

Blackpool Council

19 September 2023

To: Councillors Bamborough, Cooper, Critchley, Fenlon, Hunter, Jackson, D Mitchell, Roe and Mrs Scott

The above members are requested to attend the:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Thursday, 28 September 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 6 JULY 2023

(Pages 1 - 6)

To agree the minutes of the last meeting held on 6 July 2023 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 7 - 12)
- To consider the Executive and Cabinet Member Decisions within the remit of the Committee, taken since the last meeting.
- 5 FORWARD PLAN** (Pages 13 - 18)
- The Committee to consider the content of the Council's Forward Plan October 2023 – January 2024, relating to the portfolios of the relevant Cabinet Members.
- 6 ADULT SERVICES OVERVIEW** (Pages 19 - 30)
- To provide an overview of the work of the Adult Services directorate including financial position.
- 7 ADULT CARERS STRATEGY** (Pages 31 - 70)
- To consider the final draft of the Carers Strategy and contribute as appropriate.
- 8 BLACKPOOL TEACHING HOSPITAL MATERNITY SERVICES UPDATE - CARE QUALITY COMMISSION REPORT (JUNE 2022)** (Pages 71 - 76)
- To provide an overview of the continuing development of the actions taken in response to the Maternity Services CQC inspection, carried out in June 2022.
- 9 NORTH WEST AMBULANCE SERVICE NHS TRUST REPORT** (Pages 77 - 84)
- NWAS to provide an update of the opening of the new hub, impact on performance of the measures implemented and update on the falls prevention work.
- 10 BLACKPOOL SAFEGUARDING ADULTS ANNUAL REPORT 2022/23** (Pages 85 - 118)
- To provide an overview of the Blackpool Safeguarding Adults Annual Report 2022/23.
- 11 SCRUTINY WORKPLAN** (Pages 119 - 130)
- To consider the Workplan and to monitor the implementation of Committee recommendations, together with any suggestions that Members may wish to make for scrutiny review topics.
- 12 DATE OF NEXT MEETING**
- To note the date and time of the next meeting as 16 November 2023 commencing at 6.00pm.

Venue information:

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

Other information:

For queries regarding this agenda please contact Jodie Stephenson, Democratic Governance Senior Advisor, Tel: 01253 477169, e-mail jodie.stephenson@blackpool.gov.uk

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Public Document Pack Agenda Item 2

MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 6 JULY 2023

Present:

Councillor Critchley (in the Chair)

Councillors

Bamborough

Cooper

Jackson

Roe

Boughton

Hunter

D Mitchell

Scott

In Attendance:

Councillor Paul Galley, Chair of the Scrutiny Leadership Board

Mr Kevin Lavery, Chief Executive Officer, NHS Lancashire and South Cumbria Integrated Care Board

Ms Karen Smith, Director of Health and Care Integration and Blackpool Council Director of Adult Social Services

Mr Richard Chillery, Deputy Chief Operating Officer, Lancashire and South Cumbria NHS Foundation Trust

John Greenbank, Democratic Governance Senior Adviser (Scrutiny)

Jodie Stephenson, Democratic Governance Senior Adviser (Scrutiny)

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 PUBLIC SPEAKING

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

3 MINUTES OF THE LAST MEETING HELD ON 23 FEBRUARY 2023

The Committee agreed to approve the minutes of the meeting held on 23 February 2023 as a true and correct record.

4 ADULT SERVICES OVERVIEW

Ms Karen Smith, Director of Adult Services presented the Adult Services overview report to the Committee.

Ms Smith advised that the remit of the Adult Social Care Teams, both community and hospital based service was to support and promote the wellbeing of vulnerable adults across Blackpool.

Adult Social Care had continued to feel the impact of post pandemic changes in people's working lives and staffing issues in both the care sector as a whole and the NHS. Staff had been working a hybrid model, which afforded staff flexibility. Following the implementation of flexible working, the service had seen a reduction in staff turnover. A number of Social Work students who had graduated had since been offered jobs.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 6 JULY 2023**

Ms Smith advised that the Services nationally had experienced an increase in demand following the pandemic. Delay in contacting health professionals, misdiagnosis, the increase in complexity of care needs and struggles around poverty were reported as a key area for concern.

An Adult Social Care Recovery Plan had been developed which would be closely monitored by the Senior Leadership Team and a number of key officers across the department.

Ms Smith advised that she would be arranging an event for Members to provide a more detailed explanation of the service as a whole. This would allow Members the opportunity to meet key officers and ask a variety of questions.

Members expressed apprehensions with regards to the Virtual Ward service, but Ms Smith clarified that this service would reduce the need for patients to be in a hospital bed, by conducting tests at home. It was estimated that the total number of virtual ward patients would be equivalent to one full hospital.

Members requested that they be provided with details of community based initiatives. Ms Smith advised that an information sharing event 'Spring into Spring' had taken place at the Winter Gardens. A further larger event was planned for the autumn, 'Active in Autumn' and invited all Members to attend.

Members were advised that a Carers / Social Workers event had taken place, which focused on promotion of services, networking and appreciation of staff. Ms Smith advised that this could be rolled out to all members of staff, focusing on Health and Wellbeing.

The Council had started to embed the '3 Conversations' approach within Adult and Social Care.

With regards to the Assessment and Rehabilitation Centre (ARC) Ms Smith advised that the unit had been utilised for short term care whilst the onward place of care was being finalised. This had had a positive impact and some of the patients had left the service in a much healthier and mobile position.

Discussion took place with regards to the time limits / restraints of the ARC service. Ms Smith explained that whilst there was no deadline as such, there was a national standard in place of up to six weeks. This was assessed on an individual basis and determined by the complexity of their needs.

The Committee Agreed:

1. With regards to the '3 Conversations' approach within Adult and Social Care, Members requested an update to the Committee at the six month point, and it was requested that this should include details of the impact of the service, and where possible, real life stories should be presented.
2. Members requested Ms Smith contribute to the Committee's workplanning

MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 6 JULY 2023

workshop by providing key areas of focus. This would be submitted to the Chair prior to the workplanning workshop date 20 July 2023.

5 INTEGRATED CARE BOARD UPDATE

Mr Kevin Lavery, Chief Executive Officer, Integrated Care Board (ICB) and Ms Karen Smith, Director of Health and Care Integration (Blackpool) and Blackpool Council Director of Adult Social Services presented the Members with a detailed update on the work of the Lancashire and South Cumbria ICB.

Mr Lavery advised that the ICB incorporated South Cumbria, Lancashire, Blackpool and Blackburn with Darwin local authorities.

ICB's were established in July 2022 and developed to:

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

Mr Lavery reported the main challenges being faced:

- Huge underlying deficit
- Underlying issues in the way they were configured
- Huge increase in resource but no corresponding increase in productivity
- National targets for cutting ICB running costs

He advised that the major operational change would take time to embed, and that there was three year recovery programme in place.

He advised that the integration would take a minimum of five years, but advised that in the long term improving the basics would allow the rest to follow.

Mr Lavery advised that Blackpool already had good examples of integration, which would allow Blackpool to be a pilot for changes and be an early mover.

With regards to the major organisational changes Members suggested that staff be consulted, it was suggested a safe space open event for staff to provide honest feedback.

Members raised concerns with regards to the persistent restructures and change, they felt that in the past, the changes had not been allowed sufficient time to embed. They raised concerns how this was perceived by the public. Mr Lavery advised that whilst he had no control over future structure changes, he felt that multiagency working was key to the success. Significant investment had been made with the focus being on public engagement for the people of Blackpool.

6 FYLDE COAST INITIAL RESPONSE SERVICE (IRS)

Mr Richard Chillery, Deputy Chief Operating Officer, Lancashire and South Cumbria NHS Foundation Trust (LSCFT) gave a progress update upon the development of the Fylde

MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 6 JULY 2023

Coast Initial Response Service (IRS).

He advised that the IRS was a new 24/7 model of access for people of all ages in Lancashire and South Cumbria to enable them access to urgent and routine mental health support and advice through a single triage, based on trusted transfer. This was based on a call centre model but with enhanced clinical support based at the Harbour.

He notified members that three IRS services were in operation aligned to the LSCFT clinical networks with the Fylde Coast launching later in the year. Evidence had shown that the IRS had received more referrals (due to an increased number of self-referrals) which had in turn resulted in a reduction in referrals to accident and emergency.

Home Treatment Teams were being better signposted to support patients so being dealt earlier, which enabled them to deal with patients differently, had there been a previous delay in treatment.

Members raised concern with regards to the delays experienced by Fylde Coast IRS. Mr Chillery explained that recruitment had been part of the delay, alongside some wider systems discussions with Blackpool Victoria Hospital (BVH) to ensure one single point of access but he was confident that the launch would take place September/October 2023. He explained that it would be a soft launch, but reiterated that all the systems had been tried and tested and any learning from previous launches had been rectified, therefore a much smoother launch was expected on the Fylde Coast.

Mr Chillery advised that the Street Triage Team would bring together the knowledge, experience and training of a Police Officer and a Senior Mental Health Nurse. The Team would work together in situ and work out the best next steps for the patient which would avoid unnecessary trips to the emergency department, or a Section 136 suite.

The Committee agreed to hold a site visit to see the IRS service in place, once it had started and embedded and this was welcomed by Mr Chillery.

7 OVERVIEW OF THE BLACKPOOL SAFEGUARDING ADULTS BOARD

Ms Smith, Director of Adult Services gave an update upon the Blackpool Safeguarding Adults Board (BSAB) and the plans to develop a Place Based Service, with implementation by September 2023.

She advised that there had been a delay in recruiting a Safeguarding Adults Independent Chair for Blackpool, but advised Members that the interview and selection process would take place in August 2023.

She reported that the Annual Report was in development and would be presented to the Scrutiny Committee in September 2023.

Discussion took place regarding the decision to return to Place Based care. Ms Smith advised that Local Authorities were previously set up differently and this would bring them inline. She advised that this would ensure the right areas of focus would benefit the people of Blackpool. The business unit were supporting the development, driving the

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 6 JULY 2023**

initiative and delivery.

The Committee agreed: To receive the BSAB Annual Report in September 2023.

8 SCRUTINY WORKPLAN

The Committee noted the date of the work planning workshop, and was asked to contribute with suggested items that the Members felt they would like to scrutinise further.

The Chair of the Scrutiny leadership Board, Councillor Paul Galley provided the Committee with an overview of the role of scrutiny.

9 DATE OF NEXT MEETING

The date and time of the next meeting was noted as in 28 September 2023 commencing at 6.00pm.

Chairman

(The meeting ended at 8.00 pm)

Any queries regarding these minutes, please contact:
Jodie Stephenson, Democratic Governance Senior Advisor
Tel: 01253 477169
E-mail: jodie.stephenson@blackpool.gov.uk

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of meeting:	28 September 2023

EXECUTIVE AND CABINET MEMBER DECISIONS

1.0 Purpose of the report

- 1.1 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 Reason 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 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 and key 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 Neal Brookes, Cabinet Member for Adult Social Care.
- 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 and the impact of this decision for our children and young people

- 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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APPENDIX 4(a)

DECISION / OUTCOME	DESCRIPTION	NUMBER	DATE	CABINET MEMBER
Item Title				
<p>ADULT SOCIAL CARE CHARGING POLICY</p> <p>The Executive agreed the recommendation as outlined above namely:</p> <p>1. To approve the updated policy attached at Appendix 3a including changes which set out the following:</p> <ul style="list-style-type: none"> The use of streamlined processes through lighter-touch assessments in all instances where finances can be verified through secure access to Department of Work and Pensions and HMRC online systems. A revision to the client notice period from 14 to 7 days for suspended or cancelled care visits in line with care at home provider contractual requirements. The introduction of a reconciliation process to ensure contributions to the cost of care do not exceed the cost to the Council. 	<p>The report seeks approval for an updated version of the Adult Social Care charging policy. Proposed changes are highlighted in the recommendations below and are to keep the policy in line with associated central government guidance and also to respond to a Local Government Ombudsman adjudication relating to how the Council charges for homecare services.</p>	EX33/2023	11 September 2023	Councillor Neal Brookes, Cabinet Member for Adult Social Care

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager
Date of Meeting:	28 September 2023

FORWARD PLAN

1.0 Purpose of the report:

- 1.1 The Committee to consider the content of the Council's Forward Plan October 2023 to January 2024, relating to the portfolios of the Leader of the Council, Deputy Leader of the Council and Cabinet Members.

2.0 Recommendation(s):

- 2.1 Members will have the opportunity to question the Leader of the Council and / or the relevant Cabinet Member in relation to items contained within the Forward Plan within the portfolios of the Leader of the Council and Deputy Leader of the Council.
- 2.2 Members will have the opportunity to consider whether any of the items should be subjected to pre-decision scrutiny. In so doing, account should be taken of any requests or observations made by the relevant Cabinet Member.

3.0 Reasons for recommendation(s):

- 3.1 To enable the opportunity for pre-decision scrutiny of the Forward Plan items.
- 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
- 3.3 Other alternative options to be considered:
- None.

4.0 Council Priority:

- 4.1 The relevant Council Priority is
- Communities: Creating stronger communities and increasing resilience “

5.0 Background Information

- 5.1 The Forward Plan is prepared by the Leader of the Council to cover a period of four months and has effect from the first working day of any month. It is updated on a monthly basis and subsequent plans cover a period beginning with the first working day of the second month covered in the preceding plan.
- 5.2 The Forward Plan contains matters which the Leader has reason to believe will be subject of a key decision to be taken either by the Executive, a Committee of the Executive, individual Cabinet Members, or Officers.
- 5.3 Attached at Appendix 5(a) is a list of items contained in the current Forward Plan. Further details appertaining to each item is contained in the Forward Plan, which has been forwarded to all members separately.

5.4 Witnesses/representatives

- 5.4.1 The following Cabinet Members are responsible for the Forward Plan items in this report and have been invited to attend the meeting:

- Councillor Neal Brookes, Cabinet Member for Adult Social Care.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 5(a) - Summary of items contained within Forward Plan
October 2023 to January 2024.

6.0 Financial considerations:

- 6.1 None.

7.0 Legal considerations:

- 7.1 None.

8.0 Human Resources considerations:

- 8.1 None.

9.0 Risk management considerations:

9.1 None.

10.0 Equalities considerations and the impact of this decision for our children and young people:

10.1 None.

11.0 Sustainability, climate change and environmental considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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EXECUTIVE FORWARD PLAN - SUMMARY OF KEY DECISIONS

OCTOBER 2023 TO JANUARY 2024

*** Denotes New Item**

APPENDIX 5a

Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
November 2023	Carers Strategy	10/2023	Executive	Cllr N Brookes

EXECUTIVE FORWARD PLAN - KEY DECISION:

Matter for Decision Ref N° 10/2023	Carers Strategy
Decision making Individual or Body	Executive
Relevant Portfolio Holder	Councillor Neal Brookes, Cabinet Member for Adult Social Care
Date on which or period within which decision is to be made	November 2023
Who is to be consulted and how	Extensive consultation with carers and representative organisations. The Adult Social Care and Health Scrutiny Committee will also be consulted.
How representations are to be made and by what date	Not Applicable
Documents to be submitted to the decision maker for consideration	Report Strategy
Name and address of responsible officer	Karen Smith - Director of Adult Services e-mail:karen.smith@blackpool.gov.uk Tel: 01253 477502

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Social Services
Date of meeting:	28 September 2023

ADULT SERVICES OVERVIEW

1.0 Purpose of the report

- 1.1 To provide Scrutiny Members with an up to date overview of the Adult Social Care directorate including the current financial position.

2.0 Recommendation(s)

- 2.1 Scrutiny members are asked to comment upon progress being made, propose potential improvements and highlight any areas for further scrutiny which will be reported back as appropriate.

3.0 Reason for recommendation(s)

- 3.1 To ensure constructive and robust scrutiny of these areas of work.
- 3.2 Is the recommendation contrary to a plan or strategy 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 Adult Social Services Update

6.1 Hospital and Health Based Teams

- 6.2 At Blackpool Teaching Hospital we continue to work jointly with NHS colleagues in the

Multi-Disciplinary Transfer of Care Hub, which deals with all patients identified as medically fit for discharge and in need of support to leave the acute hospital. They triage patients and commission the appropriate pathway out of hospital, this service also includes Clifton Hospital. The hospital operates a discharge to assess model of working, where all assessments required to meet medium/longer term needs takes place outside of the acute environment in the persons own home or in an interim care setting. Patients in need of bed based rehabilitation mainly to go to the ARC, others go home via Home First which is a pathway that includes a therapy assessment at home and an agreed level of care mainly provided by In House Reablement Services. Shortages of care staff can sometimes mean a delay in the availability of a care package or due to waiting times for community therapy assessment, which results in some people going into short term residential care while they wait. In both cases, work is underway with NHS and care providers to optimise our response to avoid this wherever practicable.

- 6.3 Community assessments, including ongoing or long term care and support needs and any requirement to pursue Continuing Health Care funding are picked up by our staff based in discharge support services.
- 6.4 Staff within the Multi-Disciplinary Rapid Response Team remain busy and while they focus primarily on preventing hospital admissions they also undertake some work linked to discharges and virtual wards. This work will increase over time as more people receive their medical care outside of a hospital environment. Work is underway with NHS and care providers to develop comprehensive response capability to the rising number of urgent care needs and prepare for the growth of virtual wards and 'hospital at home' – national policy directives aimed at reducing the pressures on hospital bed-based care.
- 6.5 The staff based in the GP Neighbourhood Hubs are well established and work jointly with therapy and district nursing colleagues to support people in the community, with complex health conditions.
- 6.6 We have some staff vacancies within our Health Linked Services which are proving difficult to recruit to. Some of these posts work over seven days along with the rest of the hospital system and covering rotas for this can be difficult. However we are managing with help from staff in this wider team undertaking additional hours on a temporary basis until recruitment gaps are filled.
- 6.7 Adult Social Care**
- 6.8 Staffing pressures are beginning to ease, through a combination of more interest in our roles, staff who left over the past year or so returning, some key agency appointments, and places offered to our graduating newly-qualified Social Workers.

Volume of people approaching us for help remains high, meaning some people are

waiting longer than we would like for a response or a review. We are managing this via appropriate prioritisation and, escalation, and working with providers to highlight and respond to any emerging issues that need our input.

- 6.9 We are approaching the end of our first pilot site with the 3 Conversations Innovation Site and anticipating useful feedback and learning which we can roll out among other teams. To date this way of working has demonstrated that by spending time understanding what matters to the person, sticking with them to manage a crisis situation, connecting them to their own communities wherever relevant, and only doing longer-term planning when necessary and things are settled, we achieve better outcomes for people, staff feel much happier, and as a by-product of doing the right thing at the right time, we are seeing a reduction in requests for commissioned services which is a good outcome for both individuals and also Blackpool Council.
- 6.10 The 3 conversations approach focuses on not passing on the person to another worker, the worker that answers the initial enquiry will stay with them. The worker listens hard to the person and their family and focuses on how we can help them and to understand their situation. The person is empowered to concentrate on the resources that they already have around them including community assets. Staff support people to access these resources and also checking back in with them following up to see how this went; rather than giving them the information and closing down the request.
- 6.11 Staff have found to date that often a small change actually makes a big difference such as supporting a person to use rideability community transport to attend a social club. They presented as socially isolated following the death of their husband and lacked confidence to access the community. They have been empowered to have the confidence to access this independently following a staff member assisting them once, whereas traditionally a commissioned service would have been requested with adult social care arranging transport and daycare.
- 6.12 Feedback has also been gathered from people and their families and there has been consistent praise for how quickly staff have responded and for the support that has been given.
- 6.13 A formal evaluation of the work is currently underway which will be shared in due course.

6.14 Care and Support CQC Inspection – Coopers @ Ambleside:

Blackpool Council in partnership with NHS England developed a bespoke residential Respite and Short Breaks Service over recent years. We were able to open the service in 2022 following an initial registration with the Care Quality Commission.

