

		Blackpool	Fylde	Wyre	England
Alcohol-related mortality (all persons)	2019	65	36	50	36
Hospital admissions for alcohol related conditions (all persons)	2019/20	772	571	551	519

The overall need for the Homeless Health Hub is estimated as 600-1000 patients per year with multiple and complex needs (nursing, mental health, and substance misuse support) including 60+ clients requiring complex ongoing wound care. Again, Homeless people have been identified nationally and locally as high users of emergency services.

Rough sleeping and homelessness have increased dramatically over the last 5 years and in Blackpool numbers remain consistently high. In Fylde and Wyre the overall figure is much lower however, due to the cost-of-living crisis, housing shortages and the lifting of the eviction ban posed on Landlords during the Covid 19 pandemic, they are now seeing an increase is numbers either homeless or at risk of becoming homeless.

Blackpool

For the year 1st April 2021 – 31st March 2022 Blackpool Housing Options 2804 applications were taken for individuals who were either homeless or at risk of homelessness or in housing need. Of this amount 1,411 people were owed duties under homeless legislation to either Prevent or Relieve homelessness. During this period, we arranged placements of temporary accommodation for 547 households. In total we arranged 900 temporary accommodation placements.

For year 1st April 2022 – 31st October 2022 Blackpool Housing Options 1769 applications were taken for individuals who were either homeless or at risk of homelessness or in housing need. Of this 937 people were owed duties under homeless legislation to either Prevent or Relieve homelessness. During this period, we arranged placements of temporary accommodation for 432 households. In total we have arranged 655 temporary accommodation placements.

Fylde

For the year 1st April 2021 – 31st March 2022 Fylde Council had 727 presentations from individuals who were either homeless or at risk of homelessness. Of this amount 376 homeless applications were taken. Of these applications 133 households were placed into temporary accommodation

For year 1st April 2022 – 31st October 2022 Fylde Council have had 503 presentations for individuals who are either homeless or at risk of homelessness. Of this amount 287 homeless applications have been taken. Of these applications 117 households were placed into temporary accommodation.

Wyre

For the year 1 April 2021 – 31 March 2022 Wyre Borough Council received 1090 homeless applications. Over the same period, 447 initial assessments were carried out and 102 of these were homeless at the point of assessment. 335 households were threatened with homelessness.

From 1 April 2022 – 30th October 2022 Wyre Borough Council have received 757 homeless applications 52 households were placed in temporary accommodation.

3.0 Description of Homeless Health Hub

3.1 Historical development of Homeless Health Hub

To support the growing health needs of the homeless population, a multi-disciplinary homeless health team was established during the 1990's through a Department of Health Grant which was then mainstreamed by North-West Lancashire Health Authority. Historically, the team included two senior nurses, primary health nurses, dental care, and mental health provision. Over time the numbers of rough sleepers reduced and in response to the need for efficiency savings, the team reduced to a core of primary health nurses based at the Bridge Project, which is managed by the Salvation Army and is the main day centre in Blackpool for homelessness.

Before the COVID-19 pandemic, plans were underway to develop a homeless health hub, however as the pandemic hit, it presented a huge challenge, threatening to make the access of homeless population to basic health services, food, and shelter even more difficult.

In response to the growing concerns of the impact of COVID-19 on the homeless client group, Government guidance was issued during March 2020. Based on this guidance, the Fylde Coast Integrated Care Partnership (ICP) implemented a local Homeless Health Response Cell which included partners from Fylde Coast Clinical

Commissioning Group, Blackpool Borough Council, The Ashley Foundation, Blackpool Teaching Hospitals, Lancashire & South Cumbria Foundation Trust, Lancashire County Council, Fylde Borough Council, Wyre Borough Council, Fylde Coast Medical Services NW Ltd, Substance Misuse Services, Mental Health Services and Her Majesty's Prison, Probation and Police Services.

From 9th April 2020 this 'local response cell' was co-ordinated and co-chaired by the Clinical Commissioning Group and Blackpool Borough Council, with the main objective of reducing the spread of COVID-19 among the homeless client group and the wider community, and to ensure that the basic needs of this community were being met during the period where usual services were being affected by the pandemic and the subsequent lockdown. This was further morphed into a formal Homeless Health Hub, piloted from January 2021.

Since the introduction of the hub pilot, other initiatives have been developed (ADDER and Changing Futures) which are described in more detail under section 3.5. The diagram in this section illustrates how each of the teams work as a 'system' to ensure the most effective use of resource to maximise the benefit to the client.

3.2 Service Description

The service specification document for the Homeless Health Hub, described it to be a multi-disciplinary service, part of a wider wraparound homeless support service delivered on the Fylde Coast, based at the Bridge Project, Salvation Army Citadel, Blackpool. This included nurse-led homeless health clinics, mental health support and liaison with other agencies and organisations to provide other aspects of healthcare as described below.

The health team provides appropriate clinical decisions around the health and wellbeing of individuals; this will frequently include direct intervention. The team provides specialist guidance on the interventions identified through an initial health needs assessment on a planned and drop-in basis. The purpose of the service is to provide a joined up, holistic approach to improving health and care outcomes for rough sleepers and homeless people.

Importantly the service is not intended to be an urgent care service but rather support improving outcomes for ongoing complex needs. The purpose of the drop in element is to provide a flexible entry point to the service, not address urgent care needs. Urgent care needs will still be addressed using urgent care pathways, as appropriate to the individual's needs.

The initial areas of need to be supported by the Hub model were:

- Mental health
- Substance misuse
- Wound care and treatment

- Blood borne virus screening and treatment
- Circulatory conditions
- Respiratory conditions

3.3 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill-health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm

3.4 Locally Defined Outcomes and Objectives:

The overarching outcomes of delivering a wraparound homeless support service on the Fylde Coast were identified as:

- To ensure an effective and equitable use of resources
- To ensure that the health and or care needs of the homeless population, who require clinical and care interventions, are safely met by offering an environment where they receive care that is appropriate for their needs and provided by people with appropriate knowledge and skills
- To work closely with CCG and wider partners to ensure that there are no gaps in service

Key performance indicators were identified at the start of the pilot, and it was always envisaged that the model would continue to evolve once delivery started. Some of the service outcomes in terms of evaluation and reporting were as below:

- Engagement with a minimum of 150 people from the target cohort in order to ascertain their views in relation to effective service model
- Production of Health Needs Assessment
- Co-production informed model with venues identified for roll out of service including capacity requirements
- Determination if model requires specialist GP input

3.5 The Nurse-led Homeless Health Team

The nursing team consists of 1 WTE Nurse Prescriber, 0.5 WTE Nurse, 0.3 WTE Nurse Practitioner (Clinical Lead) and 0.6 WTE management support, all funded by the Lancashire & South Cumbria Integrated Care Board. In addition, Blackpool Public Health have provided short term funding for a non-clinical Care Navigator (18 hours per week).

The nursing team carry out holistic health assessments, see and treat minor aliments/minor injuries, provide wound care assessments/treatment and, chronic disease reviews. They also support the triaging of patients who find it difficult to navigate or will not access mainstream services, for example, urgent care whilst helping them navigate wider healthcare provisions etc.

The team is based at the Bridge on Mondays and Fridays to provide drop-in and appointment-based clinics. On a Tuesday the team undertakes outreach work and visits local hostels using a specially equipped van. Thursday is used to focus on the drop-in session delivered by the ADDER Team, where there is a clinic for opportunistic siting. Wednesday is flexed to support additional outreach, MDTs etc.

3.6 Other Organisations Involved:

Teams from partner organisations work closely with the nurse led team. A dedicated Mental Health Service is now operational and through a dual pathway and referral form with the nurse led team, they are easily able to identify which team is best placed to offer initial support, facilitating onward referrals and signposting to other parts of the system, as appropriate.

These include the following teams:

- Probations and Prison services HMPPS
- Homeless Mental Health Team
- ADDER
- Lived Experience Team
- Renaissance UK Ltd
- Blackpool, Fylde and Wyre Housing Teams
- Delphi Medical
- CGL Inspire
- Changing Futures

These teams were part of the stakeholder feedback, and a summary of their feedback is described later in the report. Teams and their roles have been described below:

a) Lived Experience Team:

The Lived Experience Team (LET) are a key collaborative force within the Hub. The LET are an outreach-based team that, through its network of volunteers who themselves have personal experience of issues such as homelessness, mental health, offending and substance misuse.

They are skilled in building trust with and advocating for people facing multiple disadvantage. Taking the form of going to speak to people where they are and where needed, convincing them to attend the service. In addition, the LET will actively bring people to appointments and attend with them to support them and encourage completion of care plan goals. Within this role the LET deliver a wraparound service. In addition to advocacy support the LET will also guide the development of the service, working with homeless people to tailor the service to their needs.

b) Renaissance UK Ltd

The Renaissance Team, as part of the Horizon Drug and Alcohol Service in partnership with Dephi Medical, provide community focussed assertive outreach for drug and alcohol harm reduction and engagement into treatment, together with health screening for sexual health and blood borne viruses, and support into Housing. We also coordinate the needle exchange services within Blackpool and the Naloxone distribution. Outreach workers can also assess service users for entry into treatment and then offer motivation and advice until a keyworker is allocated. We specialise in empowering individuals through specialist support and interventions.

Renaissance is a Blackpool based charity, founded in 1986, and is a dynamic and innovative service offering quality, community focussed sexual health and substance misuse services. We specialise in supporting individuals to reduce harm, we offer specialist support and we aim to move people forward in their lives by means of empowerment. Currently we work across three local authorities delivering harm reduction, assertive outreach, specialist support and moving forward opportunities such as volunteering and training, all strands of our work support a sexual health or substance use local need.

c) Delphi Medical

Delphi provide treatment and recovery support to over 1400 people across Blackpool. In partnership with Renaissance and Acorn Recovery Projects, they deliver the Horizon Drug and Alcohol Service. Supporting clients with clinical and holistic psychosocial interventions, as well as assertive outreach. The team comprises of General Practitioners, Non-Medical Prescribers, Nurses, Recovery Practitioners and Support Workers – as well as a dedicated therapy team, providing mental health support to their clients.

Operating from various locations and in a wide range of community settings, Delphi work closely with local partners in Health and Social Care to ensure our service users receive a care plan that places the person at the centre of their care. Our delivery model includes specialist support for those with Multiple Complex Needs, Safeguarding Needs and those who are experiencing problematic and/or dependent drinking. We provide a range of clinical interventions, including Opiate Substitution Therapy and were early adopters of the long-acting Buprenorphine (Buvidal) treatment options.

Delphi are a values led organisation which, as part of the Horizon Partnership, harnesses the value of lived experience to provide a safe, effective, response, well led and caring service to the people of Blackpool.

d) CGL Inspire (Change Grow Live)

CGL provide all aspects of drug and alcohol treatment for residents of Fylde and Wyre including open access to their services, structured treatment, and referral to tier 4 rehabilitation. Their aim is to promote recovery from addiction and dependence, supporting clients to make positive changes to their life. Range of services include:

- Needle exchanges
- Advice on Harm Reduction
- Psychosocial Interventions
- Substitute Prescribing
- Group Work
- Access to Counselling
- Referral to Residential Detoxification and Rehabilitation

e) Housing Options (Part of Blackpool Housing):

Blackpool Housing options has a range of services available to offer support and prevent people from becoming homeless, this includes finding them somewhere to live they have nowhere to stay.

They have a dedicated outreach service that engages with rough sleepers to help them off the streets. Offers of help to rough sleepers may include help accessing emergency accommodation, referrals to supported accommodation (such as The Ashley Foundation) or help finding private rented accommodation.

f) Fylde Borough Council

Fylde Borough Council support customers who are either homeless or threatened with homelessness. In these circumstances the Housing Advice and Homelessness Service will conduct the appropriate enquiries and determine if either a Homeless Prevention Duty or a Homeless Relief Duty is owed. If it is determined that a customer is Homeless, Eligible and in Priority Need then temporary accommodation will be offered at this point.

Housing Advice and Homelessness Officers and Housing Services Officers will support the customer through their homelessness journey until they secure settled accommodation. To support this, referrals may be made into other Fylde Council Services.