Our Coopers @ Ambleside Respite and Short Breaks Service for adults with learning

disabilities/autism has now received its first full on site CQC Inspection – We are pleased to confirm that the rating achieved is GOOD across all areas, as detailed below:

6.15 Is the service safe – GOOD

- There were sufficient staff to support people and provide high level of person centred care – One relative said “They do have plenty of staff to support [person] which is comforting to know”.
- People were protected from the risk of abuse and their human rights were respected and upheld.
- Accidents and incidents were recorded, analysed and managed. The management team had oversight of this, and shared their findings and lessons learned with staff.
- People received their medication on an individual basis, their medicines were kept in their own room in locked facilities.

6.16 Is the service effective – GOOD

- People received support from a consistent team of staff, who were aware of the needs of people STAYING AT Coopers @ Ambleside. Comments from relatives confirmed they were involved in managing their care and had input to how that was delivered – One relative said “every time we stay at coopers they are so thorough and we are always consulted throughout [person] stay”.
- Staff were trained and skilled to provide care and support for people staying at Coopers @ Ambleside – One staff member said “any training we want to do is supported by the management team”.
- People were supported to have a healthy and nutritious diet and were fully involved in deciding menus around their individual preferences – One relative said “I know when [person] stays they get involved in the cooking with staff, who are so good”.

6.17 Is the service caring – GOOD

- Relatives told us that they were treated with respect and kindness by caring and competent staff and comments confirmed this.
- Staff and management team took time to understand peoples individual communication styles and develop a relationship with them – A relative said “[person] is difficult to understand, however the staff are fantastic at learning how to communicate with people using different techniques”.
- Staff explained how they always promoted people’s independence and choice when providing care. For example, people helped in the kitchen and that enabled people to develop life skills if it was their choice. We observed people were spoken to in a dignified and respectful manner. Consent was always gained, choices and explanations always offered, reassurances given at all times.
- Where a person may struggle to express their views in words, staff had detailed understanding and know-how of the indicators that alerted them to signs of agitation and unhappiness or other emotions.

6.18 Is the service responsive – GOOD

- People received personalised care, which met their current and changing requirements when staying at Coopers @ Ambleside. Each individual had a detailed person-centred care plan to guide staff on how to support them. Care records were individual and written in a positive way based on people's abilities and what support was required.
- Records has a 'communication needs assessment' and detailed where people had communication needs and what staff should do to ensure the person understood them.
- The service has a complaints Policy and process. At the time of the inspection no complaints had been received.

6.19 Is the service well-led – GOOD

- There was a positive culture throughout the service which focused on providing people with high standards of care and support – A relative commented, "we have nothing but praise for the service they have provided and the way [person] is treated when staying there. They are truly a god send for us and provide much needed respite".
- Staff told us they felt supported and valued by the management team. A staff member said "we have a very good management structure that gives us fantastic support".
- The Management Team had auditing systems to maintain ongoing oversight and continued development of the service.
- This is the first CQC Inspection the Council's Provider Services have experienced since before the Covid Pandemic – To achieve a GOOD rating is testament to the continued hard work, commitment and dedication to the Councils Care and Support Division which establishes a solid foundation for any future CQC Inspections.

6.20 Community Health and Care Services Responding to Additional North West Ambulance Calls

- 6.21 Building on the strong collaborative relationships across Blackpool's health and care system we (Blackpool Council, Blackpool Teaching Hospitals Community and Lancs and South Cumbria Integrated Care Board) are starting to take some tentative steps to understanding the opportunities there are to do things differently. Not all 999 calls require an emergency response or indeed an ambulance. For North West Ambulance Service they would determine these at Category 3 and Category 4 calls. These calls are likely to include concerns about minor health conditions, exacerbations of existing conditions that don't need an ambulance response, housing, falls, mental health and many other social care related areas. Arguably, North West Ambulance Service are not always the most appropriate response for these types of concerns and therefore health and care partners are taking a look at how we might be able to collaborate with North

West Ambulance Service in developing a similar 'divert' model that is used for Falls Pick Ups. This is where health and care partners will be able to have access to the digital platform where calls/responses are held and those that could be followed up by different areas of health and care, can be pulled through by those areas, dealt with and the ambulance stood down once the person's needs have been met. There is work to do between all partners, however, Blackpool Council is in a position of having a 24hr response centre in Vitaline that has established links to different health and care partners. So, we have something to work with and work from in terms of taking some initial next steps. Work is nearly completed on the STRATA digital platform between North West Ambulance and Vitaline in respect to divers for Falls Pick Ups. Once this is operational we will be able to expand further the 'divert' model with North West Ambulance Service.

6.22 **Vitaline Service – Technology Enabled Care**

6.23 Blackpool Council's Vitaline service has successfully provided a 'falls pick up' response for over 20 years. More recently we have expanded this model into Care Homes and linked in with our Community Health partners Urgent Crisis Response Service and North West Ambulance Service. This new way of working is reducing the number of calls to 999 and conveyances to Accident and Emergency as people are receiving the care and support they require at home, thus ensuring they remain as independent in their own home for longer.

6.24 Between April – July 2023:

- Vitaline responded to a total of 791 people who had fallen at home. Of this, 674 were successfully 'picked up' and remained at home with no further support required from North West Ambulance Service
- Vitaline responded to a total of 49 people who had fallen in a Care Home. Of this, 34 were successfully 'picked up' and North West Ambulance Service was stood down and there was no conveyance to A and E
- Vitaline linked with Urgent Crisis Response on 17 separate occasions on behalf of people living at home to ensure they received the medical care they required at home. This prevented 17 conveyances to A and E
- The average response time for Vitaline is 17 minutes when responding to a Fall Alert or a Welfare Visit – When the health and care system is experiencing significant pressure, the wait times for an ambulance can be up to several hours for a 'falls call'

6.25 The Vitaline response data demonstrates the positive impact collaborative working can have across a dynamic health and care system in reducing the number of ambulances dispatched and then subsequent conveyance to Accident and Emergency. Furthermore, the outcomes for the people receiving a coordinated response and their lived experience is typically more positive.

6.26 **Keats Day Service (supporting people living with dementia and their carers)**

6.27 The Keats Service supporting 20 people and their carers is in the process of moving to a new location on Highfield Road Blackpool. The Keats @ Highfield service will be operational towards the end of September 2023 once some essential works have been completed. The space at the old Highfield Day Service that is being used is a larger space which creates opportunities for the Keats Service to expand further. Engagement with people using the service and their families has been positive and they are looking forward to being involved in the continued development of The Keats @ Highfield Service.

6.28 Potential Opportunities that link to Health and Care Integration and Community Transformation:

- Establish a Dementia HUB and encourage carers to 'drop in'
- Day support for people experiencing mental ill health (not dementia)
- Intergenerational working with Beaumont College (also occupy the building)

6.29 Hornby Children's Home for Respite and Short Breaks

6.30 The service is rated as GOOD following its Ofsted Inspection at the start of the year. There are currently 24 young people and their families being supported by the service with referrals being made continually. The Hornby Service is an essential provision supporting families to care for their child who is likely to have complex disabilities. Hornby is also integral in the preparation for adulthood journey of young people who are likely to require ongoing care and support as they move into adulthood. Hornby works closely with the Council's Coopers Respite and Short Breaks Service (Adults) to ensure a well-supported and seamless transition. During 2022/23 so far, there has been 4 successful transitions from Hornby to Coopers with a further 3 transitions planned in the coming months.

6.31 Shared Lives and Volunteers Service (including Independent Visitor and Friend for Life)

6.32 This service has recently expanded to include Independent Visitor and Friend for Life which transferred over from Head Start, which is now fully embedded in the Shared Lives and Volunteers Service. The service is currently looking to recruit shared lives carers in response to the ever changing care and support needs of people. It is fair to say that the Pandemic had a significant impact on the services carer cohort and this now needs rebuilding. The shared lives and volunteers service provides long term placements, short term respite and day support from a cohort of around 25 carers. The service is also supported by around 120 volunteers, providing essential community support to carers, including befriending, meet and greet and care home 'buddy' support.

6.33 Phoenix Service (Mental Health Social Crisis)

6.34 The service has supported 98 people between April and July 2023 who have experienced

a mental health social crisis and/or require a period of respite/short break. The service has fostered strong collaborative working with partners across health and care to ensure that the service is accessible to all those that need care and support at times of mental crisis. This includes Blackpool Mental Health Liaison Team at Accident and Emergency (A and E), Crisis Team., Home Treatment Team and Community Mental Health Teams. There are also established links with the Richmond Fellowship Light Lounge (at Blackpool Centre for Independent Living) which is available for people to 'drop in' up to Midnight 7 days per week.

6.35 Provide Support HUB

6.36 The service continues to support the care sector across Blackpool with practical assistance and guidance in respect to CQC regulatory compliance and other operational pressures. This includes the coordination of feedback around hospital discharges and linking in with the Hospital in getting a response as required. A recent development is the establishment of a new role of Provider Support and Resilience Worker. This is a casual cohort of staff who can be deployed across internal services and support resilience in the external market. The Provider Support HUB is also taking early steps to develop an Emergency Care Response with different providers where space capacity can be declared each day and deployment of that capacity is targeted towards urgent and emergency request for care and support.

6.37 The ARC Service

6.38 The Council's integrated bed based intermediate care service (ARC) continues to support hospital discharges and people who require a period of time away from their home to help them get back on track. Between April and July 2023 the service supported 176 people and the average length of stay remains at around 27 days. The service is working closely with the Transfer of Care HUB at the Hospital to establish a Blackpool FIRST approach to hospital discharges. In particular, those people requiring a period of nursing assessment and/or nursing care as part of their ongoing planning and where this may have ordinarily resulted in a nursing placement outside of Blackpool. We are able to utilise the clinical beds at ARC for a short period of time to support the relevant assessments and then finding the nursing home placement. This approach ensures that Blackpool residents remain close to their home and family and that they also benefit from the high quality of care and rehabilitation that ARC provides. Which, in some cases leads to a return home following a period of recovery and may not have been realised in a different placement.

6.39 ARC is also continuing to be vigilant in terms of Covid-19 as the hospital admissions are increasing and covid infections rise across Blackpool. The ARC has declared to partners that we can flex the provision to include covid positive beds as we did during the pandemic which will help support hospital discharges.

6.40 Extra Support Service

6.41 Over recent years the services has been working closely with Children's services in supporting young people as part of their journey into adulthood. Building on this success and the learning from the joint work with Children's services in understanding some of the scenarios that lead to children needing additional support and/or going into care. The service has developed an 'in reach' model that is supporting families and in particular, the adults (parents). The service is currently supporting 7 families and receiving positive feedback from Children's services and families. The difference being made is resulting in children remaining with their families and the parents being better able to provide the care, support and parenting their children need.

6.42 Homecare and Reablement Service

6.43 The service remains integral to preventing hospital admissions and supporting discharges from hospital. The focus continues on the short term and reactive urgent care that is more likely to fluctuate in the initial days. The service is currently supporting at least 52% of the care that is required following a discharge from hospital with the remaining care being delivered by other providers. The service continues to provide the Urgent Crisis Response for the Rapid Response Team and there has been a significant increase in requests for care coming to the service via this route. In part due to the expansion of the Rapid Response Team and the increased volume of people they are able to visit and support. This is a positive increase in demand as this is preventing hospital admissions and ensuring people receive the care and support then need in their own homes in the community.

6.44 Langdale Day Centre - Time Support Service (Learning Disabilities)

6.45 The service currently supports 72 people and their families. Part of the service is supporting learning disabled adults to achieve a qualification in catering. This approach ensures that people are provided with the opportunity to take early steps on their journey to employment in the future. The service links in with the Council's Companies to establish work experience pathways as part of the next step to employment. Further developments with the Winter Gardens and Blackpool Catering Services are being explored which will continue to support our learning disabled population to gain employment in the future.

6.46 Finance Update

6.47 As at the end of June 2023 the Adult Services Directorate is forecasting an overall overspend of £3,304k for the financial year to March 2024 on a net budget of £64m.

6.48 Pressures on the budget are primarily as follows:

- The Adult Commissioning Placements budget is forecasting an overspend of £3,447k.

- There are savings shortfalls of £1,012k from the proposal in which the Integrated Care Board (ICB) were expected to provide additional income of £1.6m into the Better Care Fund (BCF)
- A further shortfall on Winter Pressures funding of £337K.
- There is a pressure of £1,175k in Supported Living due to additional packages of care
- £475k of pressures due to additional packages of short-term care linked to hospital discharge.
- An increased number of complex case packages have also created a pressure of £123k.
- £400k pressures relates to Out of Area Residential and Nursing Placements fee uplifts being significantly greater than forecast but are being offset by £225k in savings due to fewer bed nights.
- There is a £70k pressure on Homecare whereby the current commissioned hours exceeds budget.
- Direct payment pressures of £80k are resulting from a forecasted reduction in claw-backs based on year-to-date actuals.

6.49 Adult Social Care is forecasting an underspend of £167k at month 3 due to a high volume of vacant positions.

6.50 Care and Support is forecasting an overspend of £24k at month 3 due to Nibbles Café income shortfalls and provisions expenditure pressures.

6.51 There is a comprehensive recovery planning approach exploring a number of different areas that impact on spend in the Department, given the range and complexity of the operational and consequent financial pressures. Fortnightly oversight meetings with the Finance Lead and Senior Managers is in place, interspersed with fortnightly meeting with the Chief Executive and Section 151 Officer.

6.52 We are taking opportunities to change what we do and also to work collaboratively with our NHS partners and wider organisations across the town to support the most effective ways of working, that often drive out opportunities to reduce what is spent. The reality is that there are pressures in all areas and for all organisations. This needs to be used as the catalyst for very different ways of working and intervening earlier/working on prevention and not just crisis response or response to deterioration.

6.53 Does the information submitted include any exempt information? No

7.0 List of appendices

None

8.0 Financial considerations

None

9.0 Legal considerations

None

10.0 Risk management considerations

None

11.0 Equalities considerations and the impact of this decision for our children and young people

None

12.0 Sustainability, climate change and environmental considerations

None

13.0 Internal/external consultation undertaken

None

14.0 Background papers

None

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Social Services
Date of meeting:	28 September 2023

ADULT CARERS STRATEGY

1.0 Purpose of the report

- 1.1 To consider the final draft of the Carers Strategy and contribute as appropriate.

2.0 Recommendation

- 2.1 To review and make suggestion on the strategy where appropriate and identifying any areas for further scrutiny.

3.0 Reason for recommendation(s)

- 3.1 The need for this strategy is driven by the following:
- To update the current strategy which expired in 2015;
 - To ensure that the council achieves compliance with the relevant aspects of the Care Act 2014 and associated Guidance;
 - To develop an action plan that will help identify carers at an early stage, improve carers' support and services, deliver a more coordinated approach, and to enable carers to lead fulfilled, independent lives.
- 3.2 Is the recommendation contrary to a plan or strategy 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 A lack of a refreshed Carers Strategy would mean the Council is not in compliance with the Care Act 2014, putting carers and their loved ones at risk from lack of co-ordinated support and risking budget pressures due to increase need for packages of care and increased stays in acute and long-term care settings. In addition to this it could leave the Council open to risk of litigation.

5.0 Council priority

5.1 The relevant Council priority is:

- 'Communities: Creating stronger communities and increasing resilience'

6.0 Background and key information

- 6.1 Supporting carers in their caring role significantly benefits the community. Carers provide an incredible amount of support to: those they care for, their friends and family, the wider health and social care system, and to society. Therefore, it is in the best interest of communities that carers are and feel supported in their caring role.
- 6.2 This strategy will outline a clear vision and set of key priorities around how the council, working together with key stakeholders, are going to help support Blackpool Adult Carers as much as possible in their caring role so that carers can continue providing care whilst also leading fulfilled, independent lives.
- 6.3 National figures estimate there are approximately, 13.6 million unpaid carers in the UK, equating to around 1 in 4 people. There are approximately 16,000 carers in Blackpool. Unpaid carers provide an incredible amount of support to those they care for, to their friends and family, to the wider health and social care system, and to society. The financial value of the contribution by unpaid carers in the UK, is estimated to be £139 billion per year.
- 6.4 Additionally, many carers do not see themselves as carers and can be unrecognised as such by others. This is because carers may feel that providing care is a normal duty of being a family member or friend and as a result many carers do not, or struggle to, access support. Under Section 10 of the Care Act 2014, local authorities have a responsibility to identify carers and are required to assess whether the carer does have needs for support (or is likely to do so in the future), and, if the carer does, what those needs are (or are likely to be in the future). As a result, it is necessary that the council has a strategy in place to identify carers and encourage them to recognise their role and rights.
- 6.5 A Carers Week report estimated that 4.5 million people in the UK became unpaid carers as a result of the COVID-19 pandemic. This is in addition to the 9.1 million unpaid carers who were already caring before the start of the pandemic. As a result of the COVID-19 pandemic many carers had to continue without the same level of support. It is important that the Council understands and addresses the impact of COVID-19 on carers to better support carers moving forward.
- 6.6 Furthermore, individuals and families across the UK are currently facing significant financial pressures as a result of the cost of living crisis. Carers already face several additional costs such as extra costs from equipment, care, travel and food. For example,

almost two-thirds (63%) of carers are spending their own money on care or support services or products for the person they care for. At the same time, a carer's capacity to work to earn money is reduced, with carers working below their potential or having to give up work entirely in order to care. It is vital that information on the services and support available to carers is accurate and up to date, as well as being available in a range of accessible formats and through a range of channels.

7.0 A detailed review of local, regional and national evidence available and analysis was undertaken as part of the strategy development process.

8.0 Other planned additional research included:

- Desktop research of national, regional and intra-council plans and strategies to establish best practice and critical alignments.
- Sessions with Carer Peer Groups from Blackpool Carers Centre to understand what is working and not working or them, their preferences and how needs can best be met and what potential gaps in current services there may be.

8.1 Does the information submitted include any exempt information? No

9.0 List of appendices

9.1 Appendix 7a – Adult Carers Strategy 2023-2028

9.2 Appendix 7b - Equalities Impact Analysis Assessment

10.0 Financial considerations

10.1 The commissioning contract for external carers' services is currently managed by the Integrated Care Board with an agreed financial contribution passported across from the Adult Social Care budget to the ICB. Adult Social Care also facilitate funding for a carers support worker in the Transfer of Care Hub.

11.0 Legal considerations

11.1 Care Act 2014 and associated guidance

12.0 Risk management considerations

12.1 The following risk considerations were evaluated, however regular monthly meetings between the DASS, Carers Lead in Commissioning and the Management at Blackpool Carers Centre will ensure any concerns can be dealt with in a timely manner.

- A lack of buy-in from other Council services and partners.
- A change/decline in funding for the service will have a major influence on the course of the plan.
- A lack of buy-in from carers.

13.0 Equalities considerations and the impact of this decision for our children and young people

- 13.1 The Head of Equality and Diversity noted that the Equality Analysis provided a comprehensive analysis.

14.0 Sustainability, climate change and environmental considerations

- 14.1 The Council will work together with key stakeholders to better support carers and at the same time supporting the carbon emissions reduction agenda. Examples could include encouraging service providers to adopt a sustainable travel hierarchy to encourage take up of the least polluting travel methods to minimise emissions. Another example could be to promote low-carbon impact activities through green prescribing or encouraging outdoor respite care.

15.0 Internal/external consultation undertaken

- 15.1 The development of the strategy involved engagement with a range of local health and social care practitioners, commissioners and carers to gather information on what local stakeholders are currently doing to support carers in Blackpool, and how the council can work together with these stakeholders to better identify carers and improve the services and support offered to carers in Blackpool.

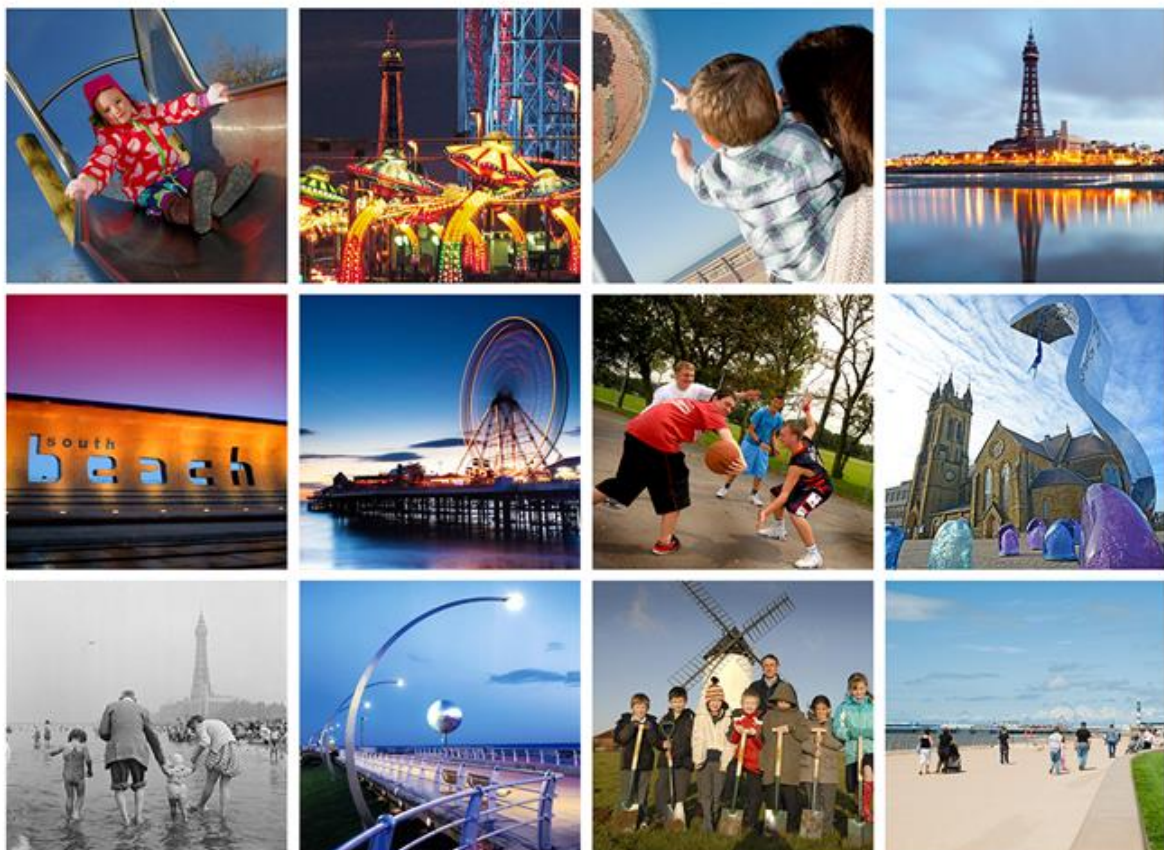
- 15.2 Key stakeholders consulted included:

- Blackpool Carers Centre – Discussions with Management team and Staff.
- Carers peer support groups - Face to Face engagement sessions with Mental Health Carers, Dementia and older adult carers.
- Wider public engagement – Via social media
- Current carers engaged with the Authority - Feedback through the Survey of Adult Carers England (SACE) and Adult Social Care Outcomes Framework (ASCOF) Surveys 21/22.
- Adult Social Care – Discussions with carer support workers, and regular meetings with the Senior Management Team.
- ICB (Integrated Care Board) for Lancashire and South Cumbria – Shared knowledge and best practice.
- Health watch – Shared information from previous engagement campaigns.
- NHS Commitment to Carers Programme North West Carers Leads – Shared knowledge.
- Association of Directors of Adult Social Services (ADASS) North West Carers Leads – Shared knowledge.
- Current Day Service Providers – Liaison with Director of Adult Social Services.

16.0 Background papers

None

Blackpool Adult Carers Strategy 2023-2028



Contents

Contents.....	2
Executive Summary.....	3
Introduction	4
National Context	5
Support for Carers.....	6
Legal and Policy Context	7
Local Context	8
Engagement	9
Support we provide for Carers.....	11
Priorities.....	12
Delivery and monitoring progress	15
Key Performance Indicators.....	15
Appendix 1– Adult Carers Action Plan	17

Executive Summary

Carers play a vital role in our communities. They are the people who provide unpaid care, help and support to either a family member or friend who would not be able to manage without them. Unpaid carers provide an incredible amount of support to: those they care for, their friends and family, the wider health and social care system, and to society. In Blackpool, more than 16,000 people provide unpaid care for another person¹.

Carers are often the unsung heroes in our communities who provide essential support to those they care for, without any support for themselves. Many carers do not see themselves as carers and can be unrecognised as such by others, this is because they feel that providing care is a normal duty of being a family member or friend. Despite initiatives to identify carers and their needs, many carers remain unidentified and do not access the support they need.

Caring can place a real strain on individuals – emotionally, physically and financially. The negative impacts of caring have only been exacerbated by the impact of the COVID-19 pandemic and current cost of living crisis. Therefore, it is now more important than ever that we are able to successfully identify, offer information and advice, and provide support to all those who provide unpaid care.

This strategy covers Adult Carers in Blackpool. An Adult Carer is adult who provides or intends to provide care for another adult. This document sets out how Blackpool Council will work together with key stakeholders over the next five years to: identify and support all unpaid carers across Blackpool; address gaps in current support for carers, reducing the pressures of caring by encouraging carers to take breaks and enabling carers to lead fulfilled, independent lives.

This strategy has been developed based on inputs and feedback from a wide range of carers and relevant stakeholders in order to deliver on the priorities and outcomes most important to carers.

Vision

Over the course of this five year strategy our vision is to enable Carers across Blackpool to feel recognised, valued and supported to lead fulfilled, independent lives alongside their caring role.

The Carers Strategy 2023-2028 has been developed based on inputs and feedback from a wide range of stakeholders including:

- Blackpool Carers Centre
- Carers peer support groups
- Current carers engaged with the Authority
- Adult Social Care
- Health Watch
- Integrated Care Board for Lancashire and South Cumbria
- NHS Commitment to Carers Programme North West Carers Leads
- Association of Directors of Adult Social Services North West Carers Leads
- Current Day Service Providers.

Priorities

To achieve our vision, there are five key priorities which we will aim to deliver:

1. Identifying Carers
2. Working with Carers
3. Communication: Information and advice
4. Partnership and Collaboration (Internal and External)
5. Health and Wellbeing of Carers

These priorities will be delivered through an action plan (see Appendix 1).

Measuring Progress

The deliverables within this strategy will be monitored through:

- Monitoring actions in the action plan
- Monitoring Key Performance Indicators associated with the priorities.
- Monitoring feedback from the Survey of Adult Carers in England (SACE).

Introduction

Who is a Carer?

The definition of a Carer is:

*'A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support, the care they give is unpaid'*ⁱⁱ.

Within this definition, there are three types of carers:

1. **Adult Carers:** *'An adult who provides or intends to provide care for another adult (an "adult needing care")'*ⁱⁱⁱ.
2. **Young Carers** - *'A person under 18 who provides or intends to provide care for another person'*^{iv}.
3. **Parent Carers** - *'A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility'*^v.

While anyone can become a Carer, the role of a 'Carer' should not be confused with 'care worker' or 'care staff' who are either undertaking a caring role as part of paid employment or as volunteers attached to a voluntary organisation.

Many carers do not see themselves as carers and can be unrecognised as such by others. This is because Carers may feel that providing care is a normal duty of being a family member or friend.

Who do Carers care for?

Carers provide vital unpaid support to a family member or friend who could not manage to live independently or whose health or wellbeing would deteriorate without their help.

Someone can be a carer for more than one person at a time. The cared for may be affected by the following:

- A physical, learning or sensory disability;
- Frailty;
- Mental health condition;
- Drug and/or alcohol issues;
- Another long term and/or fluctuating illness.

What care do Carers provide?

Carers will often provide care whilst juggling other commitments such as education or paid employment. Examples of the types of care provided by Carers are:

- Personal care such as assistance with bathing, dressing and medication;
- Domestic tasks such as cooking, shopping and cleaning;
- Accompanying to appointments;
- Transportation;
- Help managing finances;
- Emotional support.

It is important that carers are enabled to maintain a balance between their caring responsibilities and a life outside caring. A carer does not need to be living with the person they care for.

Anybody can become a carer at any time in their life and person's caring role will often change over time. A caring role may last years, until the death or change of relationship with the cared for person. It may be temporary for a few days, weeks, or months, until the recovery of the cared for person.

Carer's Needs

Being a carer can be physically, emotionally and financially demanding. Many carers put their own needs last and there may be times when it is difficult for carers to take care of themselves. It is important that carers are supported to look after their physical, mental and financial wellbeing. Many carers find it easier to continue in their caring role if they can get some support. Any carer who appears to have needs for support has the right to a Carer's Assessment by the council.

National Context

Overview

Anyone, anytime can become a Carer. In 2020, there were approximately 13.6 million unpaid carers in the UK, equating to around 1 in 4 people^{vi}. In April 2021, more women (57%) provided unpaid care than men (43%)^{vii}. The majority of Carers (46%) are aged between 46-65^{viii}. As people are living longer and the population ages, the demand for care is projected to grow. There is a 65% likelihood that adults will provide care at some point in their lives^{ix}.

The 2011 Census reported that of the population providing unpaid care in England and Wales, 3.7 million people provide 1-19 hours per week, 775,000 provide 20-49 hours and 1.4 million provide 50 hours or more unpaid care^x.

Identifying Carers

Despite national figures, the real number of carers in the UK is likely to be considerably higher as they do not take into account 'hidden carers'. 'Hidden carers' refer to carers who do not see themselves as carers and can be unrecognised as such by others, and so do not, or struggle to, access support. Some people may not view themselves as a carer because:

- Becoming a carer can be a gradual process, and carers may not recognise the changing nature of their relationship with the person they support;
- Carers may prefer to continue identifying primarily as a husband, wife, partner, sibling, parent, child or friend, rather than as a carer;
- Carers often become engulfed by competing demands, including working and caring, and as a result may overlook their own needs as a carer and may not seek support;
- The person being supported may not accept that they have care and support needs;
- The carer does not live with the person or the person has moved away from home, for example into supported living or residential care.

The Value of Carers

Unpaid carers provide an incredible amount of support to those they care for, to their friends and family, to the wider health and social care system, and to society. Since the beginning of the pandemic, the financial value of the contribution by unpaid Carers in the UK is estimated to be £193 billion per year^{xi}. In the North of England alone, the estimated value of care provided since the beginning of the pandemic was £31.1 billion (£122 million per day during the pandemic)^{xii}.

Impact of COVID-19 and the challenges faced by Carers

A Carers Week report estimated that 4.5 million people in the UK became unpaid carers as a result of the COVID-19 pandemic^{xiii}. This is in addition to the 9.1 million unpaid carers who were already caring before the start of the pandemic.

In the report, the most frequently chosen challenges by all unpaid carers were:

- Managing the stress and responsibility (71%);
- The negative impacts on their physical and mental health (70%);
- Not being able to take time away from caring (66%);
- The impact it has on other personal relationships (63%);
- The negative impact it has on their ability to do paid work (55%);
- The financial impact of the additional care costs (53%);
- Not having anyone to talk to about the challenges of caring (50%).

Breaks for Carers

Caring for a family member, friend, or neighbour can be challenging and often comes at significant personal cost. It is important that carers are regularly given the opportunity to have a meaningful break from caring.

A break could be provided by accessing care services such as replacement care, sitting services, a day service, or through support from family and friends providing either respite or essential care.

Prior to the COVID-19 pandemic, many carers were already struggling to access meaningful breaks. For example, 40% of carers have reported that they had not had a day off for more than a year, and a quarter (25%) had not for more than five years^{xiv}. However, as a result of the COVID-19 pandemic many carers have had to continue without the same level of support. In 2021, 75% of working carers have reported that they are exhausted as a result of caring and 55% are overwhelmed by their caring role^{xv}

The cost of living crisis

Individuals and families across the UK are currently facing significant financial pressures as result of the cost of living crisis. Inflation is at the highest rate for 30 years, which has seen soaring energy prices and increases in basic essentials such as food and fuel.

Carers already face several additional costs such extra costs from equipment, care, travel and food. Almost two-thirds (63%) of carers are spending their own money on care or support services or products for the person they care for^{xvi}. At the same time, their capacity to work to earn money is reduced, with carers working below their potential or having to give up work entirely in order to care.

Based on a 2022 survey of over 3,300 Carers, Carers UK has revealed that 45% of unpaid carers said they are currently unable to manage their monthly expenses and that any further increases in energy bills will negatively affect their own physical and mental health or that of the person they care for.

Many Carers are now taking difficult measures to manage their monthly expenses; 45% of carers are relying on their savings, 26% are using credit cards, and 14% are using bank overdrafts. 64% of Carers receiving Carer's Allowance or Carer Element of Universal Credit have cut back on heating and 24% are using foodbanks^{xvii}.

Support for Carers

Benefits

Carers are entitled to a range of benefits to help with the costs of caring. Those in receipt of the following benefits are still classed as an unpaid carer as these benefits only supports them in providing the care their loved ones require.

Carers may be entitled to one or more of the following state benefits:

- Carer's Allowance
- Carer's Credit
- Carer Premium
- Disability Living Allowance for children.

The Carer's Allowance is the main state benefit for carers and is £76.75 (2023) a week^{xviii}. Carers must spend at least 35 hours a week caring for someone, and must not be in full-time education or have earnings of more than £139 per week after tax. This can create problems for those in paid work to receive additional paid support.

In November 2020, there were 1.3 million Carer's Allowance claimants in Great Britain. Women made up 68% of the total^{xix}.

The carer premium is payable with means-tested benefits such as Income Support, Pension Credit and Housing Benefit.

Carer's Credit is a National Insurance contribution to help ensure Carers do not lose out on some social security benefits, such as the State Pension, because of gaps in their NI record.

A parent carer of disabled child may be eligible for Disability Living Allowance for children which is between £24.45 and £156.90 per week (2022)^{xx}.

Legal and Policy Context

Care Act 2014 – Carer’s Assessment

Under the Care Act 2014, local authorities have a responsibility to identify carers and are required to assess:

- a) Whether the carer does have needs for support (or is likely to do so in the future), and;
- b) If the carer does, what those needs are (or are likely to be in the future).

A Carer’s Assessment aims to see what help Carers might need in their caring role, and must include an assessment of:

- a) Whether the carer is able, and is likely to continue to be able, to provide care for the adult needing care,
- b) Whether the carer is willing, and is likely to continue to be willing, to do so,
- c) The impact of the carer’s needs for support on the matters specified in section 1(2),
- d) The outcomes that the carer wishes to achieve in day-to-day life, and
- e) Whether, and if so to what extent, the provision of support could contribute to the achievement of those outcomes.

Children and Families Act 2014

Local authorities have a duty under section 96 of the Children and Families Act 2014 to ensure young carers and their families are identified and their needs for support are assessed. Adults and Children’s services have a joint responsibility to ensure that young carers have a transition assessment as they approach adulthood and whilst they are in transition.

The National Carers Strategy 2008-2018

The National Carers Strategy set out the vision that by 2018, carers will be universally recognised and valued as being fundamental to strong families and stable communities.

Carers Action Plan 2018-2020

The Carers Action Plan outlined the cross-government programme of work to support carers in England for the two year period. Building on the National Carers strategy, the Carers Action Plan was structured around the following themes:

- Services and systems that work for carers;
- Employment and financial wellbeing;
- Supporting young carers;
- Recognising and supporting carers in the wider community and society;
- Building research and evidence to improve outcomes for carers.

The NHS Long Term Plan 2019

The NHS Long Term Plan commits to identifying and supporting unpaid carers, particularly those from vulnerable communities. To help Carers identify GP services that can accommodate their needs, the Plan refers to Quality marks for carer-friendly GP practices to be developed with the Care Quality Commission.

The NHS also aims to encourage the national adoption of carer’s passports, which identify someone as a carer and enable staff to involve them in a patient’s care, and set out guidelines for their use. These will be complemented by developments to electronic health records that allow carers to share their caring status with healthcare professionals.

Health and Care Bill 2021-2022

The Health and Care Bill builds on the proposals for change set out by the NHS Long-Term Plan, while also incorporating lessons learnt from the pandemic. It introduces Integrated Care Boards and Integrated Care Partnerships which will be responsible for bringing together local NHS and local government to deliver joined up care for its local population. It is anticipated that the Bill will bring changes for carers in line with the Carers Action Plan. The Bill is due to be implemented during 2022.

Local Context

Blackpool has a total population of approximately 141,100 people^{xxi}. The latest available data (Census 2011) estimates there are approximately 16,319 people who provide unpaid care in Blackpool^{xxii}. This is a 5.7% rise in the number of Carers compared to 2001 census data (15,443). The current number of people registered with Blackpool Carers Centre is 10,992.

Carers UK estimates that nationally, each carer saves the economy by an average of £19,336 per year^{xxiii}. Using this figure and the latest available data on the number of unpaid carers in Blackpool, the combined annual savings from all unpaid carers in Blackpool is estimated to be £315.5 million a year.

The health of people in Blackpool is generally lower than the national average. The town records one of the lowest life expectancy rates nationally 74.1 years for males and 79.5 years for females^{xxiv}. Blackpool has a larger proportion of people aged 50+ than the national average. By 2030, the number of people aged 65+ who provide unpaid care in Blackpool is projected to rise from 4,164 to 4,836^{xxv}. Health priorities for Blackpool including alcohol and drug misuse, mental health, smoking and obesity. 33.6% of households have one member of household with a long term illness/disability.

Hours of care provided each week

See the table below for breakdown of hours of care provided by Carers in Blackpool each week^{xxvi}.

Hours of care provided	Number of people	% of resident population
1 to 19 hours unpaid care a week	8,635	6.1%
20 to 49 hours unpaid care a week	2,592	1.8%
50 or more hours unpaid care a week	5,092	3.6
Total	16,319	11.5%

Table 2: Breakdown of hours of care provided by Carers in Blackpool each week.

Change in unpaid care

Change in unpaid care between the last two censuses (held in 2011 and 2021) are as follows^{xxvii}:

Unpaid care provision	2011	2021	Direction of Travel (DOT)
No unpaid care provision	87.8%	89.1%	↑
Up to 19 hours	6.4%	4.3%	↓
20-49 hours	1.9%	2.7%	↑
50 + hours	3.8%	3.9%	↑

Table 1: Change in unpaid care between 2021 and 2022

Survey of Adult Carers in England (SACE)

The SACE is a national survey that takes place every other year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs). The survey seeks the opinions of carers aged 18+, caring for a person aged 18+, on a number of topics that are considered to be indicative of a balanced life alongside their unpaid caring role. 1,029 Blackpool carers were included within the initial eligible population. After removing those that were no longer considered eligible, we had a cohort of 801 carers who went on to receive a postal copy of the survey. The 2021/22 response rate was 40%.

Carer Demographics

- 7 in 10 carers included in the eligible population were female and they accounted for 72% of responses.
- The majority of carers were aged 55 or above; half were between 55 and 74.
- 'Ethnic group' was either refused/undeclared/not known for 30% of carers in the eligible population.
- 9 in 10 carers included in the sample had received a carer assessment/reassessment in the last 12 months.
- A fifth of carers included in the eligible population received a direct payment.
- 50% cared for someone with a physical support need.
- 96% of carers were able to complete the questionnaire without the help of anyone else
- 4 in 5 carers live with the person that they care for.

Findings – Carer Satisfaction

There has been a decrease in the proportion of carers reporting that they were extremely or very satisfied with the care and support they receive in this year's SACE. Carers reporting any level of dissatisfaction has increased from 6.6% in 2018/19 to 9.0% in 2020/21.

Carer Health

The majority of carers said that they felt tired, had disturbed sleep and/or general feelings of stress as a result of caring.

Almost half responding to this question said they felt depressed and/or short tempered/irritable; a third of carers experienced physical strain; a fifth said it made an existing condition worse or that they had developed a new or additional health condition. 57 carers reported a loss of appetite which they attributed to their caring role; 51 had to see their own GP.