Range of services can include:

- Referral to our Domestic Violence Outreach Service
- A "Help to Rent" scheme to help with deposits to enable access to the Private Rented Sector
- Help and advice negotiating with Private Rented Sector landlords including mediation
- Referral to budgeting and debt advice services
- Referral into our Rough Sleeper and Ex-Offender Specific Service
- For those facing Multiple Disadvantage we can refer into our Changing Futures Service
- Help and advice if you are having problems with your mortgage and face repossession
- A Floating Support Service

g) Wyre Borough Council

Wyre Borough Council support to those who are homeless or are concerned they may become homeless. In these circumstances the Housing/Homelessness Team will provide help and assistance, and if necessary, arrange temporary accommodation for the client whilst they carry out an assessment and conduct investigations to why they have become homeless. We provide support to gain accommodation and signpost to a range of services relevant to our client's needs.

A range of services can include:

- Referral to domestic violence outreach worker.
- A scheme to help with deposits /rent in advance to enable access to the privately rented sector.
- Support to gain access to social housing
- Referrals into supported accommodation
- Help and advice negotiating with private sector landlords.
- Referral to debt and other support services.
- Referral to ex- offender support worker
- Referrals to changing Futures programme
- Help and advice if you are having problems with your mortgage and face repossession.

h) Homeless Mental Health Service:

The homeless / rough sleepers (RS) mental health team is part of a multidisciplinary, co-located service based at Winstone House, Blackpool. The team is attached to the Primary Intermediate Mental Health Team, Blackpool Teaching Hospitals NHS Foundation Trust, which enables swift access to the Single Point of Access Mental Health Duty Team, onward referral to adult autism spectrum disorder (ASD) services for assessment and educational support, and for signposting to the attention deficit hyperactivity disorder (ADHD) assessment and follow-up clinic.

The aim of the team is to provide a holistic, flexible, and non-judgmental approach that encourages clients to engage in mental health and social care provision, with the intention of providing clients with social support and a trusting relationship that leads to ongoing engagement on a therapeutic pathway. They work in partnership with other homeless services including housing, physical health nurses, substance misuse and sexual health services, and peer support outreach workers with lived experience.

By reducing pre-existing barriers, the team offer easy access to mental health intervention with an objective of improving the mental health and care outcomes for clients who have multiple disadvantages within the local community via:

- A trauma informed workforce
- Person Centred Approach through a multidisciplinary team
- Assertive outreach
- Joint working with individuals with lived experience
- Joint funding to add value, robust staffing and improve effectiveness
- Collaborative working, pathways, and protocols

The homeless / RS mental health team consists of:

- Consultant psychiatrist (clinical lead for the service)
- Clinical psychologist
- Mental health practitioners (band 7 Team Leader, band 6 mental health nurse, band 6 mental health nurse who will specialise in mental health transition work, band 5 allied health professional)
- Nursing Associates (band 4 x 2)
- Peer support worker
- Mental health social worker (AMHP)
- Team Administrator

Referrals to the mental health team are accepted either via the dedicated team in-box, through discussion at the Fylde Coast Changing Futures MDT meeting or at the request of other colleagues within the wider homelessness services. Referrals are discussed at the weekly allocation meeting, but the team do offer same day input if a member of the wider homeless services requests support.

i) Homeless Link Worker (HLW):

To support links between Blackpool Teaching Hospitals and the partners from the Hub, 2 Homeless Link Workers were appointed during November 2021 embedded within the Discharge Team at Blackpool Victoria Hospital. They both work closely with Local Authority leads and wider homelessness services to facilitate safe, timely secondary care discharges, supporting any on-going care needs through onward referral and signposting. Prior to the implementation of these posts, clients were referred/sent directly to the local authority housing teams.

Their role is to assess homeless patients admitted to the hospital with a view to support a safe discharge from hospital. The main functions of the role are liaising with housing teams to secure suitable accommodation and housing support, facilitating any necessary onward referrals to the Homeless Health Hub teams to provide any identified community support to prevent re-admission, this can also include supporting people to access wider services for example transport services, food parcels and clothes banks.

j) HMPPS (Probation and Prison Services)

The Probation service supervises all men and women who are subject to supervision either on Community Orders or on release from custody on licence. Key to release planning is robust multi agency working, partnerships and good information sharing. Poor health issues amongst men and women in the Criminal Justice system are high and homelessness adds to their vulnerabilities.

k) Changing Futures

Changing Futures consists of 15 nationally funded partnerships aiming to improve outcomes for people experiencing multiple disadvantage. Changing Futures Lancashire is a county-wide programme with 4 localities. Blackpool is the lead authority for the Fylde Coast Locality, which includes Fylde and Wyre Boroughs.

The Programme has aims at three levels:

1. **Individual level aims**
   - To increase the likelihood that people experiencing multiple disadvantage will remain connected to support
   - For people experiencing multiple disadvantage to be more empowered, informed and resilient and able to manage their recovery in ways that work for them.
2. **Service level aim**
   - For local services to become more person-centred, coordinated, flexible and trauma-informed and to support people make lasting positive change
3. **System level aims**
   - For the Lancashire system to implement long-term sustainable changes to benefit people experiencing multiple disadvantage

- To sustain the benefits of the programme, beyond the lifetime of the funding.

For people to enter the programme they must be over 18 years of age and be facing barriers to engaging with services they need. They also must be currently experiencing multiple disadvantage. Access criteria has been defined as a combination of at least 3 of the following:

- Homelessness
- Substance use (drugs and/or alcohol)
- Mental health issues
- Domestic abuse
- Contact with the criminal justice system

The core Changing Futures offer for individual beneficiaries is a named peer mentor from the Lived Experience Team who will build a trusted relationship with them, connect them to their coordinated multiagency plan of support, advocate on their behalf when the plan/system is not meeting their needs and help them to recognise their own assets and build resilience so that, over time, they can become independent.

l) ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery):

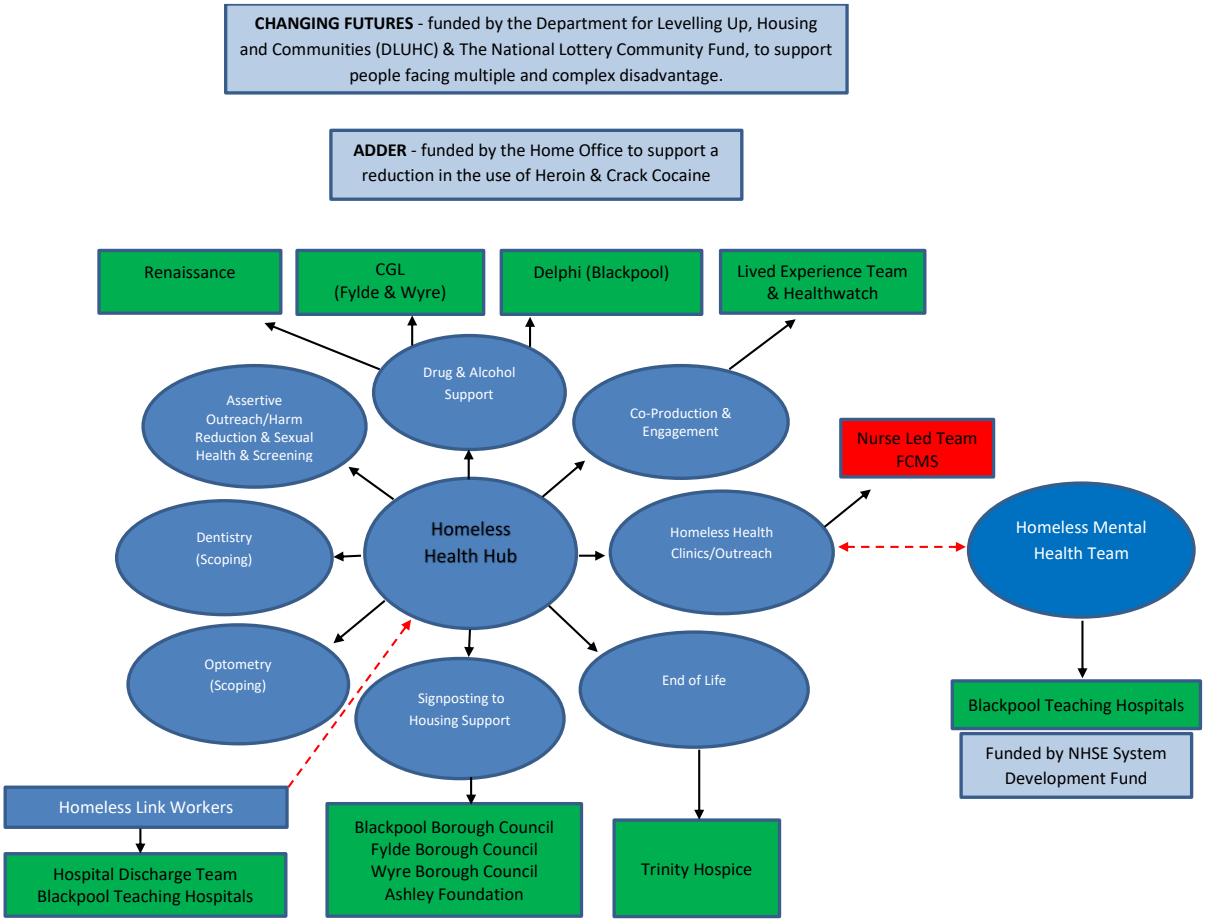
ADDER is a Home Office funded pilot in Blackpool supporting an intensive whole system approach to tackling drug misuse in select locations worst affected by drug misuse, whilst working alongside other agencies around national activity to disrupt the middle market supply of drugs.

The project involves co-ordinated law enforcement activity alongside expanded diversionary activity and treatment/recovery provision in the chosen pilot areas. This pilot has been built on existing work expanding multi-agency partnership working in the Blackpool area to drive sustained health and crime related outcomes.

The ADDER pilot Blackpool officially started in January 2021 and is based at Winstone House in Blackpool, it consists of a therapist, psychologist, non-medical prescriber, harm reduction nurse and a Criminal Justice Team. The team has a steady client caseload of approximately 10 clients, experiencing multiple disadvantage, at any one time. This focused caseload is aimed at keeping a close contact with the clients in order to deliver effective care planning and management.

Clients supported by ADDER are from Horizon, from the Renaissance outreach team and from the Lived Experience Team (LET) who work collaboratively with housing options, probation, police and the adult social care in order to deliver effective and all-round care to their clients.

A pictorial representation of the Homeless Health Hub, linking with both ADDER, Changing Futures and a dedicated Mental Health Team is shown below.



Each of the initiatives identified in the diagram work together as a 'system' to ensure the most effective use of resource to those who often find accessing care quite difficult. This also supports the building of strong and consistent relationships with individuals and helps prevent any barriers to them accessing health and social care services.

The nurse led team, highlighted in red, are an integral part of the system delivery and although sit within the Hub model, they are now supporting clients identified through ADDER and Changing Futures. Liaising with other partners to address their immediate health and social care needs, supporting links with primary and secondary care, with the long-term aim of reintroducing individuals back into mainstream services.

4.0 Methodology

For this evaluation, we did a quick literature search to look for evidence for the utility of homeless health clinics, especially the nurse-led services. We also looked at their outcomes and what key challenges they faced.

Furthermore, we developed a questionnaire for the service users with questions focusing on their main health-related problems, experiences with the mainstream health services as well as the homeless health clinics, as well as their perspectives on how things could be improved. Multiple sessions were arranged, supported by Healthwatch Blackpool, Lived Experience Team and colleagues from the NHS Lancashire and South Cumbria Integrated Care Board. Sessions were delivered cross various sites in Blackpool including, the Ashley Foundation Hostels (Oak House, Holly House and Elm House), The Bridge Project, Claremont Community Centre and individual conversations with clients being supported by ADDER and the Lived Experience Team.

We also included case studies to help get a clear picture of how these services are impacting on individuals.

We also spoke with various key stakeholders from a variety of backgrounds, including the nurses leading the homeless health clinics, homeless mental health team, drugs, and alcohol services as well as the housing teams.

Finally, the summary of findings and key recommendations were drawn based on the information gathered whilst undertaking the evaluation.

5 Literature Search

Health-related outreach has generally shown to improve health outcomes for people experiencing homelessness (Ungpakorn & Rae, 2020)[5]. Furthermore, literature search showed many examples of nurse-led homeless health services in various parts of the UK. Queens Nursing Institute (QNI) published an evaluation of 10 nurse-led homeless health pilot projects that were funded in partnership with the Oak Foundation charity in 2018 (Byar, 2020)[6]. The projects were based across 10 different locations in England, each received funding and an assigned community nurse lead who undertook the work alongside their normal jobs. They found that overall, involving the nurses resulted in

[5] Ungpakorn, R., & Rae, B. (2020). Health-related street outreach: Exploring the perceptions of homeless people with experience of sleeping rough. *Journal of Advanced Nursing*, **76**(1), 253–263.