Looking After myself

25% of carers say that they are not always able to look after themselves as well as they would like; 1 in 5 responded to said they were not able to spend enough time looking after themselves and they felt they were neglecting themselves.

Social Contact

Fewer carers felt they had as much social contact as they wanted this year with a reduction reported from 31% in 2018/19 to 26% in 2021/22. 20% said they felt socially isolated in comparison to 17% last time the SACE was undertaken.

Encouragement and Support

This year sees a reduction in the proportion of carers stating they felt they had encouragement and support in their caring role from 40% to 35%. Almost a quarter (23%) said they didn't feel they had any; last time the SACE was undertaken, less than a fifth felt this way (18).

Information and Advice

Most carers who had tried to find information or advice about support, services or benefits said that they found it 'fairly easy to find'. 1 in 5 said it was 'very easy'; nearly 3 in every 10 people found it either 'fairly' or 'very' difficult to find. Of those accessing information and advice, 31% found it 'very helpful'; 62% said it was 'quite helpful'; 6% thought it was 'quite unhelpful' and 1% said it was 'very unhelpful'.

Discussions and Consultations

A quarter of carers said that they had not been involved in any discussions about the support or services that are provided to the person they care for. Of those that had, 40% said they 'always' felt involved/consulted.

Financial Difficulties

During 2020/21, 42% of respondents said that caring had caused them financial difficulties. There has been no significant change since the survey was last undertaken in 2018/19, where the proportion was only slightly lower at 40%.

Declines can be seen in all but one of the derived Adult Social Care Outcomes Framework (ASCOF) measures:

Description	2018-19	2021-22	DOT
Carer reported quality of life	7.6	7.2	↓
Proportion of carers who reported they had as much social contact as they would like	31.2%	25.9%	↓
Overall satisfaction of carers with social services	53.5%	46.9%	↓
The proportion of carers who report that they have been included or consulted in discussions about the person they care for	77.0%	70.1%	↓
The proportion of carers who find it easy to find information about services	71.4%	71.9%	↑

Table 3: Adult Social Care Outcomes Framework (ASCOF) measures

Engagement

Engagement sessions with carer peer groups from Blackpool Carers Centre were held to understand what is working and not working for them, how needs can best be met and what potential gaps in current services there may be.

A total number of 17 carers were engaged in these sessions.

Issues with current services

Carers were asked to tell us their experience of issues with current services. Their responses fell into the following themes:

- Lack of joined-up working and communication between services e.g. Alcohol and mental health services.
- Repetitive questions asked by services.
- Lack of consistency of care workers.
- Not being recognised or valued as a carer.
- Not being involved in discussions and decisions about the cared for.
- Diagnostic labels and stigma.
- Difficultly navigating social care and services.

Improving services

Carers were asked to tell us what they would find helpful, and how could services be improved. Their responses fell into the following themes:

- Accountability.
- Consistency of care workers –need to maintain a familiar care worker with any changes notified in advance.
- Regular and open dialogue.
- Focus on prevention.
- Effective signposting and referrals to services.
- Clear information on services.
- Carer voice present in service delivery.
- Liaison between services.
- Support for staff.
- Encouragement and support for Carers.
- Recognise and value Carers.
- Learn and apply best practice examples from local authorities.
- Having a minimum service delivery standard.
- Information on benefits and financial support for carers.

Care Act Assessment

Carers were asked to tell us about their experiences of receiving a Carer's Assessment. Their responses fell into the following themes:

- An easy process.
- No follow-up.
- Would benefit from a Carers Assessment more than once, especially as the demands of the caring role increase.

Identifying as a Carer

Carers were asked to tell us their experience of identifying as a carer. Their responses fell into the following themes:

- Did not identify as a carer until recognised as such by others
- The newness of being a carer can be scary and overwhelming.
- Positive impact of identifying as a carer – emotional relief and reduce the feeling of isolation and burden of being a carer
- Fear and worry are a barrier for older carers identifying as a carer as they have a fear of losing their house, having to pay lots of money for care services and fear their loved one being removed for their home.

Carer Health and Wellbeing

Carers told us of the impact that caring has on their health and wellbeing: Their responses fell into the following themes:

- Unable to 'switch off'.
- Self-blame.
- No breaks.
- Find little time for themselves.
- Negative impact on mental health.
- Negative impact of physical health.

Positive Feedback

Carers were asked to provide positive feedback on current services. The following services received the following compliments:

- Adult Social Care in Blackpool are very responsive.
- Vitaline Blackpool (24 hour monitoring and emergency response services) is an excellent service.
- Dementia Awareness training provided by Blackpool Carers Centre was invaluable.

Support we provide for Carers

Blackpool Carers Centre receive funding via a contract managed by the Integrated Care Board (ICB) and Blackpool Council contributes an amount to the ICB for this contract.

Additionally the Authority is funding carers support workers from Blackpool Carers Centre based within the Transfer of Care Hub (TOCH) at Victoria Hospital and also a Young Carers Link worker. Blackpool Carers Centre also lever in additional funding from other sources and fundraising activities.

Carer's Assessment

Anyone who is an unpaid carer for a family member or friend has the right to a Carer's Assessment (joint or separately).

At a Carer's Assessment, the carer can discuss their own needs with the council, separate to the needs of the person they care for. Carers can discuss anything they think would help with their own health and wellbeing or with managing other aspects of their life, including their caring role. Carers are entitled to an assessment regardless of the amount or type of care they provide, their financial means or their level of need for support.

The council uses this information to support the carer and decide what help it can offer. The assessment is an ongoing, flexible process and includes any reviews undertaken.

The number of carers receiving and declining assessments is recorded on Blackpool's Referrals, Assessments and Package of Care (RAP) return. The following is a breakdown of Carer's Assessments for the period 2021/22:

- The Number of Carers receiving joint assessment/review: **216**
- The Number of Carers receiving separate assessment/review: **643**
- Number of Carers declining an assessment: **753**

16.6% declined assessment or review because they had one completed in the last 12 months.

The figures are based on those who view themselves as a carer. Please note where carers have received both a separate and a joint assessment (or have also declined an assessment/review); they appear in each relevant lines above.

Carer Friendly Workplace

Approximately, 1 in 7 people in every workplace juggle a caring role with their career^{xxviii}. The number of working carers is growing and given the stresses and strains that can result from balancing work and caring, it is unsurprising that 1 in 6 carers give up work or reduce their hours to care^{xxix}. Therefore, it is important that working carers feel supported by their organisation to help retain employees with caring responsibilities.

Blackpool Council is committed to supporting working carers by addressing, providing support and by raising awareness of informal carers both internally and externally. Support can be offered through several channels including:

- Policy and guidance, including flexible working and leave policies.
- Practical support such as allowing mobiles at desks, closer car parking in case of emergencies.
- Peer support including encouraging staff well-being groups and support sessions.
- Promoting support through positive links with carer organisations, occupational health teams and other professionals.
- Dedicated section for carers on the internal staff website 'The Hub',

Blackpool Council also encourage businesses and suppliers to consider carers within their workforce. This is included in the council's social value guide for suppliers which states: *'As employers, we need to provide the best support we can offer to our employees, particularly if they are experiencing challenges outside of work that impact their wellbeing in the workplace. This should be reflected wherever possible in the values and culture of all our organisations.'*

Priorities

Priority 1 - Identifying Carers

Objective: Carers are identified and encouraged to recognise their role and rights.

Many carers do not see themselves as carers and can be unrecognised as such by others. This means carers often do not, or struggle to, access support. It is important that carers are identified and encouraged to access support in order to prevent the escalation of their own needs, and those of the person they look after.

It is important that we use every opportunity to identify carers as early as possible, including GP appointments, flu jab appointments, home visits, outpatient appointments, transfer to and from hospital, social care and other needs assessments, including admission and discharge assessments and planning meetings.

To improve the identification of carers we aim to:

- Ask people with care and support needs whether anyone gives them help or support, apart from paid practitioners.
- Ask people 'does someone rely on you?' to support people to identify as a carers
- Avoid making assumptions about who might be providing care, taking into account that carers may not be family members or may not live with the person
- Train professionals to identify carers in the course of their work.
- Record details about carers who have been identified (with their consent).
- Develop a publicity campaign to help people to self-identify as a carer and explain the benefits for both them and the cared for.
- Use opportunities such as Carers Week to help people to self-identify as a carer.

What does success look like?

- Increase in the number of identified carers.
- Increase in the number of Carers Assessments offered.

Priority 2 – Working with Carers

Objective: Carers are valued, respected and listened to and will be supported to actively be involved in decision making and care planning for the person they care for.

Carers play a vital role in our communities and so it is important that carers are recognised and valued for the work they do. Carers have valuable knowledge about the person they care for and are often key to understanding the person's needs and preferences. Providing the person gives consent and their wishes remain central, carers should be supported to actively participate in decision making and care planning for the person they care for, in order to help practitioners provide the right type of care and support.

To ensure carers are valued and supported to actively participate in decision making and care planning for the person they care for, we aim to:

- Recognise carers as essential contributors to the assessment of the person they care for.
- Check if the person being cared for gives consent for the carer to be involved.
- When consent is given, ensure that care plans include evidence of the carer's contribution.
- Ensure timely communication, in a suitable language, with Carers during and post assessment of the cared for person.
- Maintain a dialogue with carers to ensure the needs of the cared for person are met.
- Ensure that we involve carers in reviews, design and redesign of social care services so that user experience is taken into account through coproduction.

What does success look like?

- Increase in the number of carers who report they have been involved in any discussions about the support or services that are provided to the person they care for.

Priority 3 – Communication: Information and Advice

Objective: Carers have access to a range of good quality information and advice which is clear, relevant and readily available.

Access to clear, relevant and timely information and advice enable carers to take control of, and make well-informed choices about the care and support for the person they care for, as well as themselves. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing, reducing and delaying the need for care and support.

To improve the communication of information and advice to carers, we aim to:

- Maintain up to date signposting and referral points for carers, including financial services.
- Review the information and advice available for carers to ensure that it is informative, accessible, in a range of formats (online and offline) and consistence across all organisations that support carers.
- Inform carers of where they can get help and speak to someone in the event of a crisis.
- Develop online and offline awareness on current financial support and benefits offered to carers and how to access them.
- Work with partners to review how information can be made available more widely.
- Inform carers when changes are made to services and what this means.
- Map out pathways into carers services and where possible establish less complex pathways to services.

What does success looks like?

- Increase the number of carers who report that they find information or advice about support, services or benefits easy to find and helpful.

Priority 4– Partnership and Collaboration (Internal and External)

Objective: Services are joined up to meet the needs, choices and aspirations of the service user.

The success of implementing the strategy lies firmly in a collaborative and joined up approach. Carers may not be fully aware of services available to them and may find it difficult to navigate fragmented services, thereby creating unnecessary additional demands for the carer. Service users have told us that they want services to be joined up. Therefore, it is important that the council works collaboratively and in partnership with other services and organisations to ensure that our services work seamlessly for people.

To improve the integration of services, we aim to:

- Ensure continuity of care, including when people move between different services, settings or areas.
- Ensure that the transition from children's to adult services is as seamless as possible by using an agreed approach to working across social care teams.
- Consider opportunities for closer working between services and organisations at appropriate points in service reviews.
- Work collaboratively with services and organisations to avoid duplication of support.
- Develop best practices for inclusion in commissioned services to improve (as necessary) information between professionals, providers and services in accordance with GDPR guidance.

What does success looks like?

- Increase in the number of carers who are satisfied with the care and support they receive.
- Increase in the overall satisfaction of carers with social services.

Priority 5 – Health and Wellbeing of Carers

Objective: To support and maintain the health and wellbeing of carers in Blackpool

Many carers struggle to maintain their own health and wellbeing and often overlook their own needs because of their caring responsibilities. It is important carers are offered a Carer's Assessment by the council to discuss their own needs, separate to the needs of the person they care for. At a Carer's Assessment, carers can discuss anything they think would help with their own health and wellbeing or with managing other aspects of their life, including their caring role.

It is also important that carers are regularly reminded of the value of having a break from caring and the options available to them. Taking a break will help improve carers' health and wellbeing and help them to continue in their caring role. By supporting carers to manage their health and wellbeing, they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.

To support and maintain the health and wellbeing of carers in Blackpool, we will:

- Inform carers of their right to a Carer's Assessment, what this is, the benefits of having one, how to obtain one, and that they can still access community support without a formal assessment.
- Advise of the outcome of the Carer's Assessment as soon as possible following the Assessment date (including providing a copy of the Assessment).
- Ensure carers having a Carer's Assessment are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, including work, education or training.
- Review the Carer's Assessment process to identify where improvements can be made to ensure that this process enables carers to have the right support to plan for the future.

- Ensure carers are regularly given the opportunity to discuss the value of having a break from caring and the options available to them.
- Review the Council's HR Policies in relation to employees who are carers and produce a catch-all guidance document for employers to set a good example.
- Work with partners to review the current training offered to carers and engage with carers to understand their training needs and requirements.
- Produce a summary of current support services available to adult carers which enable the provision of appropriate breaks, both in and away from the home and a clear explanation of how carers can use respite units in order to access a break from caring.
- Work with partners to ensure loneliness and isolation among carers is addressed and there is appropriate support available for those hard to reach carers supporting complex needs.

What does success look like?

- Increase in Carers reporting they have quality of life.
- Increase in the number of Carer's Assessments undertaken.
- Increase in the number of carers who have received support enabling them to take a break of 24 hours or more.
- Decrease in the number of carers who say that their health has been negatively affected by their caring role.
- Decrease in the number of carers who say that they are not always able to look after themselves as well as they would like.

Delivery and monitoring progress

These priorities will be delivered through an action plan (see Appendix 1).

Blackpool Council's Carers Lead will oversee the strategy. Adult social care and health scrutiny committee will receive an annual progress report detailing progress made in delivering the action plan. The Carers Lead will be responsible for working with carers, partners and stakeholders to deliver the actions as set out within the action plan (see Appendix 1).

The deliverables within this strategy will be monitored through the following:

- Monitoring actions in the action plan.
- Monitoring Key Performance Indicators associated with the priorities.
- Monitoring of feedback from the Survey of Adult Carers in England (SACE).

The strategy will be reviewed halfway through the course to assess the success of the implementation of the strategy.

Key Performance Indicators

A set of Key Performance Indicators (KPIs) have been defined to measure the impact of the strategy and action plan. Baseline figures are based on the 21/22 SACE results which were sent randomly to 801 carers with a 40% response rate and also our internal recording and reporting:

Priority 1 – Identifying Carers

We are currently establishing a system which accurately reflects actual current numbers of carers (it previously didn't exclude those no longer in a caring role). We are also updating data held in the data warehouse which will allow us to accurately update the number of carers assessments offered.

- Total number of identified carers.
- Total number of carers assessments offered.

Priority 2 – Working with Carers

- 70.1% of carers responding reported they felt they had been included or consulted in any discussions about the support or services that are provided to the person they care for.

Priority 3 – Communication: Information and Advice

- 71.9% of carers who responded reported that they find information or advice about support, services or benefits easy to find

Priority 4 – Partnership and Collaboration (Internal and External)

- 46.9% of carers responding said that they were either extremely or very satisfied with the support services they had received. A further 29.2% said they were quite satisfied.

Priority 5 – Health and Wellbeing of Carers

- Carers reported quality of life score. NHS Digital calculate this measure based on responses to 6 different questions. The 2021/22 outcome score is 7.2

- Total number of Carer's Assessments conducted.
In the 2022/23 SALT (Short and Long Term) return, 169 carers were assessed or reviewed jointly with the person they care for and a further 615 were assessed or reviewed separately.
- Part 1 -Total number of carers supported to have a break.
As reported in the SALT (2022/23), 992 carers received some form of respite during the year.
Part 2 – Did it meet their need? Was it the right type, duration and frequency to maintain their caring role?
To be discussed with carers further, working alongside carer organisations.
- Total number of carers who say that their health has been negatively affected by their caring role.
Only 9.9% of the respondents said that their health had not been affected by their caring role in the latest SACE. 80.1% said they felt tired; 46.2% reported feeling depressed; 18.3% said they had experienced a loss of appetite; 69.6% had disturbed sleep; 62.2% reported general feelings of stress; 34.9% said it had caused them some kind of physical strain (e.g. Back); 46.8% said it made them short tempered/irritable; 16.3% had had to go and see their GP due to the way their caring role had affected their health; 20.5% had developed their own health conditions as a result; 20.2% said caring had made an existing health condition worse and 1.3% said it had affected their health in other ways.
- Total number of carers who say that they are not always able to look after themselves as well as they would like.
Responding to the question which asks 'Thinking about how much time you have to look after yourself – in terms of getting enough sleep or eating well, which statement best describes your present situation'. 53.8% said they were able to look after themselves; 25.3% said 'sometimes I can't look after myself well enough' and 20.8% said they felt they were neglecting themselves.

Appendix 1– Adult Carers Action Plan

Table 4- Priority 1: Identifying Carers

ID	Action	Lead	Deadline	Resources	Outcome
1	Review, refresh and promote Carer Awareness Training to ensure managers and staff who may encounter carers both as employees and general public, are trained to suitably identify and recognise the different types of carers the course of their work. Devise a training plan of who, when and frequency and set participation targets.	Carers Lead/ OWD/HR	31 st December 2023	iPool Online Training	Greater awareness of carers amongst Blackpool Council employees. Improve the identification of carers by to increase the number of identified carers and supported, through the uptake of training.
Page 51	Develop a publicity campaign involving local community services and organisations, for example posters and leaflets in GP surgeries, libraries and pharmacies, to help people to self-identify as a carer and explain the benefits of doing so, including the right to an assessment.	Blackpool Carers Centre	Ongoing until 31 st March 2027 with targeted approaches and campaign streams.		Increase in the number of self-identified carers.
3	Optimise opportunities to raise the profile of caring, to help people to self-identify, such as Carers Week and Carers Rights Day.	Blackpool Carers Centre	Ongoing annual activity until 2027	National campaign resources	Increase in the number of self-identified carers and links with professionals.
4	Optimise the carers data held to ensure it accurately reflects the overall landscape of carers within Blackpool.	Carers Lead and Business Intelligence Officer, Blackpool Council	31 st July 2024	Mosaic, SACE, Census	To ensure the carers data reflects an accurate, current picture of the scope of carers, their assessments and well-being.

Table 5- Priority 2: Working with Carers.

ID	Action	Lead	Deadline	Resources	Outcome
5	Actively involve carers in the care planning process and recognise carers as experts and essential contributors to the assessment of the person they care for by ensuring that, where consent is given, care plans include evidence of the carer's contribution.	Gill Nixon-Smith, Adult Social Care. Liz Russell, Mental Health, Learning Disability, Autism.	Benchmarked every other year in line with survey data	Survey of Adult Carers in England (SACE)	Increase in the number of carers who report they have been involved in any discussions about the support or services that are provided to the person they care for.
6	Wherever appropriate and practicable we involve carers in reviews, design and redesign of services that are led by commissioning and work on embedding this approach throughout our operational service areas in Health & Social Care.	Carers Lead, Blackpool Council	Ongoing until 31 st March 2027		<p>Increase in the number of carers who report they have been involved in any discussions about the support or services that are provided to the person they care for.</p> <p>To ensure user experience is taken into account when reviewing and designing services through meaningful and open engagement sessions.</p>
7	Ensure timely communication including any changes to services, is carried out in a suitable language, with Carers during and following assessment of the cared for person and that the agreement of the cared for to share care plan is recorded where agreed.	Gill Nixon-Smith, Adult Social Care. Liz Russell, Mental Health, Learning Disability, Autism.	Benchmarked every other year in line with survey data		<p>Increase in the number of carers who report they have been involved in any discussions about the support or services that are provided to the person they care for.</p> <p>Carers are advised of the outcome of the cared for person assessment and timeframe for any agreed action. Where changes are made to services, the implications are communicated and continuity of care is maintained with appropriate information sharing.</p>

Table 6- Priority 3: Communication: Information and Advice

ID	Action	Lead	Deadline	Resources	Outcome
8	Maintain up to date signposting and referral points for carers, covering all areas where carers need advice and information.	Blackpool Carers Centre	Ongoing in line with changing needs and focus		<p>Ensure frontline staff are aware of information and advice and are able to effectively signpost relevant services and support as needed.</p> <p>Increase the number of carers who report that they find information or advice about support, services or benefits easy to find, easy to understand and helpful.</p>
Page 53	Review the information and advice available for carers to ensure that this is informative, accessible, in a range of formats (online and offline) and consistent across all organisations that support carers.	Blackpool Carers Centre	Ongoing as required	Formation of Carers Reading Panel	Increase the number of carers who report that they find information or advice about support, services or benefits easy to find, easy to understand and helpful.
	10 Inform carers of where they can get help and speak to someone in the event of a crisis and support them with advance contingency planning.	Blackpool Carers Centre	Ongoing to 31 st March 2027		<p>Increase the number of carers who report that they find information or advice about support, services or benefits easy to find, easy to understand and helpful.</p> <p>Carers are supported to develop contingency plans for times of crisis.</p>
	11 Develop online and offline awareness on current financial support and benefits offered to carers and how to access them.	Blackpool Carers Centre	Ongoing to 31 st March 2027		Increase the number of carers who report that they find information or advice about support, services or benefits easy to find, easy to understand and helpful.

ID	Action	Lead	Deadline	Resources	Outcome
					Carers are aware of the financial support and benefits they may be entitled to and are able to access them if eligible.
12	Work with partners to review how information can be made available more widely.	Blackpool Carers Centre	31 st March 2025		<p>Increase the number of carers who report that they find information or advice about support, services or benefits easy to find, easy to understand and helpful.</p> <p>Information on support and services available to carers is widely available.</p>

Table 7- Priority 4: Partnership and Collaboration (Internal and External)

ID	Action	Lead	Deadline	Resources	Outcome
13	Develop awareness of young carers within Adult Social Care supported households, and ensure understanding of appropriate pathways to support.	Carers Lead, Blackpool Council	31 st December 2024		<p>Increase in the number of carers who are satisfied with the care and support they receive.</p> <p>Increase in the overall satisfaction of carers with social services.</p> <p>To provide joined up support for young carers in family settings.</p>
14	Organise a workshop with carers and partners to understand the story and the experience of carers in order enhance collaboration and avoid any duplication of work and lessen story-telling where possible.	Carers, Blackpool Carers Centre, and Carers Lead at Blackpool Council	31 st July 2024	Venue, Themes, Partners	<p>Increase in the number of carers who are satisfied with the care and support they receive.</p> <p>Increase in the overall satisfaction of carers with social services.</p>

Table 8- Priority 5: Health and Wellbeing of Carers

ID	Action	Lead	Deadline	Resources	Outcome
15	<p>Improve communication with Carers about their Carers Assessment, this includes:</p> <ul style="list-style-type: none"> Providing information about: the Assessment prior to it taking place, the benefits of having one, how to obtain one, the choice of medium (face to face, video call, etc.) and how to access community support within a formal assessment. Advising of the outcome of the Assessment as soon as possible (including providing a copy of the Assessment). Re-design the Carers Assessment process so that it stands alone rather than as a by-product of an assessment for the cared for, ensuring that the assessment process fully considers the impact of caring on the wellbeing of carers, identifies carers' eligible needs and responds to them appropriately, and that carers assessments are reviewed such the caring roll be significantly impacted and carers needs change.. 	Gill Nixon-Smith, Adult Social Care. Liz Russell, Mental Health, Learning Disability, Autism.	Ongoing		<p>Increase in the number of Carer's Assessments undertaken.</p> <p>Decrease in the number of carers who say that they are not always able to look after themselves as well as they would like.</p> <p>Increase in carers reported quality of life.</p> <p>Carer's are given the opportunity to discuss what matters most them, including their own health, wellbeing and social care needs, including work, education or training.</p>
16	Review the Council's HR Policies in relation to employees who are carers and produce a catch-all guidance document for employees	Carers Lead, Blackpool Council	31 st March 2024		The Council, as an employer, has fit-for purposes policies that support employees who are carers.

ID	Action	Lead	Deadline	Resources	Outcome
17	Work with partners to review the current training offered to carers and engage with carers to understand their training needs and requirements.	Blackpool Carers Centre	31 st March 2025		<p>Decrease in the number of carers who say that their health has been negatively affected by their caring role.</p> <p>Offer relevant training to support carers in their caring role, in order to empower and enable carers to enhance their own well-being and that of the people they care for.</p>
18	Produce a simple guide for choosing respite, to be readily available to adult carers enabling them to access the provision of appropriate breaks, both in and away from the home, giving a clear explanation of how carers can use respite units in order to access a break from caring and ensure staff also receive this and are fully aware.	Gill Nixon-Smith, Adult Social Care. Liz Russell, Mental Health, Learning Disability, Autism.	31 st March 2024		<p>Increase in the number of carers who have received support enabling them to take a break of 24 hours or more.</p> <p>Carers have access to appropriate support services which enable them to have adequate breaks from their caring role.</p>

ⁱ UK Census Data. Blackpool: Health and Provision of Unpaid Care (KS301EW). 27 March 2011

ⁱⁱ NHS England. Who is considered a carer?

ⁱⁱⁱ UK government. Care Act 2014.

^{iv} UK government. Children and Families Act 2014.

^v UK government. Children and Families Act 2014.

^{vi} Carers Week. Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak. 2020

^{vii} Office for National Statistics. 2021. Coronavirus and the social impacts on unpaid carers in Great Britain: April 2021.

^{viii} Carers UK. Will I care? The likelihood of being a carer in adult life. November 2019.

^{ix} Carers UK. Will I care? The likelihood of being a carer in adult life. November 2019.

^x Office for National Statistics. 2011 Census analysis: Unpaid care in England and Wales, 2011 and comparison with 2001. February 2013.

^{xi} Carers UK. Unseen and undervalued: The value of unpaid care provided to date during the COVID-19 pandemic. November 2020

^{xii} Carers UK. Unseen and undervalued: The value of unpaid care provided to date during the COVID-19 pandemic. November 2020.

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- ^{xiii} Carers Week. Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak. 2020
- ^{xiv} Carers UK (2019) Give us a break
- ^{xv} Carers UK (2021) Breaks or breakdown. Carers Week 2021 report.
- ^{xvi} Carers UK. State of Caring 2021: A snapshot of unpaid care in the UK.
- ^{xvii} Carers UK. Under Pressure: Caring and the cost of living crisis. March 2022
- ^{xviii} UK government. Carer's Allowance. 2022.
- ^{xix} House of Commons. Informal Carers research briefing paper. June 2021.
- ^{xx} UK government. Disability Living Allowance (DLA) for children. 2022.
- ^{xxi} ONS How life has changed in Blackpool: Census 2021, ONS (2023)
- ^{xxii} UK Census Data. Blackpool: Health and Provision of Unpaid Care (KS301EW). 27 March 2011.
- ^{xxiii} Carers UK. Facts and figures. Carers save the economy £132 billion per year, an average of £19336 per carer.
- ^{xxiv} National life tables – life expectancy in the UK: 2018 to 2020, ONS (2021)
- ^{xxv} JSNA Blackpool. Social Care. March 2022.
- ^{xxvi} UK Census Data. Blackpool: Health and Provision of Unpaid Care (KS301EW). 27 March 2011.
- ^{xxvii} Office for National Statistics – 2011 Census and Census 2021
- ^{xxviii} Carers UK. Employers for Carers.
- ^{xxix} Carers UK. Employers for Carers.

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Equality Analysis (EA) Record Form
Formerly Equality Impact Assessment



September 2022

Department: Adult Social Care

Team or Service Area Leading Assessment: Commissioning Team

Title of Policy/ Service or Function: Blackpool Adult Carers Strategy 2022-2027

Lead Officer: Kate Aldridge

STEP 1 - IDENTIFYING THE PURPOSE OR AIMS

1. What type of policy, service or function is this?

Changing/ updated ✓

2. What is the aim and purpose of the policy, service or function?

Blackpool Council will develop a five-year Adult Carers Strategy for Blackpool

The need for this strategy is driven by the following:

- To update the current strategy which expired in 2015;
- To ensure that the council achieves compliance with the relevant aspects of the Care Act 2014 and associated Guidance;
- To develop an action plan that will help identify carers at an early stage, improve carer's support and services, deliver a more coordinated approach, and to enable carers to lead fulfilled, independent lives

3. Please outline any proposals being considered.

The Blackpool Adult Carers strategy sets out how Blackpool Council will work together with key organisations to enable Carers across Blackpool to feel recognised, valued and supported to lead fulfilled, independent lives alongside their caring role.

To achieve our vision, there are four key priorities which we will aim to deliver:

- Identifying Carers
- Working with Carers
- Communication: Information and Advice
- Health and Wellbeing of Carers

4. What outcomes do we want to achieve?

The focus of the Carers Strategy is Priority 1 'Communities: creating stronger communities and increasing resilience'. Supporting carers in their caring role significantly benefits the community. Carers provide an incredible amount of support to: those they care for, their friends and family, the wider health and social

care system, and to society. Therefore, it is in the best interest of communities that carers are and feel supported in their caring role.

This strategy will outline a clear vision and set of key priorities around how the council, working together with key stakeholders, are going to help support Blackpool Carers as much as possible in their caring role so that carers can continue providing care whilst also leading fulfilled, independent lives.

5. Who is the policy, service or function intended to help/ benefit?

Adult Carers in Blackpool

6. Who are the main stakeholders/ customers/ communities of interest?

- Adult Carers in Blackpool
- Blackpool Carers Centre
- Adult Social Care
- Carers peer support groups
- The cared for

7. Does the policy, service or function have any existing aims in relation to Equality/ Diversity or community cohesion?

No

STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU

8. Please summarise the main data/ research and performance management information in the box below.

Data/ information

General

An adult carer is an adult who provides or intends to provide care for another adult (an "adult needing care") who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support, the care they give is unpaid.

Population Data

Blackpool has a resident population of approximately 138,381. Blackpool is a dense urban area with high levels of deprivation, workless households, and poor health in the resident population.

The latest available data (Census 2011) estimates there are approximately 16,319 people who provide unpaid care in Blackpool. This is a 5.7% rise in the number of Carers compared to 2001 census data (15,443). The current number of people registered with Blackpool Carers Centre is 10,992.

A breakdown of hours of care provided by Carers in Blackpool each week can be found in table 1.

Hours of care provided	Number of people	% of resident population
1 to 19 hours unpaid care a week	8,635	6.1%
20 to 49 hours unpaid care a week	20 to 49 hours unpaid care a week	1.8%
50 or more hours unpaid care a week	5,092	3.6
Total	16,319	11.5%

Table 1: A breakdown of hours of care provided by Carers in Blackpool each week (Census 2011)

Race and Ethnicity

Residents are mostly of White British ethnicity (93.6%), which is significantly higher than across England and Wales (80.5%). Black and minority ethnic groups, including Irish and European residents, are estimated to make up 6.4% of the population (approximately 9,000 people), compared with the estimated population for England and Wales of 19.5%. Race and ethnicity data on unpaid adult carers in Blackpool is currently unavailable.

Health and Disability

The health of people in Blackpool is generally worse than the national average. The town records one of the lowest life expectancy rates nationally and there are inequalities by deprivation and gender. The average life expectancy for males is 74.1 years, and for females it is 79.5 years. The average life expectancy across the town is one of the lowest nationally. Health priorities for Blackpool include alcohol and drug misuse, mental health, smoking and obesity.

25.6% of people in Blackpool reported a long-term health problem or disability at the last Census, which is eight percentage points higher than the national average.

Health and disability data on unpaid adult carers in Blackpool is currently unavailable.

Gender and Transgender

The population of Blackpool is approximately 138,381, 50.3% of the population are estimated to be female and 49.7% are male. Gender and transgender data on unpaid adult carers in Blackpool is currently unavailable.

Age

A larger proportion of residents are aged 65+ (20.5%) compared to the national age structure (18.5%). The working age population (16-64) in Blackpool is smaller than the national figure, additionally the 0-15 population in Blackpool is also slightly smaller than the national age structure. By 2030, the number of people aged 65+ who provide unpaid care in Blackpool is projected to rise from 4,164 to 4,836.

Sexual Orientation

ONS estimates from Annual Population survey data that amongst adults in Blackpool, around 107,100 (94.9%) adults identify as heterosexual, 3,700 (3.2%) people identify as gay or lesbian, around 600 (0.6%) people identify as bisexual and 500 (0.4%) adults whose sexual orientation is classified as 'other'.

For around 1,000 adults in Blackpool sexual orientation is unknown due to answering 'don't know' or declining to answer the survey question. Other estimates have put Blackpool's LGBTQ+ population as higher than the combined estimates from the data above.

Data on the sexual orientation of unpaid adult carers in Blackpool is currently unavailable.

Research or comparative information

National Context

General

In 2020, there were approximately 13.6 million unpaid carers in the UK, equating to around 1 in 4 people. The latest available data (2011 Census) reported that of the population providing unpaid care in England and Wales, 3.7 million people provide 1-19 hours per week, 775,000 provide 20-49 hours and 1.4 million provide 50 hours or more unpaid care.

Gender and Transgender

In April 2021, more women (57%) provided unpaid care than men (43%) did. National data on the number of transgender carers is unavailable.

Age

The majority of Carers (46%) are aged between 46- 65. As people are living longer and the population ages, the demand for care is projected to grow. There is a 65% likelihood that adults will provide care at some point in their lives.

Race and Ethnicity

Table 1 demonstrates Census 2011's findings on unpaid carers identities

Identify	Percentage of unpaid carers
UK identities: English only identity	60.58%
UK identities: British only identity	19.14%
UK identities: English and British only identity	8.82%
UK identities: Welsh only identity	4.27%
Other identities	3.61%
UK identities: Scottish only identity	0.82%
UK identities: Other identity and at least one of British / English / Northern Irish / Scottish / Welsh identities	0.69%

UK identities: Welsh and British only identity	0.61%
Other identities only: Irish only identity	0.59%
UK identities: British / English / Northern Irish / Scottish / Welsh / Cornish identities only: Any other combination of British / English / Northern Irish / Scottish / Welsh / Cornish identities	0.32%
UK identities: Northern Irish only identity	0.19%
UK identities: Scottish and British only identity	0.16%
UK identities: Cornish only identity	0.14%
UK identities: Northern Irish and British only identity	0.03%
UK identities: Cornish and British only identity	0.02%

Table 2 Census 2011's findings on unpaid carers identities

The BAME Community Advisory Group (2020) undertook research into the impact of COVID-19 policies on BAME communities. They reported that some health and care professionals also act as unpaid carers in their personal lives. The report attributes this to community structures in which members are expected to provide informal care. The report notes that this double role is often unaccounted for in the work setting and as a result; unpaid care roles can increase the levels of stress already experienced by carers working in the health and care sector.

Disability

Census 2011 found 1,568,923 carers have a disability. 38% report that their disabilities 'limits them a lot' and 62% report their disabilities 'limits them a little'.

Sexual Orientation

Census data in 2011 did not report sexual orientation of unpaid carers. Research from Carers Wales, The Carers Trust and Carers Northern Ireland highlight some additional barriers faced by LGBTQ+ carers. These barriers mirror wider social discrimination. Where LGBTQ+ carers are spouses/ partners and face bereavement, LGBTQ carers may be more isolated from sources of support and this can be especially compounded when if LGBTQ+ carers are older, estranged from their own families or international.

Religion and belief

Table 2 demonstrates Census 2011's findings on unpaid carers religious beliefs

Religion	Percentage of unpaid carers
Christian	71.81%
No religion	20.17%
Muslim	4.08%

Hindu	1.42%
Sikh	0.81%
Other religions	0.77%
Jewish	0.51%
Buddhist	0.43%

Table 3: Census 2011's findings on unpaid carers religious beliefs

In addition to the above breakdown, 404,459 unpaid carers did not submit a response to this census question.

Pregnancy and Maternity

Census data in 2011 did not specifically report on pregnant or new mothers who are unpaid carers, however taking into account data on sex and age of unpaid carers, a small proportion unpaid carers each year do become pregnant and/or claim maternity leave and benefits. This group are much more likely to be receiving healthcare support for themselves and baby than other unpaid carers.

Marriage and Civil Partnership

Census data in 2011 did not specifically report on marriage and civil partnership status of unpaid carers. However, carers UK identified in 2018 more than a quarter of unpaid carers care for their spouse or partner.

For the 25% of unpaid carers who care for their partner, there are tax sharing incentives open to people in either civil partnerships or marriages. This scheme results in disproportionate impacts between taxable income levels for unpaid carers who are not in marriages or civil partnerships when compared to unpaid carers in marriages or civil partnerships.

Key findings of consultation and feedback

Survey of Adult Carers in England (SACE)

The SACE is a national survey that takes place every other year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs). The survey seeks the opinions of carers aged 18 or over, caring for a person aged 18 or over, on a number of topics that are considered to be indicative of a balanced life alongside their unpaid caring role.

1029 carers were included within the initial eligible population. After removing those that were no longer considered eligible, we had a cohort of 801 carers who went on to receive a postal copy of the survey. The 2021/22 response rate was 40%.

Gender

7 in 10 carers included in the eligible population were female and they accounted for 72% of responses.

Age

The majority of carers were aged 55 or above; half were between 55 and 74. Approximately 30% of those that are cared for are aged between 18 and 64. A further 30% of respondents said they care for someone who is aged 85 or above. The oldest person included in this year's survey was confirmed as 101 years old.

There has been a decrease in the proportion of carers reporting that they were extremely or very satisfied with the care and support they receive in this year's SACE. Carers aged 75 and above are the happiest with the care and support they receive with 83% responding to say they were 'quite', 'very' or 'extremely' satisfied. Carers aged 18-64 were the least satisfied with 10% showing some level of dissatisfaction.

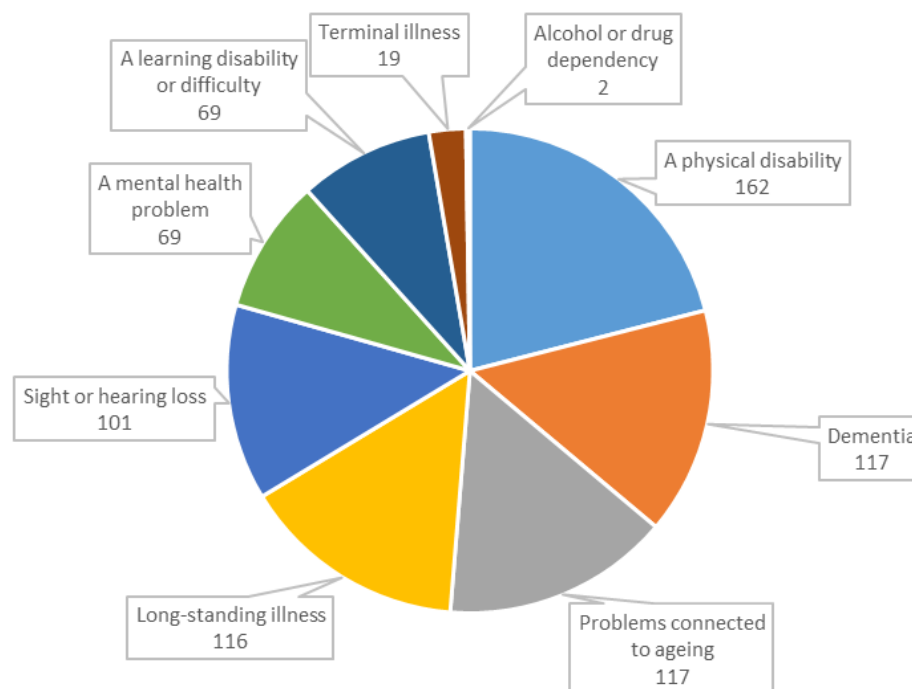
Race and Ethnicity

'Ethnic group' was either refused/undeclared/not known for 30% of carers in the eligible population.