[6] Bryar, E. R. (2020). Homeless Health Innovation Funding Programme: Evaluation Report. The Queen's Nursing Institute, https://www.qni.org.uk/wp-content/uploads/2020/08/HH-Innovation-Funding-Programme-Evaluation-2020.pdf

improved engagement of the individuals and encouraged them to seek help for their health problems. 7 out of 10 projects continued beyond their original funded year. Accurate data collection, economic evaluation and lack of enough time/staff were found to be the main challenges in these projects.

People facing homelessness face problems like navigating the mainstream services. Bad experiences including facing stigma and prejudice has been reported (Hauff & Secor-Turner, 2014[7]; Rae & Rees, 2015)[8] compared to specialised nurse-led homeless services which have been shown to improve accessibility (Gunner et al., 2019; Su et al., 2015)[9] [10]

In addition to being more accessible, nurse-led clinics have also been shown to improve care by giving more personalised care and a more holistic care.

In our literature search, some of the challenges highlighted in similar nurse-led health clinics have been to do with the development of information-sharing and referral pathways between various agencies. Furthermore, capacity issues in terms of funding and staffing have been a recurring theme in terms of challenges as well (Bell et al., 2020)[11].

[7] Hauff, A. J., & Secor-Turner, M. (2014). Homeless health needs: Shelter and health service provider perspective. *Journal of Community Health Nursing*, **31**(2), 103–117.

[8] Rae, B. E., & Rees, S. (2015). The perceptions of homeless people regarding their healthcare needs and experiences of receiving health care. *Journal of Advanced Nursing*, **71**(9), 2096–2107. https://doi.org/10.1111/jan.12675

[9] Gunner, E., Chandan, S. K., Marwick, S., Saunders, K., Burwood, S., Yahyouche, A., & Paudyal, V. (2019). Provision and accessibility of primary healthcare services for people who are homeless: A qualitative study of patient perspectives in the UK. *British Journal of General Practice*, **69**(685), e526. https://doi.org/10.3399/bjgp19X704633

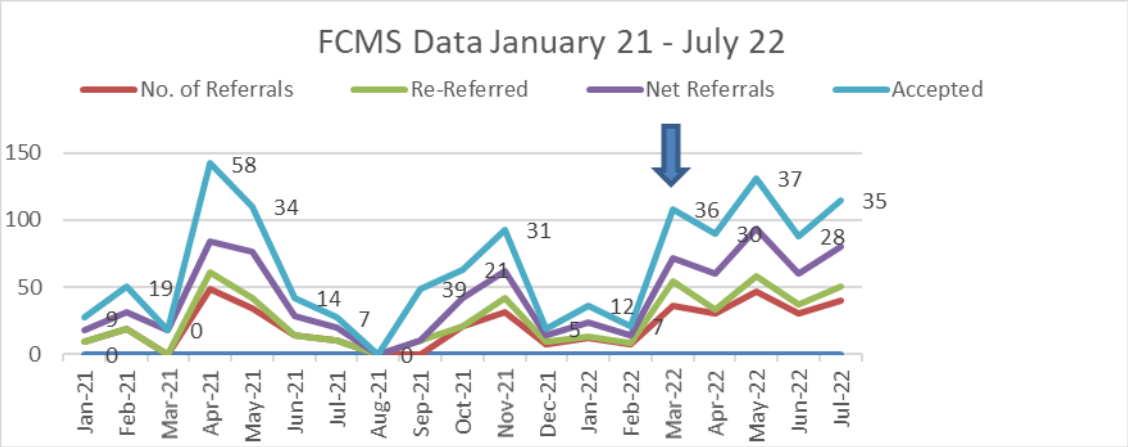
[10] Su, Z., Khoshnood, K., & Forster, S. H. (2015). Assessing impact of community health nurses on improving primary care use by homeless/marginally housed persons. *Journal of Community Health Nursing*, **32**(3), 161–169.

[10] Bell, L., Whelan, M., Fernandez, E., & Lycett, D. (2022). Nurse-led mental and physical healthcare for the homeless community: A qualitative evaluation. *Health & Social Care in the Community*, 00, 1– 10. https://doi.org/10.1111/hsc.13778

6 Quantitative Results

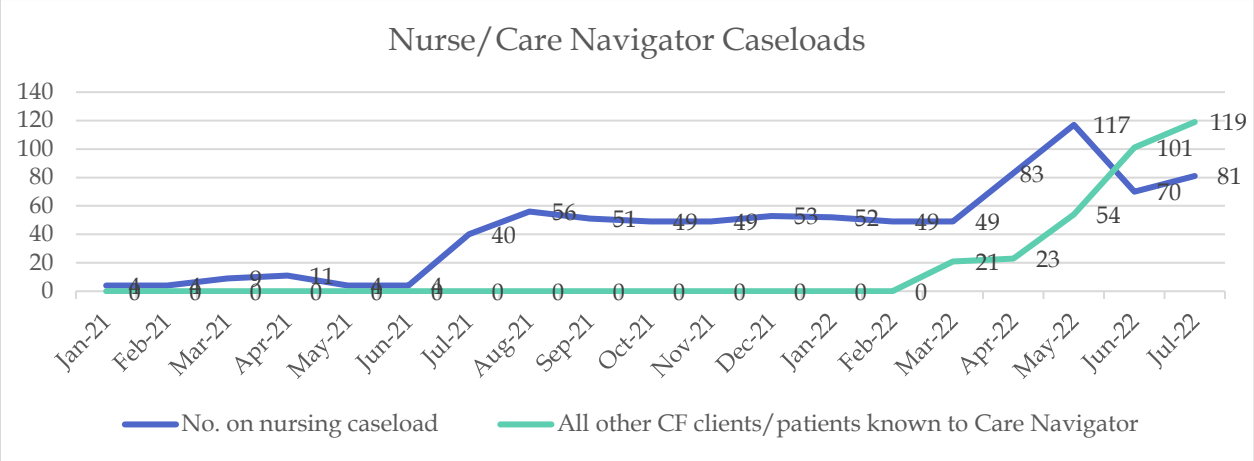
FCMS (Fylde Coast Medical Service) Nurse Led Team

The initial review of data from the nursing team looked at the 12 months period from January 2021 to January 2022 (249 referrals accepted) however, this was later expanded up to July 22 to evidence the increased demand on current capacity due to the introduction of other initiatives.



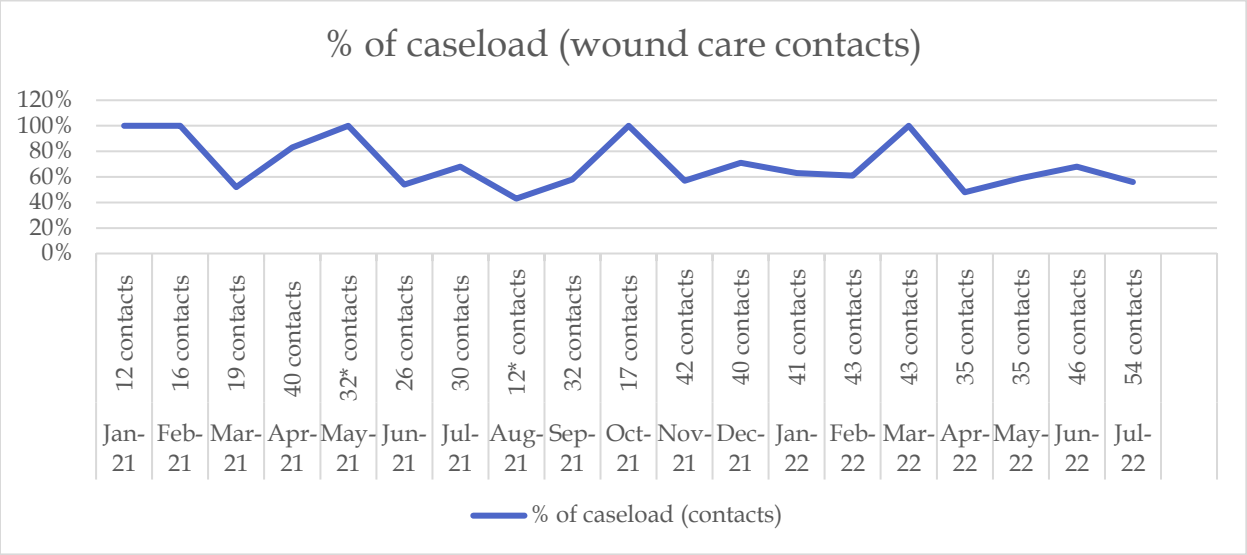
The above information shows us the total number of referrals received each month, the number of re-referrals, the number accepted and the net total. The arrow points to the start of a marked increase in referrals accepted into service during March 22 and, although we cannot directly identify the Changing Futures clients in the data, there is a direct correlation between this increase and the Changing Futures initiative going live at this time.

The following data provides further evidence of a link between increase in caseload and the establishment of Changing Futures. It shows caseload numbers remaining relatively static between August 21 and March 22, with April showing a marked increase at 83, peaking during May to 117. Prior to April 22 the Care Navigator didn't hold a caseload but from the start of Changing Futures this became necessary.



The position at the end of July 22 shows 81 cases on the Nursing caseload with a further 119 clients known to the Care Navigator, a total caseload of 200. In contrast, during July

21 caseload numbers were much lower with 40 cases being managed by the team in its entirety.

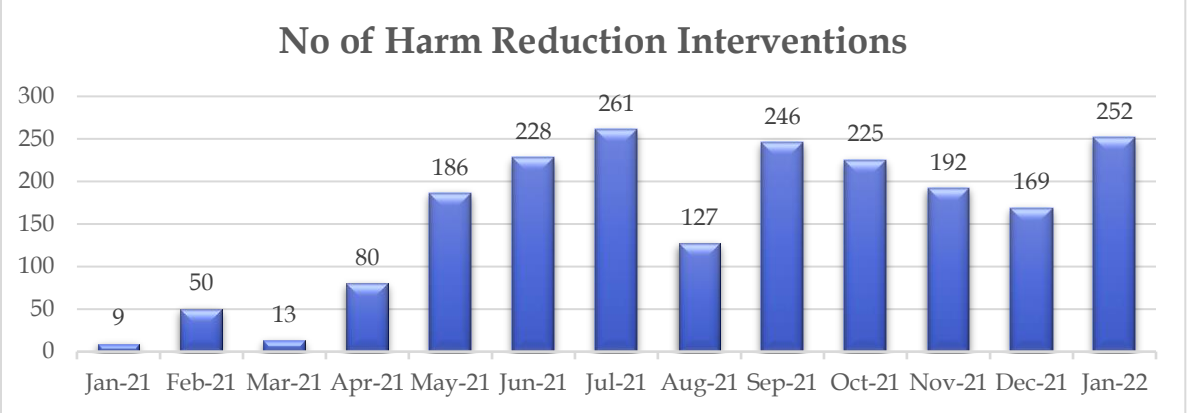


Whilst developing the nursing offer, it was apparent that the predominant need was to address the increasing demand for wound care as demonstrated in the data above. For clarity, other issues may have been addressed in these contacts, but the main presentation was wound care.

The data collected also evidenced that long term conditions care is not being picked up with only 17 clients having had a chronic disease review during the reporting period, although it is important to note that this is very much due to nursing capacity and not capability within the team. Due to capacity the team have had to respond and react to presentations and as demonstrated above, this is predominantly wound care.

Renaissance UK Ltd – Assertive Outreach/Harm Reduction & Sexual Health Screening

The data collected January 21 to January 22 shows the number of harm reduction interventions per month. The reduced numbers during January and April 21 directly correlates with Covid restrictions being in place at The Bridge, Salvation Army restricting access to clients only.



The Assertive Outreach team support clients into treatment but also help to retain people in treatment who are at risk of disengaging. They provide harm reduction advice, needle exchange equipment and Naloxone to clients for use in the event of an overdose. Naloxone training is also provided to partner organisations through their Harm Reduction Champion.

The team undertake welfare checks on clients, as requested by the drug and alcohol keyworkers, whilst also ensuring clients know when their appointments are and can attend. They deliver opiate substitute treatment in the homes of clients who are immobile, taking prescriptions from the drug and alcohol service to the pharmacy if a client is unable to collect direct from the service.

The team continue to work closely with Blackpool Victoria Hospital, taking alcohol referrals directly from the Alcohol Liaison Nurses, assessing clients and holding them, offering brief intervention and harm reduction advice, whilst they are awaiting allocation to a drug and alcohol keyworker. There is also a pathway in place with the Homeless Link Workers at the hospital, directly into the Assertive Outreach Team.

During the reporting period, 58 individuals were tested for blood borne viruses, 12 referred for treatment and 8 seen in clinic completing treatment for Hepatitis C. The Hepatitis C Outreach Worker continues to work closely with the FCMS nurse led team, providing drop-in clinics via the Renaissance 'Big Sexy Bus' and works in the community, regularly testing at the ADDER drop in, the substance misuse service buildings, Hotels, Probation, and the Women's Centre. The offer includes referring for

treatment and supporting them throughout their treatment journey, making hospital appointments for the clients and accompanying them to the appointments if they require support.

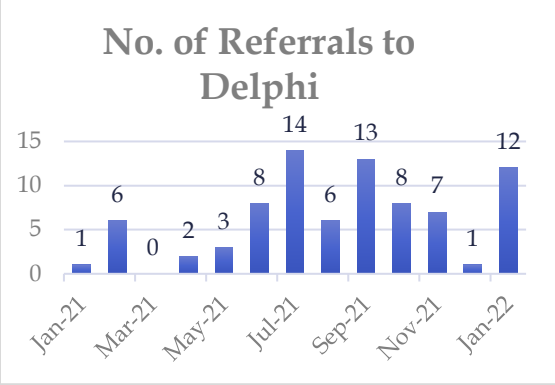
The Big Sexy Bus has a timetable of homeless health clinics and community clinics, parking up in priority wards where there is high prevalence of drug related deaths, offering drop-in services for drug and alcohol information and advice, entry into treatment and blood borne virus testing. The homeless health hub nurses support this provision offering advice and wound care in the clinical area of the bus. The Big Sexy

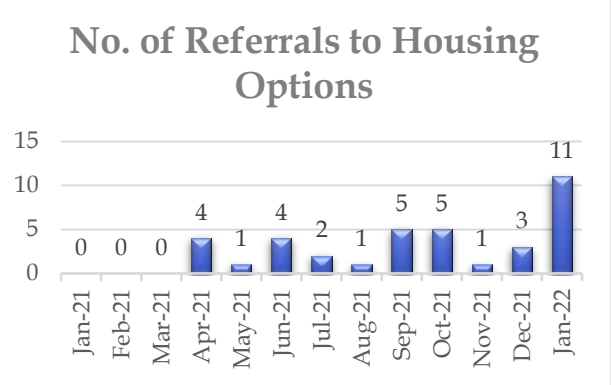
Bus also provides provision across key locations in the town to support local and national campaigns such as HIV Testing Week and World Hepatitis Day.

As described earlier in the evaluation, the homeless hub provision works closely with other initiatives such as ADDER. The ADDER team provide outreach key-working support, in a trauma informed way, to people at risk of drug related death and who are heroin and/or crack users, homeless or at risk of homelessness, people with poor physical and mental health, have offending behaviours, have had a recent non-fatal overdose and who do not historically engage well with services.

The outreach workers provide a tailored support package to each ADDER client, working closely with clients and hostel staff to ensure they can be managed in their accommodation.

Further data shows us that onward referral between teams is effective, facilitating 37 referrals to Housing Options and 81 referrals to Delphi Medical who provide drug and alcohol support.



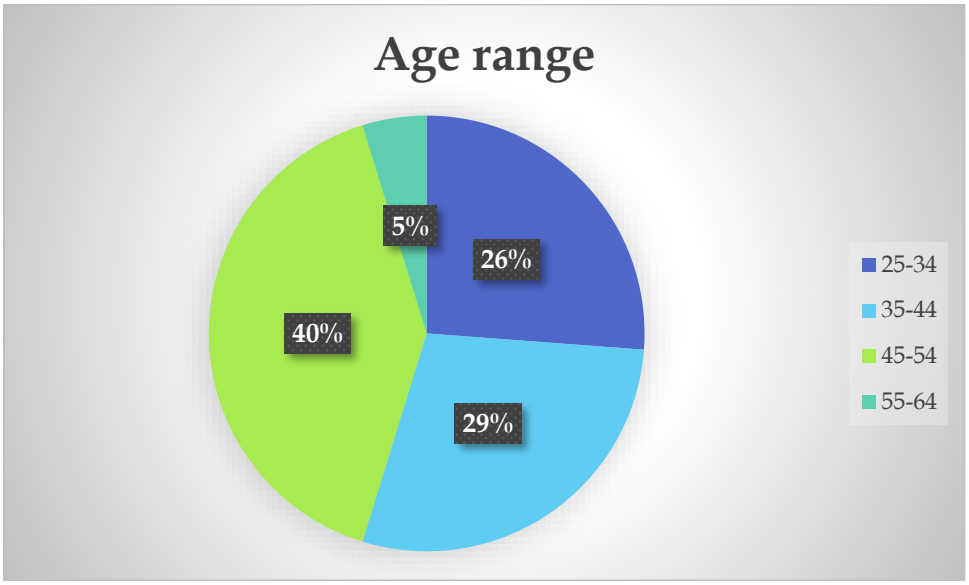


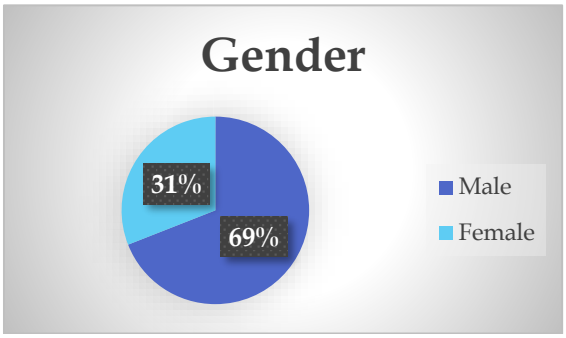
7 RESULTS - Service User Feedback:

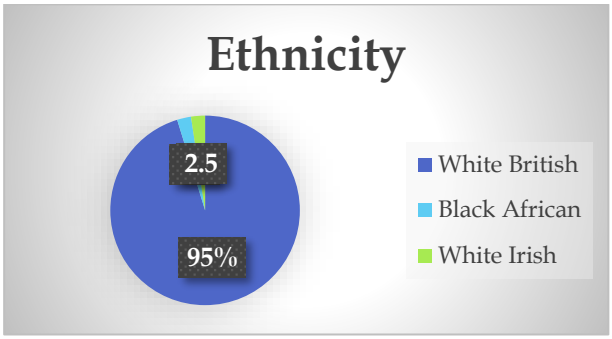
To support obtaining feedback from service users, a questionnaire was developed. Multiple sessions were arranged, supported by Healthwatch Blackpool, the Lived Experience Team and colleagues from the NHS Lancashire and South Cumbria Integrated Care Board. Sessions were delivered cross various sites in Blackpool including, the Ashleigh Foundation Hostels (Oak House, Holly House and Elm House), The Bridge Project, Claremont Community Centre and individual clients being supported by ADDER and the Lived Experience Team.

Questionnaires were completed in a conversation style within a group setting to encourage participation. Healthwatch Blackpool supported obtaining feedback from Holly House, Oak House and Elm House, with further engagement being carried out by the team at the NHS Lancashire and South Cumbria Integrated Care Board.

There were 42 respondents in total. The demographics of the respondents has been summarised in the chart, as follows:







Health problems

Service users who attended the engagement sessions or completed the questionnaires, suffered from a variety of common health problems. Predominant issues were anxiety, depression and other mental health problems, drug and alcohol-related issues and dental problems.

In addition, service users described issues including ADHD, hernia, diabetes, ulcers, asthma, club foot, wound care issues, respiratory conditions such as COPD, PTSD, liver problems, anemia and deep vein thromboses.

Experience with GP practices

Thirty-three of the service users confirmed they were registered with GP practices and knew their named GPs. Most however said that getting an appointment was difficult and they struggled to get the support they required. It was also reported that their appearance could be a limiting factor in getting the appropriate care for their needs when attending their GP practice.

A small number reported positive experiences, especially from St Paul's Medical Centre and another with Marton Medical Centre in Whitegate Health Centre.

Main issues with GP practices were:

- **Accessibility**:
  Service users said they found it difficult to get an appointment, although in the main it was easier to get an appointment to speak to someone over the phone. However, it was especially difficult to access a face-to-face consultation. Having to phone in the morning and wait on the line for a long time posed a problem for some.
- **Filling Forms**
  One respondent pointed out that registering with practices requires filling forms and are not considerate of those who are unable to read and write.
- **Having to divulge information to the receptionist**
  Some of the respondents pointed out that in order to get an appointment the receptionists ask personal questions which they'd rather not discuss with them.
- **Not being taken seriously**
  A couple of respondents felt that their problems especially the mental health issues were not taken seriously and felt 'fobbed off' by the practice.
- **Fear of being sectioned by the healthcare professionals**
- **Perception of being judged by practice staff**
  Some service users reported feeling judged based on their physical appearance and felt they were not treated with the same compassion as other patients. They found it uncomfortable going into a GP practice and said people move away from them and reception staff can be unhelpful.

Experience with urgent and emergency care services:

"When you go through A&E, you are shunned"

Most of the service users said they did not usually get help from urgent and emergency care services and the common issues for them were not addressing or acknowledging their problems effectively and fear of being stigmatized.

Some described feeling hesitant in accessing urgent health services as they felt they were wasting resources. This often stopped them from seeking help.

"You feel like you're moaning, and you don't want to make a big deal out of it"

Experience with homeless health clinic at The Bridge

"You cannot improve on perfection"

Fourteen service users confirmed they knew about or had used the homeless health clinic and all of those had positive comments. It is seen as a good starting point for homeless people that can signpost to appropriate services as required. Some reported

"They don't judge us"

that the clinic provided quicker and easier access when compared with GP practices.

"Lovely girls who are always friendly and supportive"

"Very happy with it now, everything else is just a bonus"

The clinic provides service users with the treatment they would otherwise perhaps not access, such as wound care, which in turn helps them to see the importance of regular ongoing healthcare support.

When asked about areas for improvement, dental support was raised – as many of the service users feel they would be treated better if they had better-looking teeth – and access to medications via the clinic.

Feedback on the outreach bus

Around 30 of the service users were aware of the outreach bus. Although they did not necessarily understand the term initially, once it had been described to them, they knew about it. Again, most of those who had used it were positive and said it was a good service. On occasion clients had attended The Bridge on days the health clinic wasn't running and had been re-directed to the outreach bus to access the service.

Experience with mental health services

"You had to commit a crime to get fast-tracked (for the mental health services)"

Most of the service users found it difficult to access mental health services. This was a recurring theme in all of the sessions.

Of those who had accessed the service, the negative comments seemed to focus more on the long waiting times or difficulties in having their referral accepted. Once in the service, several service users provided positive feedback and said they had felt supported.

Comments were made that the service lacked continuity and/or follow-up and that service users in some cases felt as though they had been dropped by the service and not provided with sufficient ongoing support once the intervention had concluded.

Most respondents did not know about the homeless mental health service.

"If you're not in crisis they (mental health team) don't help. And by the time you're in crisis, it's too late"

"They (mental health team) told me straight away you will have to wait a year. A year is a lifetime!"

Experience with drug and alcohol services:

The feedback relating to drug and alcohol services was mixed. The experience of those who had accessed these services depended a lot on the team that they had received care from.

ADDER received a lot of positive feedback, where service users felt this service was extremely comprehensive, and everything was well co-ordinated. Some of the people who received care from Horizon did not speak as positively and one respondent was trying to switch over to ADDER.

"I can't speak highly enough about ADDER"

Interestingly, those with positive experiences were primarily those who had sought support for drug abuse issues, while the negative experiences came from those with alcohol addiction.

"ADDER is a very good model for how things could work well for all aspects of homeless support"

"Horizon keep saying it's your mental health and mental health team say its addiction"

Signposting to other services

"You need one place to go where you find all the information"

Service users have been signposted to support for various issues, including housing/benefits support, smoking cessation, HIV testing and sexual health services and optometry.

Difficulties were raised in accessing dental services.

Service users pointed out that services were disjointed and one place that deals with all problems would be ideal.