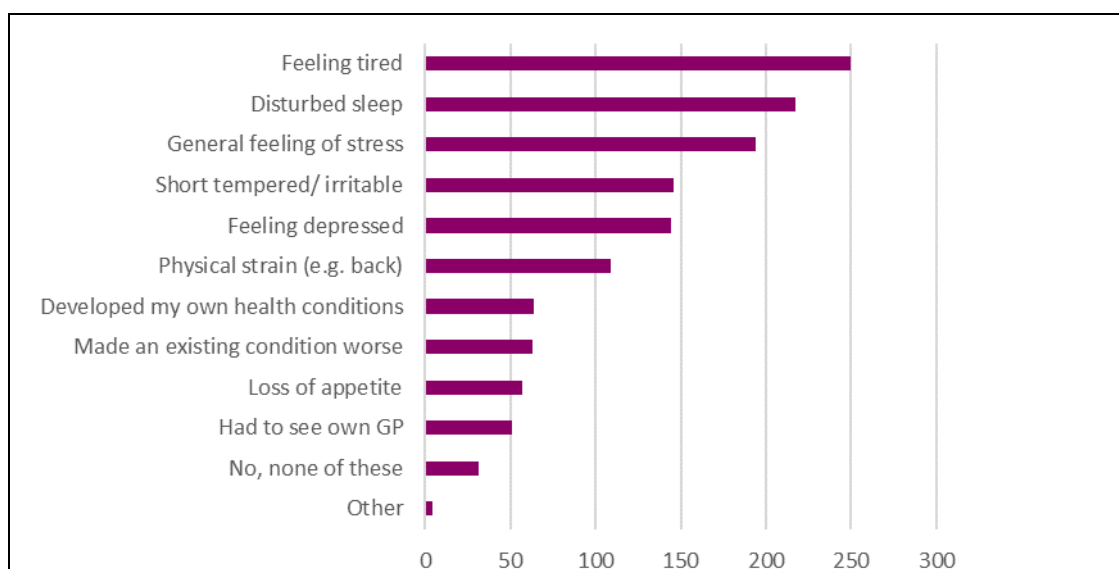
Health and Disability

50% cared for someone with a physical support need. 96% of carers were able to complete the questionnaire without the help of anyone else. Although 40% of carers said that they did not have any health issues of their own, 29% said that they had a long-standing illness; 19% had a physical impairment or disability; 13% suffered from problems relating to their mental health and 11% suffered from 'other' conditions.

Figures relate to responses from 309 individuals – a person can have multiple conditions reported in the chart which follows:



Carers were asked how their health had been affected by their caring role:



The majority of carers said that they felt tired, had disturbed sleep and/or general feelings of stress as a result of caring. Almost half responding to this question said they felt depressed and/or short tempered/irritable; a third of carers experienced physical strain; a fifth said it made an existing condition worse or that they had developed a new or additional health condition. 57 carers reported a loss of appetite which they attributed to their caring role; 51 had to see their own GP. Only 10% of respondents said they didn't experience any of the listed conditions or any 'other'. A quarter of those without any reported impact said that they had been caring for 20 years or more; 10% care for less than 20 hours a week; 36% spend 100 hours or more a week caring.

Engagement Sessions

Engagement sessions with Carer Peer Groups from Blackpool Carers Centre were held to understand what is working and not working for them, how needs can best be met and what potential gaps in current services there may be.

Feedback:

- Carers often struggle with their own mental health needs.
- Fear and worry are a barrier for older carers identifying as a carer, fear of losing their house, having to pay lots of money for care services, fear of their loved one being removed from their home.
- Older carers looking after their spouses were determined to keep their loved ones at home and look after them even to the detriment of their own health and wellbeing. "In sickness and in health, till death us do part."
- Carers often feel they are being judged by others regarding the health condition of the cared for.

9. What are the impacts or effects for Key Protected Characteristics?

General

No general negative impacts of the Adult Carers Strategy have been identified.

It is anticipated the Adult Carers Strategy will have a positive impact on Adult Carers in Blackpool by supporting them to continue providing care whilst also supporting them to lead fulfilled, independent lives.
<i>Age</i>
No overall negative impacts of the Adult Carers Strategy have been identified associated with age.
It is recognised that carers should be provided with age appropriate information that they can easily read and understand themselves or with support.
<i>Disability</i>
No overall negative impacts of the Adult Carers Strategy have been identified on the grounds of disability.
It is recognised that caring can place a real strain on individuals mental and physical health.
<i>Gender Reassignment</i>
No overall negative impact of the Adult Carers Strategy have been identified associated with gender reassignment.
It is recognised that transgender carers face additional barriers which mirror wider social discrimination, and as a result may be more isolated from sources of support.
<i>Marriage and Civil partnership</i>
No overall negative impacts of the Adult Carers Strategy have been identified associated with marriage and civil partnership.
It is recognised that many carers do not see themselves as carers and can be unrecognised as such by others, this is because they feel that providing care is a normal duty of being married or in a civil partnership. It is important to avoid making assumptions about who might be providing care based their relationship to the person being cared for.
<i>Pregnancy and Maternity</i>
No overall negative impact of the Adult Carers Strategy have been identified associated with Pregnancy and Maternity.
<i>Race</i>
No overall negative impact of the Adult Carers Strategy have been identified associated with race.
It is recognised that it may be more difficult for carers in some groups to identify as a carer and to seek support due to cultural and communication barriers. This includes black and minority ethnic groups.
<i>Religion and Belief</i>
No overall negative impact of the Adult Carers Strategy have been identified associated with religion or belief.
<i>Sex</i>
No overall negative impact of the Adult Carers Strategy have been identified associated with sex.
It is recognised that the burden of caring responsibilities disproportionately falls on

women. It is important to avoid making assumptions about who might be providing care based their sex.

Sexual Orientation

No overall negative impact of the Adult Carers Strategy have been identified associated with sexual orientation.

It is recognised that it may be more difficult for carers in some groups to identify as a carer and to seek support due to cultural and communication barriers. This includes people who are lesbian, gay, bisexual or transgender.

In addition, LGBTQ+ carers face additional barriers, which mirror wider social discrimination and as a result may be more isolated form sources of support.

10. What do you know about how the proposals could affect community cohesion?

It is anticipated that the Carers Strategy will strengthen community cohesion. Carers provide an incredible amount of support to those they care for, their friends and family, the wider health and social care system, and to society. Therefore, it is in the best interest of communities that carers are and feel recognised, valued and supported in their caring role.

11. What do you know about how the proposals could impact on levels of socio –economic inequality, in particular Poverty?

In an engagement session with Carer peer groups, some carers said that it would be useful to know what financial help they may be entitled to e.g. attendance allowance. One of the objectives of the strategy is to ensure carers have access to a range of good quality information and advice, such as information on the current financial support and benefits offered to carers and how to access them, which is clear, relevant and readily available.

It is not anticipated that the strategy will have a negative impact on levels of socio-economic inequality, in particular poverty, in Blackpool.

STEP 3 - ANALYSISING THE IMPACT

12. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

Many carers do not see themselves as carers and can be unrecognised as such by others, this is because they feel that providing care is a normal duty of being a family member or friend. Despite initiatives to identify carers and their needs, many carers remain unidentified and do not access the support they need.

Some people may not view themselves as a carer because:

- Becoming a carer can be a gradual process, and carers may not recognise the changing nature of their relationship with the person they support;
- Carers may prefer to continue identifying primarily as a husband, wife, partner,

sibling, parent, child or friend, rather than as a carer;

- Carers often become engulfed by competing demands, including working and caring, and as a result may overlook their own needs as a carer and may not seek support;
- The person being supported may not accept that they have care and support needs;
- The carer does not live with the person or the person has moved away from home, for example into supported living or residential care.

13. Do any rules or requirements prevent any groups or communities from using or accessing the service?

No

14. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people?

No

15. Are any of these limitations or differences “substantial” and likely to amount to unlawful discrimination?

N/A

16. If No, do they amount to a differential impact, which should be addressed?

N/A

STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT

17. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

No adverse impact has been identified for the proposed strategy. However, in order to deliver the aims of the strategy there will need to be assistance from partners and stakeholders.

18. What would be needed to be able to do this? Are the resources likely to be available?

Unknown at the current time what additional resources requirements may be needed.

19. What other support or changes would be necessary to carry out these actions?

Not applicable

STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS

20. What feedback or responses have you received to the findings and possible courses of action?
Please give details below.

Not applicable

21. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

Not applicable

STEP 6 - ACTION PLANNING

No actions have been identified.

STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW

To be reviewed in line with the governance arrangements detailed in the strategy action plan

Date completed: 10/10/2022

Name: Kate Aldridge

Position: Head of Corporate Delivery, Performance and Commissioning

Signed:

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Lynne Eastham, Director of Midwifery and Neonates/Michael Chew, Divisional Director of Operations: Families and Integrated Community Care
Date of meeting:	28 September 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 Care Quality Commission (CQC) inspection, carried out in June 2022 at Blackpool Teaching Hospital. This has been requested by the Committee following the Maternity Update report presented in January 2023.

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.

3.0 Reason for recommendation(s)

- 3.1 As requested by the Adult Social Care and Health Scrutiny Committee on the 26 January 2023, to provide an update on the progress and improvements taken in response to the CQC inspection.
- 3.2 Is the recommendation contrary to a plan or strategy approved by the Council? No
- 3.3 Is the recommendation in accordance with the Council’s approved budget? Not applicable

4.0 Other alternative options to be considered

- 4.1 None

5.0 Council priority

- 5.1 The relevant Council priority is: Not applicable as external report.

6.0 Background and key 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.

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.

6.2 Position Statement Governance and Oversight

The CQC action plan contains 59 actions which are monitored within the Division and reported to the Trust Quality Assurance Committee and Board of Executives.

The action plan 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. Progress against the Maternity CQC action plan continues. Where there are challenges and risk of slippage mitigations are put in place along with a trajectory for recovery.

In response to the CQC report, Maternity Services have been supported by the National Maternity Safety Support Programme. This has involved the Maternity Team working alongside a Maternity Support Advisor to review and complete a gap analysis of Maternity Services provision. This has focused on three key issues of Leadership, Clinical Pathways and Governance which encompass the improvements included in the CQC action plan as well as the wider remit of our Maternity Service. This analysis has now been completed and a bespoke improvement plan is now being drafted to support further ongoing improvements. This will be monitored by the Maternity Support Advisor until they are assured of continued progress, following which this plan will be transferred to the Local Maternity and Neonatal System for continuing oversight.

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 are visible to speak to staff, women and their families.

There are improved processes in place for monitoring equipment, Infection Control and Medicines Management which has been achieved by working in collaboration with members of the teams from these services.

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.

To 'test out' progression of the CQC action plan internally there have been tabletop exercises of evidence. Mock CQC inspections are in the process of being arranged with external colleagues from the Local Maternity and Neonatal System and Integrated Care System planned to take place before November 2023.

6.3 **Workforce**

There is an improving position for midwifery recruitment. In April 2023, the funded establishment was increased to recruit an additional 5.75wte Midwives. This means that the funded establishment has increased by 12.25wte Midwives since March 2022, excluding leadership posts.

In response to the ongoing historic midwifery vacancies a proactive approach has been required to increase recruitment which has included:

- Recruiting 3.0wte international midwives who are being supported through their training competencies and development, with a plan to permanently recruit them following successful completion of clinical examinations.
- Recruiting 2.0wte experienced midwives returning to practice
- Supporting 10.37wte of our student midwives by offering them permanent positions prior to qualifying in September 2023, and by supporting them in an early transition via the practice facilitator and maternity team to commence their preceptorship package early.

This means that by September 2023, the vacancy rates will have reduced to approximately 4.0wte midwives, which is the best it has been for several years.

To maintain a safe service there are several mitigations in place to manage shortfalls in staffing which includes safety huddles, utilising a staffing acuity tool, out of hours support, escalation and full to capacity plans and at least daily regional 'Gold Command' calls overseen by the Local Maternity and Neonatal System to support mutual aid across all maternity units in the region as required.

One to one care is monitored as a measure of safe staffing. This is when a woman is cared for by a Midwife who is looking just after her. Compliance remains good at over 98% and this demonstrates the commitment to ensuring safe care in labour.

Recruitment to the role of Professional Midwifery Advocates (PMA) to support staff

wellbeing has been successful and we have increased the numbers of PMA's to eleven with a further four about to commence training. This means that we will be compliant with best practice recommendations of 1 PMA to 15 Midwives.

A focused approach to multidisciplinary skills drills training continues with close monitoring of training compliance reported through to the Board of Executives and we are on track to meet full compliance by December 2023.

Appraisals have also continued to improve with current compliance rates of 100%.

6.4 Incident Management and Learning from Incidents

The Induction of Labour pathway has been reviewed to ensure women are not at risk when admitted to hospital for induction. This review has included:

- completion of a capacity and demand exercise, to ensure that there is sufficient capacity for the number of inductions required
- Ensuring policies meet best practice standards and are effective in operation.
- Streamlining the process for inductions
- Implementation of escalation process internally with oversight from the clinical areas up to the leadership team.
- Monitoring transfer of women to Delivery Suite within 4 hours of decision
- a senior clinical daily review and risk assessment of all women
- daily collaboration with other Maternity Units in the region for mutual aid should this be required.
- Audits of these processes to provide assurances.

The Maternity governance processes and reporting structure has been reviewed to ensure it is robust and in line with best practice guidance. This has involved undertaking a process mapping exercise and a 'deep dive' of governance with the multidisciplinary team supported by the Maternity Safety Support Programme. This was completed in July 2023. An improvement plan is now in draft and a Quality Governance, Assurance and Accountability Framework has been developed expected to be ratified September 2023. Funding has also been approved to appoint dedicated Midwifery leadership in the Maternity Governance team. This post reflects best practice standard (Ockenden/National Maternity Assessment Tool)

6.5	Does the information submitted include any exempt information?	No
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7.0 List of appendices -

7.1	None
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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 and the impact of this decision for our children and young people

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
NWAS Attendees:	Area Director, Matt Cooper, Consultant Paramedic, Matt Dunn and Fylde Sector Manager, Jennie Peall
Date of meeting:	28 September 2023

NORTH WEST AMBULANCE SERVICE NHS TRUST REPORT

1.0 Purpose of the report

- 1.1 To update the committee on the performance and activity of North West Ambulance Service NHS Trust

2.0 Recommendation(s)

- 2.1 That the committee note the report

3.0 Reason for recommendation(s)

- 3.1 So the committee is appraised of NWAS activity, performance, resources and initiatives in the Fylde area

- 3.1 Is the recommendation contrary to a plan or strategy approved by the Council? N/A

- 3.2 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 and key information

- 6.1 North West Ambulance Service last presented to this committee in October 2022

- 6.2 The service has 1 central hub ambulance station which serves the Fylde area – this is located on Waterloo road in Blackpool.
- 6.3 The trust estates portfolio in the area has changed significantly in the last year, with the launch of the new hub station and the closure of some of the surround smaller station. There is more detail about this in this report.
- 6.4 Resources in the Fylde area include 15 emergency ambulances, 2 rapid response vehicles, 16 senior/advanced paramedics, 77 paramedics, 58 emergency medical technicians of which 12 are student paramedics.
- 6.5 Additional funding to support urgent and emergency care recovery is allowing us to introduce two new ambulances providing 168 hrs of cover per week into the Fylde area.
- 6.6 We have also been able to add an additional 42hrs to our current rosters to improve working patterns for our staff and deliver extended hours of cover. This additional 210hrs of newly funded cover (about 9% increase on our current cover in the area) will support our response to some of the sickest patients in the area.
- 6.7 We are in the process of recruiting additional EMTs and Paramedics and procuring the new vehicles to allow us to phase these resources in over the winter months.
- 6.8 We have also recruited additional clinicians for our control centre to allow us to manage more patients over the telephone when their clinical needs can be met without deploying an ambulance for a face-to-face assessment.

7.0 Activity

- 7.1 The figures provided in last year's report covered the time period of 1 April to (and including) 1 September 2022. For the purposes of this report, the activity reported here covers the same time period.

AREA: CL Fylde

Measure Group	Measure	YDY	WTD	MTD	QTD	YTD
		01.09.2023 01.09.2023	28.08.2023 01.09.2023	01.09.2023 01.09.2023	01.07.2023 01.09.2023	01.04.2023 01.09.2023
Calls	Emergency CAD Contacts	225	1120 (224)	225 (225)	14694 (233)	34982 (227)
	of which, duplicates	37	188 (38)	37 (37)	2592 (41)	5912 (38)
	of which, no outcomes (excl. dupl)	40	138 (28)	40 (40)	1702 (27)	3831 (25)
	CPU Measured	182	844 (169)	182 (182)	11088 (176)	26105 (170)
	CPU (<5s)	98.90%	99.41%	98.90%	97.47%	97.40%
	A1 Calls Answered		(0)	(0)	(0)	(0)
	A3 Mean Call Answer Time	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
	A5 Call Answer Time - 95th Percentile	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
	A114 Call Answer Time - 90th Percentile	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
Incidents	Incidents	148	794 (159)	148 (148)	10400 (165)	25239 (164)
	Incidents with no F2F response	22	125 (25)	22 (22)	1774 (28)	4175 (27)
	H&T %	14.86%	15.74%	14.86%	17.06%	16.54%
	Incidents with F2F response	126	669 (134)	126 (126)	8626 (137)	21064 (137)
	S&T	45	262 (52)	45 (45)	2938 (47)	7040 (46)
	S&T%	30.41%	33.00%	30.41%	28.25%	27.89%
	S&C	81	407 (81)	81 (81)	5688 (90)	14024 (91)
	S&C%	54.73%	51.26%	54.73%	54.69%	55.56%
	% of Incidents with S&C to nonAE dept	7.43%	5.79%	7.43%	5.50%	5.17%
	C1 Incidents	11	68 (14)	11 (11)	1013 (16)	2478 (16)
	As % of all activity	7.43%	8.56%	7.43%	9.74%	9.82%
	C2 Incidents	83	411 (82)	83 (83)	5488 (87)	13222 (86)
	As % of all activity	56.08%	51.76%	56.08%	52.77%	52.39%
	C3 Incidents	39	210 (42)	39 (39)	2510 (40)	6364 (41)
	As % of all activity	26.35%	26.45%	26.35%	24.13%	25.21%
	C4 Incidents	1	7 (1)	1 (1)	120 (2)	310 (2)
	As % of all activity	0.68%	0.88%	0.68%	1.15%	1.23%
	C5 Incidents	10	53 (11)	10 (10)	740 (12)	1535 (10)
	As % of all activity	6.76%	6.68%	6.76%	7.12%	6.08%
	HCP & IFT 3/4 Incidents	4	45 (9)	4 (4)	529 (8)	1330 (9)
	As % of all activity	2.70%	5.67%	2.70%	5.09%	5.27%

7.2 In summary, the figures above show:

- A decrease in the number of 999 calls made from the Fylde area of 14%
- An increase in the number of incidents attended of 1%
- A decrease in the number of Category 1 incidents of 38%
- An increase in the number of Category 2 incidents of 9%
- An increase in the number of Category 3 incidents of 11%

7.3 Performance against standards

Category	YDY 01.09.2023 01.09.2023	WTD 29.08.2023 01.09.2023	MTD 01.09.2023 01.09.2023	QTD 01.07.2023 01.09.2023	YTD 01.04.2023 01.09.2023
C1 mean (target <00:07:00)	00:07:53	00:07:38	00:07:53	00:07:56	00:08:06
C1 90 th percentile (<00:15:00)	00:15:17	00:15:17	00:15:17	00:14:04	00:14:21
C2 mean (<00:18:00)	00:25:19	00:27:06	00:25:19	00:30:03	00:26:24
C2 90 th percentile (<00:40:00)	00:47:56	00:54:32	00:47:56	01:06:01	00:57:15
C3 mean (<01:00:00)	01:23:26	01:30:02	01:23:26	01:51:19	01:43:02
C3 90 th percentile (<02:00:00)	02:58:36	03:47:27	02:58:36	04:19:29	03:57:33
C4 90 th percentile (03:00:00)	00:00:00	01:39:05	00:00:00	05:19:37	05:19:14

7.4 Hospital Handovers

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

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

7.7 Data below taken for the w/c 4 September 2023 – the lost hours represents the equivalent of 17 double crewed ambulance lost in the week, a total of 409 hours with a daily average of 58 hours.