Impact of homeless health hub

"They do some very good work, but the major problem is that they are overwhelmed and simply cannot cope with the volume of people needing their help"

Feedback from the Homeless Health Clinic team:

The nurses involved in delivering the care in the homeless health clinic were enthusiastic about their work and was evident that they go an extra mile in this job especially in trying to build trust with the people who are going through difficult circumstances and being able to bring about change. One of the nurses said the following about her role:

I have been working as the lead nurse in the homeless health nurse-led service since its inception in January 2021 and am so proud to see us go from strength to strength. We began the service by identifying our patient cohort and seeking them out in the community to find out how best to approach their needs and we have adapted the service delivery accordingly.
Every day is a learning experience, and it is a privilege to meet so many dedicated and interesting people who work with our patients. The patients themselves all have their own unique stories to tell, and it is an honour to work with them & empower them to value their health. Our key priority and what we do well is to deliver much needed healthcare where these patients might have missed out, where mainstream care does not effectively meet the needs of those most marginalised. I look forward to seeing where we can take this going forward. ***Kelly Gorrie – Lead Nurse***

As the Care Navigator for the Homeless Health Hub, I work alongside the Nurses to provide ongoing support to meet the holistic needs of the patient. This includes providing practical and emotional support which enables the nursing team to provide the vital clinical care. The service starts with the need of the patients and works outwards, ensuring everybody has access to care and support. The team works effectively with partner agencies and constantly goes above and beyond to provide a safe, welcoming, and supportive service to some of the most vulnerable members of society. I am extremely proud to be part of such an innovative, compassionate service where providing a high quality service remains at the heart of all we do.
Sarah Moran, Care Navigator

I have the privilege of working as a nurse within the Homeless Health team, a team so unique to any in which I have worked due to the fierce commitment to providing a voice for those who aren't being heard or seen. As a result of becoming marginalised, the homeless community experience lack of equality to service and health outcomes, barriers which we as a team try to remove. This may look different for each patient therefore we take the time to understand their needs and sensitively and compassionately include them in finding a way forward to meet their needs. This way of working has proved extremely successful, and we have now established trusting relationships and have been able to make a true impact in our patient's quality of life. ***Marie Day, Nurse***

Positive aspects of the service according to them:

- The intervention of the homeless link workers in the hospital has greatly contributed to the care of the homeless
- Ability to do fast track referrals for suspected cancers, opportunistic cervical screen, and smears.
- Ability to build trust with the people
- To work with the homeless mental health team although there is a delay in accessing that service.
- To do wound dressings; those requiring more frequent dressings would be referred to the district nurses.

Challenges faced:

- **Lack of staffing** there aren't enough people to work with and funding is still quite a challenge.
- **Lack of funding** funding is received from the Lancashire & South Cumbria Integrated Care Board with additional monies identified and sourced through the Blackpool Drug Strategy, Local Authority Rough Sleepers Grant, ADDER and other Public Health Grants which fund the Care Navigator post.
- **Housing** other challenges have been with housing and getting people into suitable accommodation. It was suggested that having a kick bed/nursing step down bed, (in use in London), would be beneficial and would support a timely discharge from hospital, preventing bed blocking when a client no longer needs hospital care.

Suggestions moving forward:

- Maybe a proper GP practice to be commissioned to include a GP, a Nurse and a Social Prescriber
- Increased funding and staffing
- Hostel with nursing step-down bed to support clients following discharge

7.1 Summary of the Feedback from other stakeholders:

We spoke with Fylde Coast Housing Teams, Homeless Link Workers (HLW), ADDER, Renaissance UK Ltd, Probation/Prison Service and Delphi to get their feedback about the nurse-led homeless health clinics and general health needs of the homeless population of the Fylde coast.

Fylde Borough Council advised that although they do support and value the Homeless Health Hub, the central Blackpool location of the hub does create a barrier to their clients accessing the offer. It is acknowledged that Blackpool have a much higher prevalence of homelessness/rough sleeping but highlighted concerns in terms of their own increasing number of clients being housed in temporary accommodation. Recent figures show that this number has doubled when compared to the number of clients being temporarily housed during the first Covid lockdown during March 2020.

Wyre Borough Council continue to see very low numbers and have not, in the past, required the support offered by the Hub. Throughout this evaluation it has been clear that the initial focus of the model has been on delivering in Blackpool and does not afford equity of access to the Fylde and Wyre localities. Based on the original commission, dedicated outreach in Fylde and Wyre was not required. However, since the introduction of Changing Futures, referral numbers are increasing therefore a dedicated outreach model is now needed.

HMPPS - strong partnership working at the outset of the Covid 19 pandemic led to positive interaction with the Homeless Health Hub to address the issues and ensured that people who were being released from the prisons had a place to stay. Through partnership working we were able to identify risk, vulnerability, and homelessness on time at the point of leaving the prison.

HLW feedback - The team relies mainly on the housing option systems to which they have limited access.

Key health related issues in homeless population highlighted in this feedback:

- patients aren't engaging with their respective GPs because they have had previous negative experiences with their GPs
- Delays and difficulties around housing makes dealing with health-related issues more challenging
- Problem of regression and requiring constant/long term support
- Access to mental health services is a problem
- Unable to access dental services

Positive things about the nurse-led homeless clinic:

- General feedback was that this service does provide more holistic care to individuals with complex needs
- Able to liaise with other teams working with homeless population and closely linked with them
- Based at the Bridge which is a convenient location for the service users in Blackpool

"This model (homeless health clinic) is more comprehensive and holistic (compared to usual services); it feels like real investment in Homeless Healthcare"

Things that can be improved upon:

- Create more pathways and protocols on how to effectively manage health related issues in homeless individuals
- Dental care to be prioritised
- One suggested that an alcohol and/or drug misuse service attached to primary care would improve responsiveness
- Better access for Fylde and Wyre clients

"Dental Problems are huge, and the impact is massive on homeless individuals. It results in poor diet. It is a huge social barrier for them and reduces their confidence."

8 Conclusion:

Housing and health are very closely tied together and as demonstrated from the data presented above various physical and mental health related problems have been shown to be present amongst this population group. Skin infections and wound care, mental health problems, drug and alcohol issues, and dental problems were the most commonly identified themes in our study. It is important to view these issues in the wider context of these individuals where barriers to accessing healthcare further complicate the matter. These barriers were not only due to the difficulty navigating the health services, reluctance of these individuals to seek help and lack of trust, but also exacerbated by stigmatization they face when they do seek help from the usual healthcare services like GP practices, walk-in centres and the emergency department. This may partly be because these services are working beyond capacity and already under a high-pressure and as such may not be able to give bespoke trauma-informed care to these individuals with complex health and social needs. There is however, a case for doctors and staff working in these areas to be trained in trauma-informed practice.

Having a dedicated Homeless Health Hub bridges this gap in providing health care to these individuals, in the main limited to the reactive needs of the individual, rather than being able to take a proactive preventative approach, and to also support them in seeking help from other health services when they need to, as well as signpost them or refer them to other services including drugs & alcohol services, housing teams etc. All the feedback from the service users, and the stakeholders show that the nurse-led health clinics have been successful where they have been able to provide care which, as noted above, has been limited by capacity compared to demand. Some of the case studies have been attached at the end (Appendix A) to show this. The nursing team is able to form strong relationships with these individuals over time, and this seems to be an important factor in the effectiveness of this service, something which cannot be easily quantified and shown in data.

Based on the key performance indicators for this service, and whilst reviewing the feedback, it has been evidenced that the nurse-led clinic has been able to provide the holistic care to the clients, by closely collaborating with other partner teams in the community. In terms of the numbers, there were 81 cases on the Nursing caseload with a further 119 clients known to the Care Navigator, a total caseload of 200, which seems to be increasing. It is important to note that the focus has primarily been on wound care. While the nurses are fully capable of doing chronic disease reviews, this is something that is done on an as needed basis, depending on presentation, and has mainly been limited due to the limited capacity of the staff.

While the service, especially the nurse-led clinic has been operational for some time, there does seem to be lack of awareness of this service in the wider community. However, the service users who have used these services, as well as the case studies and the feedback from stakeholders, all suggest that this service has had a huge impact on many individual lives. Promotion and further development of the proposed Homeless Health Hub generally and the nurse-led clinic especially needs to be prioritised in order to meet the healthcare needs of people facing homelessness on the the Fylde Coast. Key recommendations based on the feedback we received have been provided on the next page.

10 Key Recommendations

1. Agree minimum data set with hub providers for implementation by January 2023
2. Undertake a financial evaluation to identify the amount of funds utilised and the amount saved by not utilising the mainstream healthcare services, to aid future decisions
3. Seek additional funding from the Changing Futures initiative to support an increase in nursing capacity to address the increased demand, and facilitate chronic disease reviews
4. Once mental health support is stabilised in Blackpool further develop service to allow integration of resource into Fylde and Wyre aligned with the Changing Futures Hubs
5. Develop communications to raise awareness of the homeless/rough sleeper mental health service
6. Work with partners to develop an outreach offer for Fylde and Wyre aligned with the Changing Futures Hubs
7. Establish more robust referral pathways between primary and secondary care to support the reintegration of clients into mainstream services
8. There is a case for a dedicated GP support to be made available to support the nurse-led clinics
9. Work with partners to address the gap in dental services
10. Work with partners to develop an Optometry offer

Appendix A: Case Studies

8.1 Case Study A

The team were asked to outreach and try to engage client A as many services were concerned about his welfare due to him being on end of life treatment for stage 4 cancer. A member of the team found him sleeping in a Public toilet on Gynn Square he engaged well as he has grown up with the majority of the team. The team supported him to housing and managed to get him a room at the Emergency Bed Unit. The team supported him to the GP and to the Health Bus to get his legs dressed.
On the bus the team supported him to sit in on a Multi Agency Meeting that had been arranged to try and support him with a Care package, he had not been invited. The Care Package was for him to go into a Hospice he did not want to do this. He was encouraged by the team to speak up and to state what he actually needed. He was addicted to drugs and alcohol and did not wish to end his life in a Hospice.
It was agreed he could go into a care home. This went well for a while but he was accused of stealing off another resident and left the premises. The team supported him again, got him back on his methadone prescription and supported him to Housing where he was placed in a Hostel.
Client A, was quickly starting to deteriorate and decided he wanted to stop drinking alcohol. We arranged for the Adder staff to support him with a detox, which he completed in the Hostel. He had a birthday coming up so the team arranged a birthday lunch at Empowerment knowing this would probably be his last. Client A's last few days were spent with the Team around his friends he passed away in the Hostel but in the Knowledge, he was safe and looked after.
The team found his family and supported with funeral arrangements and his favourite song was played that he always wanted on when he was in a Team member's car.

8.2 Case Study B

Client B is an entrenched Rough Sleeper and Substance Misuser and lacks trust in services. Client B has been on the streets on and off for years has excepted support on a number of occasions from housing and drug services but has always failed due to the rules he finds himself unable to engage with.

Client B has a dog, which is on the dangerous dogs register and has been removed on a number of occasions but has been given back to him in Court. The dog is his protected factor and the one thing that gives him some stability and love in his life. Client B struggles to do any appointments due to being unable to leave his dog outside services.

Even though Client B is not with any of the Lived Experience Teams services, they always speak and engage with him when seen on the Streets and ask if there is anything, we can do to help. The answer has always been no I do not need any help from services.

One day Client B turned up at the offices with no appointment and said he needed help. A Police Officer had told him she had found him a flat and he needed to go and see the Estate Agent. Client B had done this and was informed he needed references and he had not been promised a flat.

The Team knew the importance of him coming and asking for our help and the importance of not sending him away with an appointment. A Housing First worker was in the office at the time who called housing and the Estate Agent to find out what was happening regarding the flat. Unfortunately, there was no flat for him and he had been given the wrong information.

At this time, Client B was in poor health, and we suspected he had Sepsis. The Team worked with the Homeless Health Team and went with the Nurses to see him in the Public Toilets where he was staying. The Housing First worker went in search of a flat. The Team and Housing First visited him in the Toilets for the next couple of days. Time was Crucial and we needed to get him into Hospital, however he would not leave his dog.

Housing First found him a flat and he agreed to engage and go to the Hospital as soon as he moved in as long as we found somewhere for his dog. He moved in the following week and Housing paid the dog to go into Kennels whilst Client B went into hospital.

The Team supported Housing First with the move picking him up from the toilets and moving him along with the dog into the flat. The next day we picked him up, took his dog to the Kennels and Client B to hospital. Client B was treated for Sepsis and on discharge; we picked his dog up and returned it straight to him. Client B and dog are both now settled in the flat and visited daily by Housing First. Client B is still refusing any support from Drug Services but the day he accepts support we will make that referral.

What worked different this time with Client B?

- An open-door policy at our office no appointment needed.
- Rapid Response to what Client B needed not what services say he needs.
- Joint working with the Team and other agencies to meet his needs without barriers.
- Relationship with the Team already there to enable him to ask for help when he needed it.
- Taking the services to him not expecting to attend appointments and assessments.

8.3 Case Study C

Client C 47-year-old gentleman in a hostel in Blackpool. He was diabetic with previous broken leg that got infected. He was not compliant with Diabetes medication.
Mentors went to visit C one day at the Hostel and found him sat on the step outside in the rain waiting for an ambulance, the Mentors were informed the wait would be a few hours. Mentors placed him in their car and took to A&E.
Client C was admitted, and the hospital needed to operate and amputate the leg.
The Mentors supported whilst in hospital for a good few weeks' and moved on to a Rehab. Client C was moved into Gorton Street Hostel into a first-floor room. On release the Mentors Visited Client C who stated that no one has been to see him to dress his leg and he has no support at all since he had left hospital.
The Mentors contacted the Homeless Health Team who visited Client C regularly in the Hostel, dressed his legs and liaised with the District Nurses to support Client C. An Adult Social Care Assessment was also put in place to support Client C with Getting in the shower and daily chores.
Client C has been taken to the hospital and supported with fittings for his new prosthetic leg.
Client C is now living independently in a Coastal Housing Flat with support from the Team. Abstinent from all drugs and complying with his Diabetic Medication.

8.4 Case Study D

Female 40's Mental Health, Substance Misuse and Homeless. The team first starting engaging female when she was sleeping in a doorway on Abingdon Street.
The Team built a relationship and encouraged to the Health Bus and ensured she always had Naloxone.
Client moved into Gorton Street and has been there 9 months. Client attends the office regularly on one occasion attended and had fallen and had infected knees.
The team called the Homeless Team who came straight away to dress her legs. When they were here both ladies said they were concerned they could be pregnant. The Homeless Team tested them then with the help of the Mentors discussed and organised for them both to have LARC. Both ladies had implants that were still in from a couple of years ago.
The Team also worked closely with Horizon and have now supported the lady who is currently in detox and will be going on to rehab and moving into her own accommodation when she returns home.

8.5 Case Study E (from Housing options)

An IVDU gentleman, had dangerous strep bacterial wound infection, some said he will manage, others had concerns. So, the housing options team liaised with the nurse-led homeless clinic who advised that he may not be able to manage and if he doesn't it can be life threatening for him. So, the Housing options team took him out of his accommodation and found a place at a hostel where there was more direct supervision.

Appendix B: Service User's Questionnaire

1. Age: (Please tick one box from the options below)

□ Under 18 □ 18-24 □ 25-34 □ 35-44 □ 45-54 □ 55-64 □ 65+

□ Prefer not to say

2. Sex: (Please tick one box from the options below)

□ Male □ Female □ Non-Binary □ Prefer not to say

□ Other_____

3. Ethnicity: (Please tick one box from the options below)

□ White □ Black □ African □ Caribbean □ Asian □ Mixed

□ Other_____

4. What is your current address?

   a) When did you move here?

   b) What were the reasons?

5. Are you registered with a GP?

   a) If yes, what's the name of the practice?

   b) Do you find it difficult to get help from your GP practice?

   c) What are the barriers you face when getting help from GP practice?

   d) If not, were you ever registered before? And what are the reasons for not doing so?

6. Do you have any health problems? Y/N

a) What concerns you the most about your health?

b) Were your health problems addressed by any healthcare provider?

7. Have you attended the homeless health clinics at the bridge? Y/N

a) What impact has it had on your life?

b) What do you particularly like about the service?

c) How can the service be improved?

8) Do you know about the outreach bus used by the homeless health clinic? Y/N

What do you think about it?

9) How is homeless health clinic different from the usual GP/OOH services?

10) Have you ever been referred to or used the homeless mental health service? Y/N

a) Did you find it helpful?

b) What did you like the most about the service?

c) How can we improve it?

11) Have you required any support from the homeless health hub in terms of your housing? Y/N

a) Did you find it helpful?

b) How can we improve this?

12) Have you accessed Drug and Alcohol services? Y/N

a) Did you find it helpful?

b) What did you like about it?

c) How can we improve it?

13) Have you been signposted to or supported to access any other services by homeless health hub? Y/N

a) What services were they?

b) Did you find them helpful?

14) How has the homeless health hub impacted your life overall? Any other comments.

Nurse-led homeless health clinic

"...it (homeless health clinic) feels like real investment in Homeless Healthcare"

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Vikki Piper, Head of Housing and Kate Aldridge, Head of Commissioning
Date of Meeting:	26 January 2023

SUPPORTED HOUSING SCRUTINY PANEL – UPDATE ON RECOMMENDATIONS

1.0 Purpose of the report:

1.1 To inform scrutiny of the progress against the recommendations from the Supported Housing Scrutiny Review report, and the ongoing work in this area.

2.0 Recommendation(s):

2.1 To agree that the recommendations from the report in January 2023 have been completed, and to note the current position and ongoing work.

3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee retains oversight of the scrutiny issues and provide confidence that work continues in this area.

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

4.0 Other alternative options to be considered:

4.1 Not applicable.

5.0 Council priority:

5.1 The relevant Council priority is

- The economy: Maximising growth and opportunity across Blackpool
- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Scrutiny Committee completed a review of supported housing during 2021/22, concluding in January 2023.

6.2 The review took place both before and during a government pilot in 2021, and the final report contained two recommendations:

1) 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.

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

6.3 Both recommendations are complete, and the Council has now received further funding to continue the work of the pilot as part of the national Supported Housing Improvement Programme, which is funded for three years, and is detailed further on.

6.4 **The Pilot**

The original pilot concluded in October 2022 and produced a number of outcomes, which were endorsed by scrutiny, notably, the development of several key documents including:

- A clear process for new providers to follow
- A clear set of quality standards which we expect providers to follow
- A comprehensive Needs Assessment and accompanying Market Position Statement
- A single point of contact for supported housing enquiries, supported by a multi-disciplinary team of officers to provide expert advice and guidance.

All documents are now located on a single dedicated page on the Council's website:
Supported housing (blackpool.gov.uk)

6.5 As part of the pilot the multi – disciplinary team also conducted a comprehensive inspection programme (within covid limitations), with the following outputs:

- Over 100 building inspections
- Approximately 30 support plan reviews for young people
- Over 200 support plan reviews from adult providers.
- Approximately 30 interviews with service users, including young people (conducted jointly between officers, and people with lived experience).
- Feedback sessions to 10 providers, and additional workshops for young people's providers

6.6 **The Supported Housing Improvement Programme (SHIP)**
Dialogue continue with DLUCH following the end of the initial pilot, and a further three years of funding was contained within the Levelling Up package announced for Blackpool in March 2023.

The funding and programme was confirmed in Summer 2022, and the original pilot cohort of five, has now been expanded to approximately 22 Local Authorities.

6.7 The main objectives of the Blackpool SHIP include:

- Build on the pilot activity and continue to use all our existing powers and the expertise developed by individuals in HB, Planning, and Enforcement to bring supported housing providers up to a standard across the town which provides genuine value for money.
- Track from allocation through the three year period the welfare and progress of people using supported housing in different forms with different providers and work with an academic research partner to draw together a comprehensive and coproduced social research piece.
- Mapping, visiting and inspecting over the three year period all current and new Supported Housing schemes housing more than 4 people.
- Aligning the review of the Market Position Statement for supported housing with the Place Based Partnership and Integrated Care Partnership to ensure good quality housing with support is an enabler for improving wider population based health outcomes.
- Working alongside the wider DLUC and Homes England housing intervention and private rented sector programme across inner Blackpool to maximise impact and positive outcome for residents

6.8 **Legislation and Regulation**
As per the recommendations, Blackpool have engaged in all opportunities with government and others to continue to support the review of legislation and regulation in this area, which is ultimately needed to ensure sufficient oversight and value for money.

6.9 A private members bill, sponsored by Bob Blackman MP, and supported by homeless charity Crisis, is currently working its way through the parliamentary process and has reached the committee stage in the House of Commons. The bill is described as:

"A Bill to make provision about the regulation of supported exempt accommodation; to make provision about local authority oversight of, and enforcement powers relating to, the provision of supported exempt accommodation; and for connected purposes."

6.10 We will be closely following the progress of the bill, to ensure we are well positioned to respond to any changes that come from it.

6.11 Does the information submitted include any exempt information? No

7.0 Appendices

None.

8.0 Financial considerations:

8.1 Three year funding received to continue the work of the pilot.

9.0 Legal considerations:

9.1 None – but to note potential for future legislative change as a result of the supported housing bill.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 The relevant strategies have been through equalities impact assessments.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 None at this time, but note that work will continue with providers, and research will eb co-produced.

14.0 Background papers:

14.1 None

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager
Date of Meeting:	26 January 2023

ORAL HEALTH STRATEGY SCRUTINY

1.0 Purpose of the report:

1.1 To report back the outcomes of the scrutiny meeting held to feed into the development of the Oral Health Strategy.

2.0 Recommendation(s):

2.1 That the comments and suggestions made at the meeting be considered by the relevant officers for incorporation into the final Strategy.

3.0 Reasons for recommendation(s):

3.1 To ensure the views of scrutiny members are incorporated as appropriate into the final version of the Strategy.

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

4.0 Other alternative options to be considered:

4.1 Officers may determine not to incorporate the comments should they be considered to not be appropriate, however, the reasons for not including them would be sought and fed back to the Committee in this circumstance.

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Members of the Adult Social Care and Health Scrutiny Committee met on the 12 January 2023 to consider the draft Oral Health Strategy and feed in views and comments to its development. Mr Alan Shaw, Public Health Practitioner, Ms Liz Petch, Consultant in Public Health, Ms Nicky Dennison, Public Health Specialist, Ms Michelle O'Neil, BetterStart and Councillor Jo Farrell, Cabinet Member for Adult Social Care and Community Health and Wellbeing were in attendance to present the Strategy and answer any questions.

6.2 Members made the following key comments on the Strategy:

- That the way in which people can access dental services if they are not registered with a dentist be promoted through Your Blackpool on a regular basis.
- That recommendation 7 of the Strategy be expanded to pick up children already over the age of one who are not registered with a dentist.
- That the primary aim and recommendation of the Strategy should be to improve access to dentists for all and improve the services on offer.
- That recommendation 10 be made clearer in that the e-learning courses are for practitioners and not service users.
- That recommendation 12 be amended to remove the reference to the concerns regarding effectiveness.
- To explore with primary care practitioners whether any additional links can be made with health care providers workers to better support older adults who are not in residential care or receiving care at home support with their oral health.

6.3 The Committee is asked to endorse the comments made at the meeting and request that relevant officers consider incorporating these into the final Strategy document.

6.4 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 None.

8.0 Financial considerations:

8.1 None.

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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Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Sharon Davis, Scrutiny Manager.
Date of Meeting:	26 January 2023

MENTAL HEALTH PROVISION FOR YOUNG MEN SCRUTINY REVIEW FINAL REPORT

1.0 Purpose of the report:

1.1 To consider the final report of the scrutiny review of Mental Health Provision for Young Men.

2.0 Recommendations:

2.1 The Committee to recommend the approval of the final report of the scrutiny review of Mental Health Provision for Young Men for submission to the Executive.

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

3.0 Reasons for recommendations:

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

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

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

4.0 Other alternative options to be considered:

4.1 None

5.0 Council Priority:

5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background Information

6.1. This scrutiny review was established as a joint review of the Children and Young People's and Adult Social Care and Health Scrutiny Committees. Upon completion, the recommendations of the review fall within the portfolio of the Cabinet Member for Adult Social Care and Community Health and Wellbeing and therefore it has been determined that the Adult Social Care and Health Scrutiny Committee be responsible for the report approval and future monitoring of the report's recommendations should they be approved.

6.3 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 10(a): Mental Health Provision for Young Men Scrutiny Review Final Report

8.0 Financial considerations:

8.1 Contained within the final report.

9.0 Legal considerations:

9.1 Contained within the final report.

10.0 Risk management considerations:

10.1 None

11.0 Equalities considerations:

11.1 None

12.0 Sustainability, climate change and environmental considerations:

12.1 None

13.0 Internal/ External Consultation undertaken:

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

14.0 Background papers:

14.1 None

Appendix 10(a)

Mental Health Provision for Young Men Scrutiny Review Final Report

CONTENTS **PAGE**

1.0 Foreword

1.1 The mental health of young men aged 16 – 25 in Blackpool is a subject of significant concern. Research has demonstrated that young men in this age group can be the last to talk about their worries and seek help. They can often keep their thoughts to themselves until it is too late, when opening up and talking could help them in no end of ways.

1.2 This topic is very dear to a number of members and we want to see the care of these young men improved in order to ensure a brighter future for them and their families. In addition to improved care for mental health problems once they have been raised and help has been sought we also want the ways in which prevention work and identification of those with problems improved. Data suggests that the majority of young men who died by suicide were not known to services and did not seek help. We would like to question what more can be done to identify and encourage young men with poor mental health to seek support before it is too late.