7.8

KEY Sites with less than 100 attendances a week

Site	Attendances	Average turnaround time (hh:mm)	Average patient handover time (hh:mm)	Average vehicle handover to clear (hh:mm)
Royal Lancaster Infirmary	328	00:30	00:19	00:10
Chorley and South Ribble District	61	00:30	00:18	00:09
Royal Preston	457	00:33	00:24	00:10
Royal Blackburn	700	00:34	00:24	00:10
Blackpool Victoria	582	00:53	00:42	00:11
Grand Total	2128	00:38	00:29	00:10

7.8 Local Initiatives/Partnerships

7.9 Since 16 January 2023, patients who live and are registered with a GP from Blackpool, Fylde & Wyre catchment areas, can be referred to Fylde Coast Medical Services GP visiting service (FCMS 24-hour GP AVS) by electronic format and without requiring a clinician-to-clinician discussion.

7.10 Blackpool Hub and Spoke

7.11 Our new Blackpool Hub and Spoke station on Waterloo Road was officially opened on 14 March 2023 by the Lord Lieutenant of Lancashire, the Rt Hon Lord Shuttleworth. The Lord Lieutenant was also joined by children from the local primary schools, Blackpool Gateway Academy and Waterloo Primary Academy, who have both been involved in various activities throughout the build, as part of our aim to involve the local community in the project

7.12 One of the key features is the 'make ready' facility, which ensures that ambulances are deep cleaned, maintenance checked, fully stocked with equipment and medicines and are ready go operational to respond to patients without a clinician having to undertake these checks first.

7.13 It also means that in the event a vehicle has to be removed from operation, a fast turnaround can ensure the clinicians are back on the road responding to patients without any significant delays.

7.14 Other Fylde stations

7.15 The hub and spoke model means the closure of smaller, usually suburban stations. Instead all staff are based at the main 'hub' and take ambulances to start their shifts at 'spoke' sites in the surrounding areas. The stations affected by this are Fleetwood, Lytham, Wesham and Thornton. Over the last year, work has been undertaken to identify spoke sites and make them operational – progress on this is as follows

7.16 **Thornton** - The trust is considering leasing a newly built unit on Bristol Avenue in Bispham. This will be a combined Thornton and Bispham site. Subject to NWAS executive approval, we expect to have lease agreement in place imminently and would expect unit to be ready for use by early December.

7.17 **Fleetwood** - The trust is considering leasing space at the former Fleetwood Hospital. Site is now owned by a charitable trust who are keen for NWAS to join them on site. Subject to NWAS executive approval, we expect to have lease agreement imminently and would expect unit to be ready for use by early December.

7.18 **Wesham** - Initially the trust was looking to occupy space at the Wesham Rehabilitation Centre but these discussions proved to be in vain. Discussions are now taking place with Lancashire Police around potentially co-locating at their Kirkham Customer Service Reception on Freckleton St. Discussions are still at an early stage but it has been discussed by their estates / local management team and they are happy to move the idea forward. We are now waiting for the Senior management team to confirm that the principle of co-location is agreed and we can start looking at the detail.

7.19 **Lytham** – The station has now been closed and the spoke is now fully operational at Clifton Hospital. We have not seen any negative impact on performance but it is important to remember that due to how busy the sector has been, use of the spoke sights has been minimal as in between meals crews are ordinarily committed to incidents.

8.0 NWAS 111

8.1 NWAS operates the 111 service in the North West and this compliments the national 111 online service operated by NHSE. The trust has three call centres suites for 111 in Bolton, Liverpool and Carlisle.

8.2 111 is widely considered as the primary point of contact for people with health concerns, however a great deal of work nationally and locally has been undertaken to sign post the public to the online service in the first instance. For this reason, NWAS' public engagement work cites 111 online has been the main point of contact and if further help or information is required, people will be advised to call 111.

8.3 As part of our winter plan, we encourage other NHS trusts and ICBs to support this message using our own materials and those produced nationally by NHSE

8.4 For winter 23/24, the specific focus on 111 will be on repeat prescriptions – one of the most common reasons for calling, and one which can be avoided by ordering repeat medications in good time for the festive and new year bank holidays.

8.5 By reducing the number of calls for these, we hope to be able to free staff up to respond to other health concerns and we will be asking GPs, pharmacies and other NHS colleagues to support us in this.

8.6 We also have a suite of materials to use when the 111 and 999 service face sudden upsurges in activity. These can be rolled out quickly on social media to alert the public that there is high demand and again, directs them to 111 online which, in many cases, can provide them with the information or advice they need much quicker.

8.7 We respectfully ask that any health related public engagement work undertaken by the council also uses 111 online as the first point of call.

8.8 The opening of the new Blackpool Ambulance Hub has been a really positive step for service delivery in the Fylde. The purpose built hub includes a wellbeing room which has gym equipment and can be accessed by all staff working for NWAS in the sector. We now also have a large training and meeting room meaning that all sector training activity can use the facility without incurring any external hire costs. Other teams within NWAS (including our corporate teams) have also used the rooms for meetings. Recently NWAS commander training has been taking place at Blackpool Hub saving operational, tactical,

and strategic commanders from having to travel to Manchester for the training. The site is a 'digital station' and has features such as digital wallboards for signing in and out, digital key safes, and smart lighting, and has allowed us to go paperless on station. The station also has incorporated a make ready service, preparing ambulances for clinicians to deploy on, saving them having to spend time stocking and cleaning vehicles and allowing them to focus on delivering clinical care.

9.0 List of appendices

9.1 None

10.0 Financial considerations

10.1 None

11.0 Legal considerations

11.1 None

12.0 Risk management considerations

12.1 None

13.0 Equalities considerations and the impact of this decision for our children and young people

13.1 None

14.0 Sustainability, climate change and environmental considerations

14.1 None

15.0 Internal/external consultation undertaken

15.1 None

16.0 Background papers

16.1 None

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Steve Chapman, Independent Chair for Blackpool Safeguarding Adult's Board
Date of meeting:	28 September 2023

BLACKPOOL SAFEGUARDING ADULTS BOARD ANNUAL REPORT

1.0 Purpose of the report

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

2.0 Recommendation(s)

- 2.1 Note the contents of the report.
- 2.2 Comment on any key issues and consider the implications for the conduct of council business.

3.0 Reason for recommendation(s)

- 3.1 To ensure relevant partners are sighted on, and have opportunity to comment on the BSAB Annual Report for the 2022-23 reporting period.
- 3.2 Is the recommendation contrary to a plan or strategy approved by the Council? No
- 3.3 Is the recommendation in accordance with the Council's approved budget? No

4.0 Other alternative options to be considered

- 4.1 None

5.0 Council priority

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

6.0 Background and key information

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

The Safeguarding Adults Boards are required to produce and publish an annual report which reflects on safeguarding practice and issues in the area. The draft Annual Report which covers the period from April 2022 to end of March 2023 is attached as Appendix 'A'. The Annual Report provides a summary of the work undertaken by the Safeguarding Adult Board in Blackpool over the last year.

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

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

7.0 List of appendices

- 7.1 Appendix 10a: Blackpool Safeguarding Adult Board Report 2022-23

8.0 Financial considerations

- 8.1 The Board's Joint Partnership Business Unit and activity is financed from multi-agency contributions. For the year 2022/23, support for the Board will be structured to fall within available resources.

9.0 Legal considerations

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

10.0 Risk management considerations

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

11.0 Equalities considerations and the impact of this decision for our children and young people

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

12.0 Sustainability, climate change and environmental considerations

12.1 None

13.0 Internal/external consultation undertaken

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

14.0 Background papers

14.1 Care Act 2014.

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Blackpool Safeguarding Adult Board

Annual Report: 2022-23

Contents

1. Foreword	3
2. The Board – Purpose & Structure	4
3. What is Safeguarding?	7
4. Activity and Performance Information	9
5. Safeguarding Adult Reviews.....	12
6. Board Strategy/Priorities for 2022/23.....	17
7. Contribution from Statutory Partners.....	18
8. Looking Ahead to 2023/24.....	30
9. Board Finance & Resources	30

1. Foreword

Welcome to the Blackpool Safeguarding Adults Board's (BSAB) Annual Report for 2022/23, and my first for the Partnership having only been appointed in August 2023. This report accurately describes the challenges faced across the Partnership during 2022/23, post Covid and at a time when demand increased, and agencies continued to do their very best for the public of Blackpool.

Now more than ever partnerships need to be efficient and effective, ensuring every opportunity is taken for improvement. The Health and Care Act 2022 now provides legislation for the Care Quality Commission (CQC) to commence a meaningful and independent assessment of adult care provided at a Local Authority and Integrated Care System level. These inspections are now underway, and the Blackpool Partnership welcome the future inspection (no date confirmed) and see it as an opportunity for further improvement. We will also provide the appropriate information and people to evidence our commitment to keeping people safe, free from abuse and neglect across Blackpool.

In support of this statement, we intend to review BSAB membership/attendance, along with the roles and responsibilities of the supporting subgroups. A new three-year strategy will be in place by October 2023, with supporting priorities and identified outcomes. Going in to 2023/24, we are also committed to ensuring the learning from Safeguarding Adult Reviews (SAR's) quickly translates into improved service delivery and that we also have a demanding workplan for the year ahead which will translate into tangible outcomes in line with the Care Act 2014. The Board and wider Partnership are truly looking forward to the year ahead, where we will continue to listen to our service users, learn from where we could have done better and deliver the very best service possible.

In conclusion, I would like to thank all those people across Blackpool who have played their part over the last year in keeping people safe. That includes not just those with specialist roles and specific responsibilities for safeguarding but all those members of the public, family members and individuals who have taken steps to report concerns and seek improvements in services. Working together, we will reduce the number of people in need of care and support, and prevent abuse and neglect.

Steve Chapman
Independent Chair, Blackpool Safeguarding Adults Board

2. The Board – Purpose & Structure

2.1 Purpose of the Board

The Care Act 2014 requires a local authority to establish a Safeguarding Adults Board (SAB), which aims to help and protect individuals who it believes to have care and support needs and who are at risk of neglect and abuse and are unable to protect themselves, and to promote their wellbeing.

Section 43 (3) sets out how the SAB should seek to achieve its objective, through the co-ordination of members' activities in relation to safeguarding and ensuring the effectiveness of what those members do for safeguarding purposes.

A SAB may undertake any lawful activity which may help it achieve its objective. Section 43 (4) sets out the functions which a SAB can exercise in pursuit of its objective are those of its members. Section 43 (5) Schedule 2 includes provision about the membership, funding and other resources, strategy and annual report of a SAB. Section 43 (6) acknowledges that two or more local authorities may establish a SAB for their combined geographical area of responsibility. <https://www.legislation.gov.uk/ukpga/2014/23/section/43>.

Six principles are set out in the Care Act 2014:

Empowerment	Prevention	Proportionality
Protection	Partnership	Accountability

Making Safeguarding Personal

In addition to these principles, it is important that safeguarding partners take an approach to safeguarding that focuses on the person, not the process. It means that safeguarding should be person-led and outcome-focused, engaging the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice, and control, as well as improving quality of life, wellbeing, and safety.

2.2 Core Duties

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



2.3 What will we do?

Our vision is that as Partner organisations we will work together to protect people in our communities to promote wellbeing and rights being supported, safe from abuse and neglect.

2.4 Aims and Principles of Cooperation

Working together to ensure adults at risk are:

safe and able to protect themselves.

treated fairly and with dignity and respect protected.

able to easily access support, protection and services.

2.5 Partnership Structure

The Safeguarding Adults Board is supported by an Independent Chair to oversee the work of the Board, to provide leadership, offer constructive challenge, and ensure independence. The Sub-Groups and the Joint Partnership Business Unit (JPBU) undertake the day-to-day work of the Board.



The JPBU supports the operational running of these arrangements and manages the Board on behalf of the multi-agency partnership. The Board facilitates joint working, ensures effective safeguarding work across the region, and provides consistency for our partners who work across Pan Lancashire (Blackburn with Darwen, Blackpool and Lancashire).

Members

- Blackpool Council
- Lancashire and South Cumbria Integrated Care Board
- Lancashire Constabulary
- Lancashire & South Cumbria Foundation Trust (LSCFT)
- Blackpool Coastal Housing
- Blackpool Citizens Advice
- Blackpool Teaching Hospitals
- Lancashire Fire & Rescue Service (LFRS)
- Northwest Ambulance Service (NWS)
- Healthwatch Blackpool
- NHS England
- Northwest Probation Service
- Victim Support

2.7 Subgroups

The Subgroups reported for 2022/23 are all pan-Lancashire, covering Lancashire, Blackpool and Blackburn with Darwen, however this model is expected to change in 2023/24:

- Complex Vulnerabilities (including self-neglect task and finish group)
- SAB Learning and Development
- Voice/Making Safeguarding Personal
- Mental Capacity Act (MCA)/Deprivation of Liberty (DOLS), Liberty Protection Safeguards (LPS)
- Strategic Safeguarding Adult Reviews (SAR)

2.8 Complex Vulnerabilities Subgroup

The subgroup met on four occasions in 2022/23 (09.06.2022, 15.09.2022, 08.12.2022 and 16.03.2023)

Key objectives are:

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

2.9 Self Neglect Task and Finish group

The Task and Finish group met on six occasions in 2022/23 (28.04.22, 13.06.22, 12.07.22, 13.09.22, 14.11.22 and 08.03.22).

Self-neglect nationally is a frequent theme in SARs where people are living at home. The purpose of this task and finish group is to review the LSAB Self-Neglect Framework launched in March 2019 with a view to a pan-Lancashire approach. This group reports into the SABs Complex Vulnerabilities sub-group.

2.10 SAB Learning and Development Subgroup

The subgroup met on three occasions in 2022/23 (11.04.2022, 28.06.2022 and 15.08.2022). The group was stood down due to a governance review late 2022.

Key objectives are:

- To facilitate an integrated approach to safeguarding learning and development across Blackburn with Darwen, Blackpool and Lancashire.
- Develop an annual safeguarding adult workforce development plan alongside an operational plan in line with the Boards priorities.
- Development of multi-agency training resources
- Quality assure and approve any learning being delivered.
- Drive forward the recommendations of safeguarding adult reviews, domestic homicide reviews and learning reviews across the partnership and seek assurance that learning is embedded within practice

2.11 Voice/Making Safeguarding Personal Subgroup

The subgroup met on four occasions in 2022/23 (27.07.2022, 02.11.2022, 16.01.2023 and 24.02.2023)

Key objectives are:

- To ensure an effective mechanism is in place to capture the 'voice' of the adult in line with requirements of The Care Act 2014.
- To provide oversight and direction to Partners to ensure person centred approaches to safeguarding are embedded within practice.

2.12 Mental Capacity Act (MCA)/Deprivation of Liberty (DOLS), Liberty Protection Safeguards (LPS) Subgroup

The subgroup met on four occasions in 2022/23 (11.04.2022, 16.06.22, 06.10.2022 and 08.12.2022)

Key objectives are:

- To ensure an effective mechanism is in place to tackle the complexities associated with safeguarding adults in line with the 'prevention' principle of the Care Act 2014.
- To develop a mechanism to support those individuals that do not meet the thresholds of statutory criteria to access support from statutory services. Page 11 of 39

2.13 Strategic Safeguarding Adults Review (SAR) Subgroup

The subgroup met once in 2022/23 on 08.06.2022.

Key objectives are:

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

3. What is Safeguarding?

3.1 Section 42 of the Care Act 2014 requires that each local authority must make enquiries (or cause others to do so) if it believes an adult is experiencing, or is at risk of, abuse or neglect.

This applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it (Care Act 2014, section 42)

Safeguarding means protecting an adult's right to live in safety, free from abuse or neglect. We aim to make safeguarding personal, so we try to achieve the wishes and goals of the person at risk.

Who are adults at risk?

Adults at risk are people who need more help than others to stay safe. They are people who may need help to live an independent life. They could be people:

- With disabilities
- With mental health problems
- Who are ill for a long time
- Who are old

What is adult abuse?

Abuse is when someone's human and civil rights are violated by someone else.

There are many types of abuse; some examples are:

- Physical
- Domestic
- Psychological or Emotional
- Self-neglect
- Neglect or Acts of Omission
- Sexual
- Discriminatory
- Organisational or Institutional
- Financial or Material
- Modern Slavery

Different people may abuse adults at risk; some examples are:

- Friends and family
- Professionals and volunteers
- Residential care staff
- Other people in a position of trust

The signs of abuse

There are many possible signs of abuse. Some examples include when the person:

- Has health and social care needs that are not being met
- Looks dirty or is not dressed properly
- Has an injury that is difficult to explain
- Seems frightened around certain people

3.2 Who can raise a safeguarding concern?

Anyone can raise a concern about a vulnerable adult with care and support needs who is at risk of abuse or neglect.

This may be family or friend, a carer, a professional working with adults with care and support needs or somebody who thinks they have been abused. It may even be a tradesperson or a member of the public seeing something in a health/care setting or home.

Alternatively, if a person has contacted other professionals (such as the police, health services or voluntary organisations) and there is concern that abuse is taking place, those agencies will also raise a concern.

3.3 How to raise a safeguarding concern

There are a number of ways a safeguarding concern can be raised.



Whether you are a member of the public or a professional, you can contact the Adult Social Care Department on 01253 477592 between 09:00 and 17:00 Monday to

Thursday and 09:00 and 16:30 on Friday. Outside of these hours, you can contact our Emergency out of hours team on 01253 477600.



Alternatively, you can visit the website at

<https://www.blackpool.gov.uk/Residents/Health-and-social-care/Social-care-for-adults/Forms/Referral-form.aspx> and complete the online referral for, or email us at adult.socialcare@blackpool.gov.uk.



You can also write to us at:

Adult Social Care
Blackpool Council
PO Box 4
Blackpool
FY1 1NA.

4. Activity and Performance Information

4.1 Local Context and Background

The ceremonial county of Lancashire is in the Northwest of England and consists of the shire county of Lancashire and the "2 unitary authority areas" of Blackburn with Darwen and Blackpool.

The Lancashire County area is a "2-tier authority", meaning it is controlled by a county council (Lancashire County Council), and 12 local government district councils.

In contrast Blackburn with Darwen and Blackpool, each have just "1 unitary tier" of local government, which provides all local services.

The following information provides a brief overview of the local demographic context for Blackpool.

4.2 Population

According to Census 2021, Blackpool is the third most densely populated local authority in the Northwest, with 4046 people per square kilometre (compared to 4773 in Manchester, 4347 in Liverpool, 491 in neighbouring Fylde, and 397 in Wyre).

In Blackpool, admin-based projections of the population suggest it has increased by 0.3%, from around 141,100 in 2021 to 141,300 in 2022. England's overall population increased by 1.1% between 2021 and 2022.

In 2022, Blackpool ranked 169th for total population out of 331 local authority areas in Great Britain which is the same as in it ranked in 2021.

The Office for National Statistics (ONS) estimates illustrate that older people (65 years plus) account for a greater proportion of Blackpool's resident population than is observed at a national level.

Blackpool has a larger proportion of people aged 50 and over than the national average:

- 60,770 people aged 50+, 43 of the total population.
- 29550 people aged 65+, 21% of the total population.
- 14270 people aged 75+, 10% of the total population.
- At age 50+ the gender split is 48.8% male, 51.2% female.

- By age 75+ the gender split is 43.5% male, 56.5% female.

Projections of the population of Blackpool indicate that the number of residents over 65 will show a considerable increase within the next 25 years, far in excess of the levels of increase shown in all other age bands. The population aged 65 or over in Blackpool is projected to increase to 35,771 by 2043 which would make up over a quarter (25.3%) of Blackpool's total population.

4.3 Deprivation

The 2019 Indices of Multiple Deprivation revealed Blackpool ranked as the most deprived area out of 317 districts and unitary authorities in England, when measured by the rank of average lower super output areas (LSOA) rank and also by two of the other four measures.