1.3 I would like to thank the Members for their contribution to this review and all the officers involved for their time and efforts in presenting a large amount of information to us in a short space of time.

Councillor Andrew Stansfield
Chairman, Mental Health Provision for Young Men

2.0 Summary of Recommendations

	Timescale
Recommendation 1 That the Executive requests that data sharing protocols between key organisations in the town including NHS organisations, the Council and appropriate third sector groups be reviewed and strengthened to improve the ability to analyse data and ensure that young men need only tell their story once.	June 2023
Recommendation 2 That Blackpool Council and Blackpool Teaching Hospitals NHS Foundation Trust be requested to consider the joint funding of a pilot to test the provision of a key worker as soon as possible for the cohort aged 18-25 in a similar and appropriate way to the service currently provided for those aged under 18. The outcomes of the pilot would be shared with Lancashire and South Cumbria ICB to consider sustaining these as part of the adult transformation programme.	June 2023
Recommendation 3 That the importance of peer support be recognised as a key part of the Lancashire and South Cumbria Integrated Care Board's plans for transformation and that recurrent funding be built into budgets to enable third sector organisations providing such support to plan and improve sustainability.	June 2023
Recommendation 4 That an item be added to the workplans of the Adult Social Care and Health Scrutiny Committee and the Children's and Young People's Scrutiny Committee in the new Municipal Year to consider an update on the progress made on the Mental Health Transformation Plan for 18-25 year olds, progress made in improving the transition between children and adult services and the results from the suicide audit being carried out.	June 2023

3.0 Background Information

3.1 At its meeting on 9 December 2021, the Children and Young People's Scrutiny Committee during consideration of a report on Educational Diversity noted that during the transition of young people from Children's to Adult Services that access to Child and Adolescent Mental Health Services (CAMHS) ceased at age 16. Officers at the meeting acknowledged the difficulties and frustrations experienced by young people and their families in accessing appropriate services and recognised that services needed to be commissioned in a different way in order to meet the needs of this group of vulnerable young people. NB. Prior to the commencement of the review the age range from CAMHS was extended to 19 years.

3.2 In addition, a joint informal meeting between the Adults Social Care and Health Scrutiny Committee and the Children and Young People's Scrutiny Committee had been held on 22 November 2021 to consider the proposed redevelopment of Child and Adolescent Mental Health Services, at which a number of key issues were identified. During this meeting, it was agreed that the mental health of young men aged 16-25 and suicide prevention in particular was of concern in Blackpool and required a review.

3.3 Due to the cross cutting nature of this topic, the review was established as a joint scrutiny review with Members from both the Adult Social Care and Health Scrutiny Committee and Children and Young People's Scrutiny Committee taking part.

3.4 The Scrutiny Review Panel comprised of Councillors O'Hara, Burdess, Critchley, R Scott, Stansfield, Walsh, M Scott, D Scott, Mitchell, Hunter and Wilshaw. Gemma Clayton and Mike Coole, Co-opted Members of the Children and Young People's Scrutiny Committee also contributed to the review.

3.5 A large amount of preparatory work was undertaken to identify the following key areas for consideration in the review:

- The transition from children's to adult services.
- The duties of the Council and other organisations.
- The Elliot's House project and other relevant projects specifically for this age group.
- The links between self-harm and suicide rates.
- Work undertaken to prevent suicide.

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

Communities - Creating stronger communities and increasing resilience

4.0 Methodology

4.1 The Panel… Details of the meetings are as follows:

Date	Attendees	Purpose
11 July 2022	Councillors O'Hara, Burdess, Critchley, R Scott, Stansfield, Walsh, M Scott, D Scott, Mitchell and Hunter Gemma Clayton, Mike Coole, CYP Co-opted Members Sara McCartan, Head of Adolescent Services, Blackpool Council Paul Turner, Assistant Director of Children's Services (School Improvement and Special Educational Needs), Blackpool Council Judith Mills, Consultant In Public Health (Health Improvement and Adult Public Health), Blackpool Council Zohra Dempsey, Public Health Practitioner (Sexual /Mental Health and Wellbeing), Blackpool Council Chris Coyle, Assistant Director of Children's Services (Children's Social Care and Tis), Blackpool Council Sharon Davis, Scrutiny Manager, Blackpool Council	To have an in depth look at the scope of the review, discuss how the information can be gathered and confirm details of who the review wishes to speak to and what information it requires in order to carry out the review. To also receive any additional background information from the officers in attendance about current work to support young men aged 16-25 years and any work carried out on suicide prevention.
5 September 2022	Councillors Stansfield, Critchley, Wilshaw, O'Hara, D Scott, Burdess and Walsh Gemma Clayton, CYP Co-opted Member Judith Mills, Consultant In Public Health (Health Improvement and Adult Public Health), Blackpool Council Elaine Walker, Place/Integration and THRIVE Support, Families and Integrated Community Care Division, Blackpool Teaching Hospitals NHS Foundation Trust Linzi Cason, Senior Manager, Empowerment Charity Zohra Dempsey, Public Health Practitioner (Sexual /Mental Health and Wellbeing), Blackpool Council Chris Coyle, Assistant Director of Children's	To consider two case studies that demonstrated the journey of two young people through mental health services. To consider data relating to suicide in Blackpool, mental health support and prevention work targeted at young men age 16-25 to also explore the links between self harm and suicide and how to ascertain the level of uptake of services by this specific cohort.

	Services (Children's Social Care and Tis), Blackpool Council Rachel Orwin, Schools Early Intervention and Safeguarding Officer, Blackpool Council Sara McCartan, Head of Adolescent Services, Blackpool Council Carolyn Watkins, Adult Mental Health Commissioning, Lancashire and South Cumbria Integrated Care Board Lesley Tiffen, Programme Lead, All age Mental Health, NHS Lancashire and South Cumbria Integrated Care Board Nicki Turner, Children and Young People's Emotional Health and Wellbeing Programme Manager, Blackpool Teaching Hospitals NHS Foundation Trust Paul Turner, Assistant Director of Children's Services (School Improvement and Special Educational Needs), Blackpool Council Sharon Davis, Scrutiny Manager, Blackpool Council	
16 November 2022	Councillors O'Hara, M Scott, Critchley, R Scott and Burdess Mike Crowther, CEO, Empowerment Charity Judith Mills, Consultant In Public Health (Health Improvement and Adult Public Health), Blackpool Council Linzi Cason, Senior Manager, Empowerment Charity Elaine Walker, Place/Integration and THRIVE Support, Families and Integrated Community Care Division, Blackpool Teaching Hospitals NHS Foundation Trust Sara McCartan, Head of Adolescent Services, Blackpool Council Nicki Turner, Children and Young People's Emotional Health and Wellbeing Programme Manager, Blackpool Teaching Hospitals NHS Foundation Trust Lesley Tiffen, Programme Lead, All age Mental Health, NHS Lancashire and South Cumbria Integrated Care Board Carolyn Watkins, Adult Mental Health Commissioning, Lancashire and South Cumbria Integrated Care Board Paul Turner, Assistant Director of Children's Services (School Improvement and Special	To consider the feedback already available on services from Healthwatch. To consider recent learning and changes to the transition between children's and adult services. To receive an overview of the input of service users into the process of service redesign. To receive information on the future audit of suicides. To consider detail of the transformation plans for mental health services.

	Educational Needs), Blackpool Council Zohra Dempsey, Public Health Practitioner (Sexual /Mental Health and Wellbeing), Blackpool Council Sharon Davis, Scrutiny Manager, Blackpool Council	

5.0 Detailed Findings and Recommendations

5.1 Introduction and Case Studies

5.1.1 During the course of the first meeting of the review panel, the scope of the review was considered in detail and it was agreed that as a start point, Members would receive two real life case studies that demonstrated the full journey of two young people through mental health services. The case studies and discussion with partners highlighted what was working well and perhaps where improvements were still required.

5.1.2 Considered to be working well were the monthly operational meetings amongst partners which reduced barriers enabling people to access what they needed and the work ongoing to upskill practitioners in key areas such as adverse childhood experiences and suicide prevention. Despite these positives it was considered that there remained fragmentation in bridging the gap between children's and adults services, that pathways could be disjointed and data sharing was not always being carried out effectively.

5.1.3 Other specific concerns raised through consideration of the case studies included self-discharge and repeated discharge and readmission in a short space of time. It was acknowledged that a person aged over 18 who was deemed to have capacity could take that decision, however, more options were available to practitioners if the patient was under 18.

5.1.4 Emphasis was placed on considering what the Council's statutory duties in support young men aged 16-25 were and it was noted that many of the duties ceased at age 16 or when the young person left education. Depending on the needs of the individual it could be that adult social care then had responsibility for some aspects of care and support. There was a high level of support in schools for young people, however, concern was expressed for those that had recently left or were about to leave school and how they could access the same support outside of school.

5.1.5 The Panel also received initial data around suicide and self-harm. It was noted that each individual circumstance was complex. Not all those that died by suicide were previously known to services whilst others had accessed a wide range of services including crisis intervention services. Deaths by suicide are more common in males and locally, there have been more deaths in young men than young women aged 16-25, which was one of the reasons that had prompted this review. It was also reported that there had been difficulty in acquiring data from other organisations where suspected deaths by suicide had occurred (i.e. whether they were known to mental health services).

Recommendation One
That the Executive requests that data sharing protocols between key organisations in the town including NHS organisations, the Council and appropriate third sector groups be reviewed and strengthened to improve the ability to analyse data and ensure that young men need only tell their story once.

5.2 Redesign of NHS funded children and young people's emotional wellbeing and mental health services across Lancashire and South Cumbria

5.2.1 The Panel was particularly interested to hear about the input of service users into the redesign of NHS funded children and young people's emotional wellbeing and mental health services across Lancashire and South Cumbria. Through a series of consultation events the following key points were raised by the young people to ensure they had a voice:

- We need greater awareness of mental health amongst all staff in schools – training for all
- Can we have meetings outside of clinical settings? Somewhere more informal – even outside
- We would use websites that we know are trusted and reliable and if they have a messaging/chat facility that could be accessed 24/7 that would be great
- We'd want training for our family on mental health and for them to access information and support groups
- Appointment times need to be flexible around us not around the professionals
- Definition of crisis is too rigid
- We don't want to go to adult services at 16
- We would want the option of being able to create a joint care plan
- We want someone who can relate to us, listens to us and is someone we can trust – and stays with us on our journey
- We don't want to have to explain ourselves to too many people – the key worker could brief the other professionals
- Waiting times are a problem – need support whilst on a waiting list too.

5.2.2 In response to the comments raised by the young people, various amendments to the way in which services were provided were identified. These included the extension of CAMHS to age 19, holding meetings in a 'safe' place and the introduction of 'health passports' to ensure that children and young people did not need to tell their story more than once. Following the redesign, young people were then asked whether they felt the changes had addressed their key concerns to which they answered yes.

5.2.3 It was noted that the transformation of NHS funded children and young people's emotional wellbeing and mental health services was much further along than the transformation of adult services and that large amounts of work had been carried out in schools to break down the stigma and encourage young people to seek help. Support workers were being provided through schools as well as colleges and the improvement in services for young people was tangible with positive feedback received from schools. An aim was to ensure a support worker was provided to all schools.

5.2.4 The Panel was also informed of the drop in sessions provided around the town that young people could access whilst on a waiting list for psychological therapies, the youth therapy service and the uptake of online services such as Togetherall (formerly Big White Wall) amongst the 18-25 cohort. Additional funding had created new posts with focus placed on both recruitment and also upskilling 'own grown' teams.

5.2.5 Members highlighted the obvious importance to young people of telling their story once and the potential trauma for some in retelling their story on a number of occasions and sought assurance that removing the barriers to information sharing previously highlighted would be prioritised to enable this. The Panel also wished to receive future reporting on the topic to ensure improvement.

5.3 Transformation of Adult Mental Health Services

5.3.1 The development of the adults community transformation programme was at a less advanced stage to the NHS funded children and young people's emotional wellbeing and mental health services redesign. Increased funding had been received for both children's and adults mental health services and the ambition both nationally and locally was to meet a four week wait time moving forward.

5.3.2 The NHS Long Term Plan (2019) set out that all areas should be commissioning a comprehensive offer for 0-25 year olds that reaches across mental health and physical health services for children, young people and young adults by the end of 2023/24. The Mental Health Implementation Plan (2019) further set out that the delivery of an integrated approach across health, social care, education and the third sector, bringing together physical and mental health services with wider local authority and NHS services, including primary care, community services, speech and language therapy, school nursing, oral health, acute and specialised services and that systems should design and implement models of care that are person-centred and holistic, are delivered closer to home and are age appropriate, with transition to adult services based on need not age.

5.3.3 Members were informed that the ambition for Lancashire and South Cumbria was to provide a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults in all Integrated Care Systems by 2023/24. The expectation is that by 2023/24 there will be no age based thresholds in operation (no young person should be asked to transition automatically at 18) and that all services would be adapted to better meet the needs of 18-25 year old as part of a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

5.3.4 The Panel was provided with an overview of the high level plan and the nine deliverables and it was noted that engagement was ongoing with key stakeholders. An initial steering group had been established which was to oversee the plan delivery and report progress to the Transformation Board.

5.3.5 During discussion of the transformation of adult services, consideration was given to the aspects of the NHS funded children and young people's emotional wellbeing and mental health services redesign that had proved particularly helpful to young people and it was noted that the provision of a key worker for the under 18 cohort had proved very successful in providing tailored, specific support, with a recommendation identified to replicate the support for the 18-25 cohort in the hope that it would particularly benefit young men and improve preventative work.

Recommendation Two
That Blackpool Council and Blackpool Teaching Hospitals NHS Foundation Trust be requested to consider the joint funding of a pilot to test the provision of a key worker as soon as possible for the cohort aged 18-25 in a similar and appropriate way to the service currently provided for those aged under 18. The outcomes of the pilot would be shared with Lancashire and South Cumbria ICB to consider sustaining these as part of the adult transformation programme.

5.4 Transition between Children's and Adult Services

5.4.1 The transition of young people from Children's to Adult mental health services had been identified as a key consideration for the Panel and as previously noted that the Child and Adolescent Mental Health Services (CAMHS) was much further into its transformation programme than the programme already described for adults. Part of the transformation work for CAMHS had focussed on this transition and ensuring that young people were not left without support during the transition.

5.4.2 As part of the review, representatives from Blackpool Teaching Hospitals NHS Foundation Trust looked at four young people who were at the point of transition in real time rather than historical examples and provided this information to the review. Of these, two positive examples of transition were provided and demonstrated good examples of handover and communication. However, it was noted that these examples were of a transition to specific adult services such as the adult eating disorder service rather than generic services. The other two examples were less positive and were of a transition from CAMHS to the generic adult mental health services where there was a more substantial level of system pressure. Consideration was being given to how the service could be flexible and whether young people could remain with CAMHS until a safe transfer to adult services could be ensured.

5.4.3 It was reported that key changes made during the transformation which were still having an impact included increasing the length of the transition process which now commenced six months prior to a person's 19th birthday. Procedures had also been introduced around transition which referred to information sharing around safeguarding and consent with a policy outlining resolution and arbitration if required.

5.5 Suicide Data and Prevention

5.5.1 Consideration of the available data on suspected suicides (not confirmed by inquest) from the real-time surveillance system suggested that the number of deaths by suicide had reduced over the previous years. However, the official published figures (shown as a three year rolling rate) had not yet been updated. The suspected deaths by suicide locally for young people aged 16-25 were all male, though a third were of people not residing in Blackpool.

5.5.2 Members examined the potential reasons for the suggested decrease in number and it was noted that there had been a number of public health campaigns in place and increased levels of suicide prevention training, however officers advised that it was difficult to pinpoint why there may be a reduction and what had caused it as cases were very individual. There had been a campaign to promote the five ways to wellbeing with increased training in schools with emphasis placed on early intervention. The previous

issues raised in relation to finding out whether people were known to mental health services were highlighted again.

5.5.3 The Panel discussed potential correlations between young males and substance misuse and whether that was a particular contributing factor to suicide in this demographic. It was noted that no specific data to Blackpool was available, however, cases of substance misuse came up frequently in discussions and national evidence suggested to a link to substance misuse and poor mental health. Work was ongoing to highlight the problems that could be caused by substance and alcohol misuse both locally and nationally.

5.5.4 In relation to the deaths of young males aged 16-25, Members queried whether more data could be provided regarding the potential factors involved, relationships, causation to obtain a more thorough idea of anything that could be done to address this. It was noted that if a child under the age of 18 died a Child Death Overview Panel would be held to look at potential learning from around the death but this did not happen for those aged over 18. It was also reported that a suicide adult had been carried out previously, although look at suicide as a whole rather than this particular age cohort. It was suggested that a future audit could focus on this age group and trying to gather more detail around their history and potential contributing factors in order to focus resources. The audit when completed would form part of the future reporting to the Adult Social Care and Health and Children and Young People's Scrutiny Committees.

5.5.5 Specific reference was made to Elliot's Place as a key service for young men and it was reported that that had been improvements made in encouraging young men to talk about mental health more, however, much more was required with Blackpool having one of the highest levels of suicide amongst young men in the UK. There were serious mental health issues which were being made worse by the current environment. Elliot's Place had been inspired by the memory of Elliot Taylor who had died by suicide agenda 24 in 2020, whose family had not wanted anyone else to suffer in the same way. Elliott's Place aimed to offer community peer support for young men to get together and share concerns with no stigma attached. On offer was access to walks, gardening, opportunities to gather with peers and empower communities to support each other.

5.5.6 Young men aged 16-25 continued to find it difficult to access services and talk about their feelings. At Elliot's Place young men found other young men to talk to - Elliot's Mates. Covert advertising of the service took place to ensure that young men could find out about Elliot's Place without having to go out of their way. Members commended the peer support on offer and highlighted its importance whilst raising concerns that third sector organisations were not always offered recurrent funding in a sustainable way. It was highlighted that in order to continue high levels of service provision, organisations must be able to plan with funding built into the overall budget of the relevant funding organisation which is this case was identified as the Lancashire and South Cumbria Integrated Care Board.

Recommendation Three
That the importance of peer support be recognised as a key part of the Lancashire and South Cumbria Integrated Care Board's plans for transformation and that recurrent funding be built into budgets to enable third sector organisations providing such support to plan and improve sustainability.

Recommendation 4
That an item be added to the workplans of the Adult Social Care and Health Scrutiny Committee and the Children's and Young People's Scrutiny Committee in the new Municipal Year to consider an update on the progress made on the Mental Health Transformation Plan for 18-25 year olds, progress made in improving the transition between children and adult services and the results from the suicide audit being carried out.

6.0 Financial and Legal Considerations

6.1 Financial

6.1.1 Public Health funds the following:

- Mental health provision for complex young people (18-25) through the homeless mental health team – posts have been funded to add capacity to the team and a contribution towards a psychologist post totalling: £178,600, the rest of it is will be funded through the ICB. Funding is for this year, with the intention to fund next year.
- Young ADDER/CASHER post - £52k, funded for three years, ending in March 2023 as we move towards picking up complex CYP through the homeless mental health team and part-funding the post with the Adolescent service.
- Community suicide prevention service which will include provision of individual and peer support for 18-25 year olds bereaved by suicide. The total is £75k, our contribution is £37,800 and the rest is funded through the ICB Funding for 12 months initially, starting in January 2023. The impact/outcomes will need to be assessed as it's a new project.

Public Health is also looking at contributing towards a mental health practitioner post to work with the Adolescent Service. This will be £24,965, the rest of the post will be funded through the ICB. It's likely we'll fund it for 12 months and will gather data on effectiveness as part of a business case for future years funding.

6.2 Legal

6.2.1 There are no specific legal implications, however, consideration would need to be given to GDPR and Data protection should the data sharing element of the recommendations be progressed. There is also the cross over in respect of Adults and Children and the statutory obligations that each have to observe from their respective statutory roles.

Title Scrutiny Action Plan

Recommendation	Cabinet Member's Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes

Recommendation 1 That the Executive requests that data sharing protocols between key organisations in the town including NHS organisations, the Council and appropriate third sector groups be reviewed and strengthened to improve the ability to analyse data and ensure that young men need only tell their story once.			12 months	**CE, Blackpool Council, CEO, BTH, Blackpool Lead, ICB**		
Recommendation 2 That Blackpool Council and Blackpool Teaching Hospitals NHS Foundation Trust be requested to consider the joint funding of a pilot to test the provision of a key worker as soon as possible for the cohort aged 18-25 in a similar and appropriate way to the service currently provided for those aged under 18. The outcomes of the pilot would be shared with Lancashire and South Cumbria ICB to consider sustaining these as part of the adult transformation programme.			12 months	**Director of Public Health and BTH CEO**		
Recommendation 3 That the importance of peer support be recognised as a key part of the Lancashire and South Cumbria Integrated Care Board's plans for transformation and that recurrent funding be built into budgets to enable third sector organisations providing such support to plan and improve sustainability.			12 months	**Director of Public Health and ICB Lead**		

Recommendation 4 That an item be added to the workplans of the Adult Social Care and Health Scrutiny Committee and the Children's and Young People's Scrutiny Committee in the new Municipal Year to consider an update on the progress made on the Mental Health Transformation Plan for 18-25 year olds, progress made in improving the transition between children and adult services and the results from the suicide audit being carried out.			12 months	**Scrutiny Manager**		

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager.
Date of Meeting:	26 January 2023

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 11(a) and was developed following a workplanning workshop with the Committee in June 2022. 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 11(b) has been developed to assist the Committee in effectively ensuring that the recommendations made by the Committee are acted upon. The table will be regularly updated and submitted to each Committee meeting.

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

Does the information submitted include any exempt information? No

7.0 List of Appendices:

Appendix 11(a): Adult Social Care and Health Scrutiny Committee Workplan
Appendix 11(b): Implementation of Recommendations/Actions

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.

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Adult Social Care And Health Scrutiny Committee Work Plan 2023-2024

6 January 2023	1. **Enhancing the Stroke Network** update on actions taken and recruitment. 2. **Maternity Services update** 3. **Drug Related Deaths Scrutiny Review** update on recommendations and response to Multiple Disadvantage 4. **Update on Supported Housing Scrutiny Review Recommendations** 5. **Oral Health Scrutiny** feedback from scrutiny input to the strategy development
23 February 2023 Special	1. **Update on new Place Based Partnership/ICB** 2. **Adult Services update**
TBC June 2023	**1. Blackpool Safeguarding Adults Annual Report 2022/23** **2. Adult Services update**
TBC October 2023	**1. Update on smoking cessation and alcohol deaths/treatment** **2. Final report on Healthy Weight Scrutiny Review Recommendations**
TBC November/ December 2023	**1. Access to Dentists and Oral Health** update on whether the ability for residents to access dentists has improved for residents and an update on the implementation of the recommendations in the Oral Health Strategy. **2. Adult Services update**

Scrutiny Review Work	
TBC 2023	**Healthy Weight Strategy input**
TBC 2023	**Dementia** – Provision of services/dementia friendly, impact of increasing diagnosis, support services on offer, long term impact of pandemic (dementia groups to be invited).
TBC 2023	Scrutiny review of **population health management** to also include long covid.

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MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	06.02.20	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)	Meals on Wheels Scrutiny Review **That in order to address the concerns raised by the Panel, a leaflet be developed by the Corporate Delivery Unit containing the details of all meals on wheels schemes and providers in Blackpool:** **A) That the Scrutiny Panel considers the draft leaflet prior to circulation.** **B) That the leaflet be circulated to GP surgeries, libraries, community centres and churches and be included in Council Tax bills.** **C) That the leaflet and/or corresponding information 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.**	Original aim was before Christmas	Kate Aldridge	The leaflet was presented to the Committee in November 2022 and it was agreed that it would be distributed as quickly as possible in as many ways as possible.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		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.**				
3	24.02.22 (EX)	Supported Housing Scrutiny Review **That the Supported Housing Scrutiny Review Panel endorses the Supported Housing Standards for Adults and separate Youth Standards and Charter for adoption by the Executive.** **That the Council continues to lobby the Government to introduce regulation or legislation to allow the Council to enforce its approach to supported housing as set out in the agreed standards.**	January 2023	Vikki Piper, Head of Housing	Report attached to agenda.	

	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	Item on agenda.	
5	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 on agenda.	
6	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.
7	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.
8	06.10.22	The Committee requested that Blackpool Teaching Hospitals Trust	January 2023	Peter Murphy, Mike Chew	Item on agenda.	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		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.				
9	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 include a breakdown of key demographics of the service users.	October 2023	Arif Rajpura		Not yet due.
10	19.10.22	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.	June 2023	Chris Oliver	The data requested was circulated following the meeting.	Not yet due.