In total, 39 (41.5%) of the LSOA in the authority were among the 10% most deprived in the country, of which 8 were also in the top 10 most deprived neighbourhoods in England.

4.4 Health and Social

The Health Index for England is a new measure of the health of the nation. It uses a broad definition of health, including health outcomes alongside health-related behaviours and location, with a Health Index score of 76.5 in 2021, Blackpool scored the least healthy local authority area in England.

It has been well documented over recent years that people are living longer and that the older age-groups will record some dramatic increases over future years, with associated financial implications and demand for health and social care services.

4.5 Safeguarding Adults Section 42 Enquiries

Safeguarding concerns raised or enquiries that commenced during 2020/21 with the previous year comparison are detailed in the table below. Observations are:

	2020/21	2021/22	2022/23	Comments
Individuals involved in Safeguarding Concerns	675	764	1250	Additional 486 people with a concern in the year (+63.6%)
Individuals involved in S42 Enquiries	272	281	511	S42 enquiries undertaken in the year has increased by nearly 82%. 40.1% of concerns went into S42 enquiries this year in comparison to 36.8% last year.
Individuals involved in Other Enquiries	32	37	104	Other enquiries have almost trebled in the year. Conversion rate has increased from 4.8% to 8.3%.
Males with a concern in the year	38%	40%	44%	Females still account for the majority of concerns raised. The sum of male and female proportions does not equal 100% as a proportion are recorded against records where the gender is 'unknown'.
Females with a concern in the year	57%	56%	54%	
Total number of Safeguarding Concerns	841	946	1564	Further and more substantial increase in the number of concerns raised in the 12m period April-March with an additional 618 concerns raised in the year (+65.3%).
Total number of S42 Enquiries	301	309	591	Almost double the number of S42 enquiries this year (+282/+91.2%)
Total number of Other Enquiries	32	41	115	180% increase in the number of other enquiries undertaken this year!
Risk Identified	78.6%	84.4%	83.0%	Although there has been a significant increase in the number of enquiries which have been undertaken and concluded in the year, we see similar proportions of reported risk with no major changes in these proportions.
Risk – Assessment Inconclusive	5.6%	5.0%	5.7%	
No Risk Identified	12.4%	9.2%	7.7%	

Enquiry Ceased at Individual's Request	3.4%	1.4%	3.6%	
Number Lacking Capacity	62 (19.2%)	118 (32.8%)	183 (27.3%)	A smaller proportion of people are reported as lacking capacity this year. Those we reported as not known stay around 20%.
Desired Outcomes Fully Achieved	65.3%	71.8%	62.6%	We see a slight reduction in the proportion of clients whose desired outcomes are fully or at least partially achieved, most significantly for those that are fully achieved (-9.2%).
Desired Outcomes Partially Achieved	27.1%	22.3%	29.9%	
Desired Outcomes Not Achieved	7.6%	5.8%	7.5%	

The Primary Support Reason is not known for 60% of people with a concern and for half of those going into enquiries.

Physical Support		Sensory Support		Support with Memory & Cognition		Learning Disability Support		Mental Health Support		Social Support		Not Known	
21/22	22/23	21/22	22/23	21/22	22/23	21/22	22/23	21/22	22/23	21/22	22/23	21/22	22/23
42.9%	23.3%	1.3%	0.4%	12.4%	6.4%	7.3%	4.3%	10.6%	5.0%	2.2%	0.9%	23.2%	59.7%
36.8%	45.8%	1.5%	0.8%	9.9%	6.7%	5.1%	7.4%	7.4%	4.1%	0.7%	1.0%	38.6%	53.8%
21.9%	25.0%	0.0%	0.0%	9.4%	13.4%	0.0%	1.0%	12.5%	9.6%	6.3%	1.0%	50.0%	50.0%

Of those cases that had been concluded in the year, 'Neglect/Acts of Omission' continue to make up the highest proportion when looking at the type of abuse enquiries relate to. The least common type of abuse is 'Discriminatory' with only 2 reported cases this year.

	Physical	Sexual	Psychological	Financial	Discriminatory	Organisational	Neglect/Acts of Omission	Domestic	Sexual Exploitation	Modern Slavery	Self-Neglect
	22/23	22/23	22/23	22/23	22/23	22/23	22/23	22/23	22/23	22/23	22/23
S42 Enquiries	25.2%	3.7%	8.8%	14.7%	0.1%	5.0%	31.3%	3.3%	0.4%	1.0%	6.3%
Other Enquiries	27.8%	4.8%	10.3%	11.9%	0.8%	4.0%	28.6%	4.0%	0.8%	0.0%	7.1%

The most likely places for abuse to occur remain as being in the individual's own home (40%), in a residential (24%) or a nursing home (12%).

We see decreases in the proportions (total) reported in the following locations:

- Community Service (-1.2pp)
- Nursing Home (-1.9pp)
- Residential Home (-9.4pp)

and increases in those reported in:

- Own Home (+2.3pp*)
- In the Community (+2.8pp)
- Acute Hospital (+2.9pp)
- MH Hospital (+1.7pp)
- Community Hospital (+1.3pp)
- Other (+1.6pp)

*pp – percentage points

Own Home	Community (Excluding Services)	Community Service	Nursing Home	Residential Home	Hospital – Acute	Hospital – Mental Health	Hospital – Community	Other
22/23	22/23	22/23	22/23	22/23	22/23	22/23	22/23	22/23

S42 Enquiries	40.8%	6.5%	1.6%	11.9%	23.8%	6.0%	2.6%	2.5%	4.4%
Other Enquiries	38.1%	2.9%	1.0%	15.2%	22.9%	8.6%	6.7%	1.9%	2.9%
Total	40.4%	5.9%	1.5%	12.4%	23.7%	6.4%	3.3%	2.4%	4.1%

We have made some changes in the way we work with people who have experienced/are experiencing domestic abuse and this has created some increase in the number of concerns being raised. Previously, these may not have been logged within the Safeguarding process and were just referred on to other appropriate agencies at the time the information was received. We have also had some changes in the approach within the Adult Social Care Community team which has resulted in a potential of over recording, logging everything as a concern prior to information gathering and contextualising the information, relying instead on the enquiry process filtering these out. We are gradually moving back to a position of robust recording of issues raised and clear, evidenced decision making and application of the safeguarding matrix guidance as to why a situation does not meet S42 criteria and what actions are being taken instead. This, when fully worked through should give more of a balance but we can still see an increase in safeguarding work anyway, across all teams and service areas.

We are also still feeling the effects of the pandemic – successive lockdowns allowed for safeguarding concerns to go unnoticed/undetected in relation to a range of potential abuse/risks and these concerns are now being picked up by a wider range of people which has led to increased reporting.

Awareness around autism and available support has expanded the resources in the Autism Team who are now receiving more referrals for social care support. Safeguarding concerns has increased for those who may not have been on any Adult Social Care team's radar. Following the introduction of two Homeless and Changing Futures social workers (SWs), we have also seen an increase in the number of concerns and enquiries in the year – these SWs are working with people who are vulnerable to multiple disadvantages and present with a range of risks including extreme self-neglect and are often the recipients of abuse due to lifestyle.

The Harbour is a large psychiatric hospital in Blackpool that generates a lot of Safeguarding concerns; many of these are not Blackpool residents – the increase is related to a better awareness of safeguarding and the need to inform Local Authority (LA) partners. We work closely with LSCFT Safeguarding Leads, attending monthly meetings to provide a more joined up approach in Safeguarding adult work.

Other potential causes may be linked to wider care sector issues and an inability of the whole care sector to robustly recruit to all vacancies leading to issues caused by lower staffing levels and the additional pressures on remaining staff.

5. Safeguarding Adult Reviews

5.1 What is a Safeguarding Adult Review?

The LSAB may be required to undertake a Safeguarding Adult Review (SAR) when, because of abuse or neglect, an adult dies or is seriously harmed **and** there is a concern that agencies could have worked together more effectively to protect the adult. Formal processes are in place to carry out such reviews.

The SAB should be primarily concerned with weighing up what type of 'review' process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. SARs may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

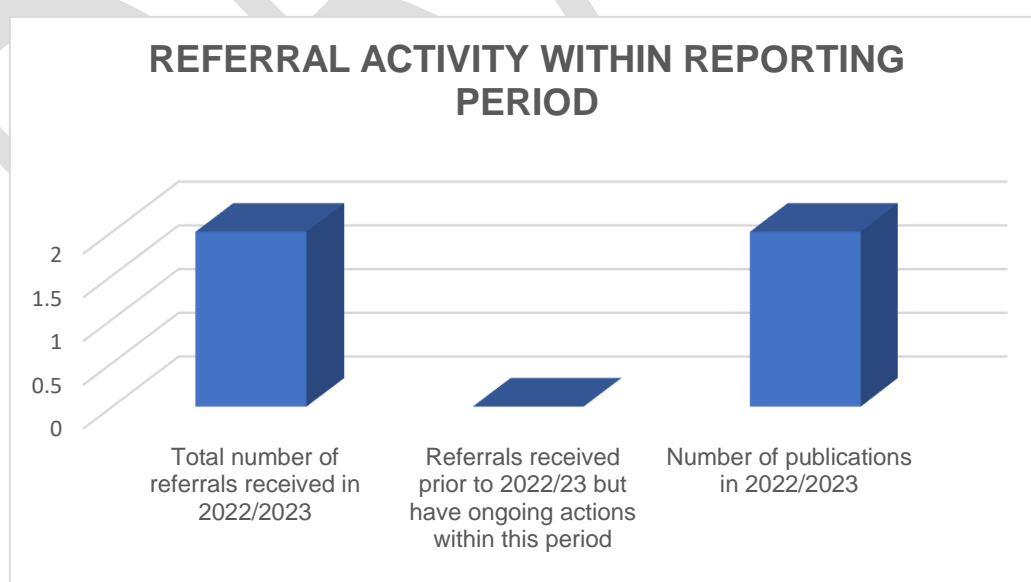
5.2 SAR Process

Any agency can request a Safeguarding Adult Review. Once a referral is made it will go through some key stages including initial scrutiny, consideration of meeting the SAR Criteria, and commissioning of an Independent Chair and Reviewer. Once the SAR process starts a number of panels will be held to understanding learning and involvement from relevant agencies and what could be done to support prevention. A report is then developed and published with a number of recommendations and actions for the Safeguarding Adult Board to take forward. Some recommendations may be for specific agencies, and some may be allocated to Subgroups already managing improvements along particular themes e.g., Self-Neglect.

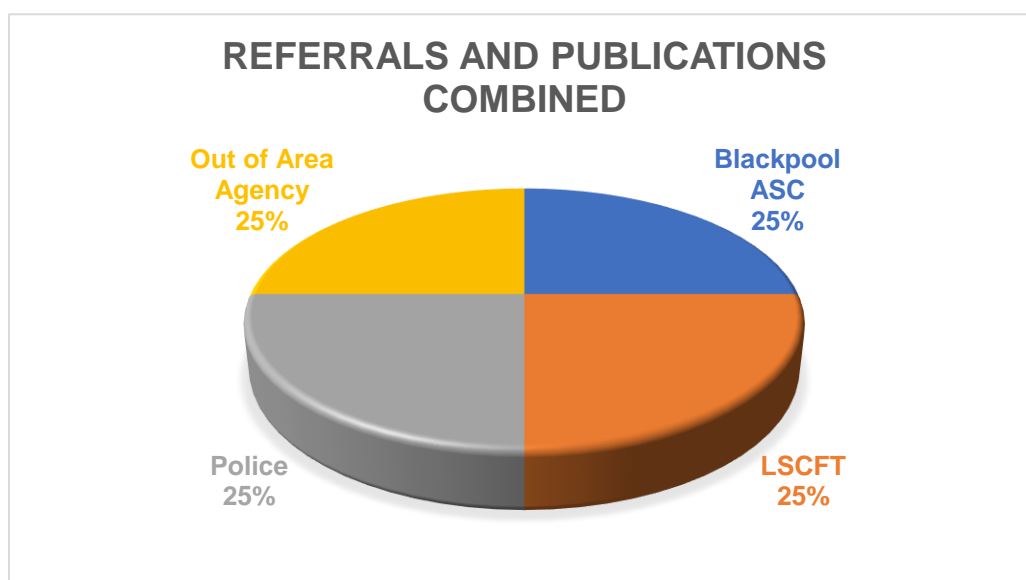
5.3 Blackpool SAR Activity

The findings from Safeguarding Adult Reviews in Blackpool are reported here, these include:

- the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),
- the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),
- what it has done during that year to implement the findings of reviews arranged by it under that section, and
- where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.



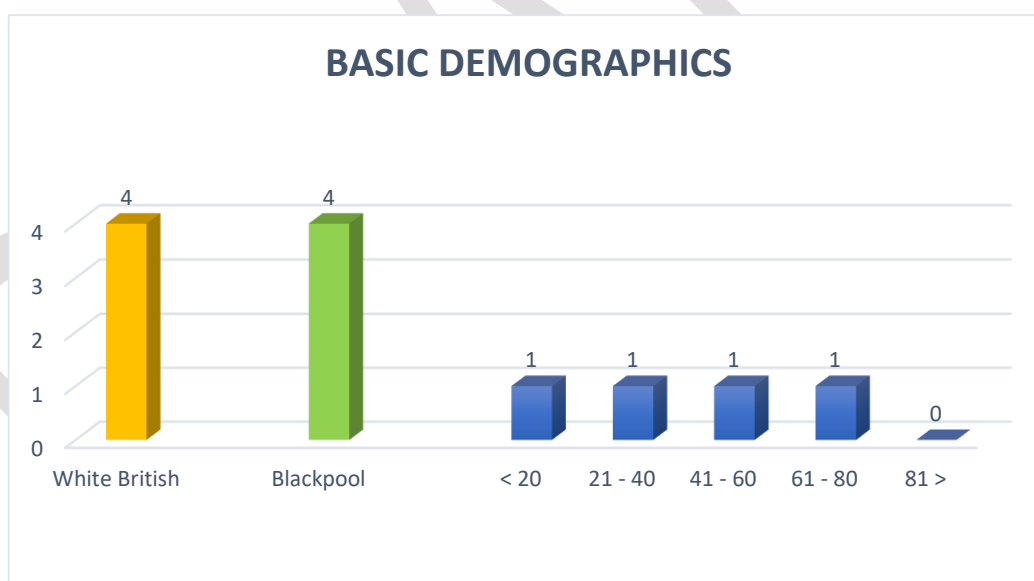
The activity being reported on in this period as shown in the above has been broken down into agencies who have referred, below.



During this reporting period – 1st April 2022 to 31st March 2023, the Safeguarding Adult's Board received **two** referrals for Safeguarding Adult Review. Both are currently in progress.

Demography of People

When looking at the demography of the subjects of the referrals being reported on within this period, below is a summary of these which outlines the ethnicity, district and age range:



5.5 Published SARs

The following two referrals were received prior to the reporting period, but were published within the reporting period:

Case 1 - Adult Q

This case concerns a nineteen-year-old male who passed away in March 2019. The disease or condition leading directly to death was determined to be 'acute asthma', and 'severe obesity' was recorded as a significant condition contributing to his death.

Adult Q was a care leaver (now referred to as care experienced) in Trafford who had left his long-term foster care placement and moved to live with his father and stepmother just after his eighteenth birthday. Thereafter he moved with his family to Blackpool where he accessed primary and specialist care for health issues including increasing obesity. He continued to be supported by the Trafford Aftercare Team as a care leaver. Adult Q died after his relationship with his father and stepmother broke down and whilst arrangements were being made for him to move to emergency accommodation in Trafford. However, at the time of his death, Adult Q was still living with his father and stepmother in Blackpool.

The key themes and learning points are summarised below:

- Assessing risks when care leavers 'return to their parents'.
- Cross border working
- Effectiveness Assessments
- Support to address obesity
- Safeguarding concerns overlooked
- Mental Capacity
- Lived Experience
- Deficits in the Leaving Care Offer
- Supporting Care Leavers

An action plan was created in conjunction with the Trafford SAB based on the recommendations and the majority of these actions have now been implemented.

Case 2 - Adult V 'Jessica'

Jessica was born with Down's Syndrome. As Jessica developed, her level of independence was established; she was independently mobile but required someone with her to access the community. Jessica lacked capacity for many of her decisions but was able to make basic choices when offered options from things she knew and had experience of. Jessica was dependent on others for her meals and the provision of a clean and tidy home environment.

Jessica lived with her mother (Ann) and siblings. When Jessica was 18 years old, Ann moved Jessica from East Sussex to Leeds. In 2016 when Jessica was 21 years old, the family moved to the Blackpool area.

Jessica died at home, aged 24 years as a result of severe emaciation and neglect and widespread and severe scabies infection. There was no evidence of Jessica's hygiene or personal needs having been met for a considerable length of time. Following Lancashire Constabulary commencing a criminal investigation, Jessica's mother pleaded guilty to gross negligence manslaughter and was sentenced to 9 years and 7 months imprisonment.

The focus of the Safeguarding Adult Review was the circumstances surrounding Jessica's deterioration and death.

The key themes and learning points are summarised below:

- Transference of Information Across Borders
- Referrals
- Whole Family Approach
- Carer's Abuse
- Jessica's Voice
- GP Safeguarding

This report was published in April 2023.

5.6 Learning and Implementation Activity

For all published SARs during 2022/23, action planning meetings have taken place to review the recommendations and actions from all reports have been progressed by either key agencies or through the Subgroup Activity. Highlights include:

- Review and implementation of how certain safeguarding concerns and enquiries are managed in Blackpool
- A review of the operational processes on how high-risk Domestic Abuse cases are managed
- Changes to how agencies share information to support vulnerable adults e.g., access to information virtually to support mental health assessments
- How carers assessments are shared with relevant agencies (now sent to GPs)
- New delivery model in health to manage safeguarding issues on more placed based approach to support prompt action and interventions
- New home packs - support included for vulnerable residents in social housing
- Improved escalation process around contracts with commissioned services

Recommendations which have been multi agency and are linked to particular themes have been allocated to subgroups as referenced earlier in this report. Each has a workplan with key areas of focus including:

- Mental Capacity Assessments (MCA)
- Domestic Abuse
- Mental Health
- Voice of the Adult
- Making Safeguarding Personal
- Self-Neglect
- Multi-agency working

Policies and procedures

A number of policies and procedures have been reviewed and updated to make sure they align with changes to legislation including the Domestic Abuse Act and Mental Capacity Act. Guidance including seven-minute briefings and toolkits have also been developed to support staff learning circles, awareness events and quick references on the Blackpool Safeguarding Adults Website.

Work was also completed to support changes to Liberty Protection Safeguards (LPS) including multi-agency response to consultation, planning and engagement with partners on understanding what needs to be put in place.

Training

Learning from Reviews events have been set up for front-line staff and a programme for 2023/24 is in development. Across the partnership staff have been encouraged and have attended awareness training covering Trauma Informed and Suicide Prevention sessions. The Safeguarding Adult Board has also supported awareness campaigns, including White Ribbon, National Safeguarding Week and MCA Awareness Week.

Risk Management

Issues have been progressed to the Safeguarding Adult Board where there are concerns around increased pressures in health and social care and potential risks to increased safeguarding of vulnerable adults around particular themes. These have included seeking assurance on demand management on access to in-patient mental health beds, resident to resident harm incidents, and progression of work to support front line services in managing self-neglect.

Assurance

Assurance has been sought around Domestic Abuse pan-Lancashire approach, and changes have been proposed on the process of how high-risk cases are managed. Surveys on Domestic Abuse and MCA have been developed for frontline staff to provide an understanding of subject areas and help identify where training and awareness needs to be strengthened. The outcomes of this work will be analysed in early 2023/24.

Activity has also taken place to ensure that organisations have protocols in place for Making Safeguarding Personal (MSP).

Healthwatch 'Voices' Project Proposal

Healthwatch Together have proposed a commissioned Project to the Safeguarding Adults Boards to deliver a robust engagement project which will review the involvement of people within the safeguarding process. The Project will look to start in Summer 2023 into 2024. We know processes are more successful when they involve people as fully as possible; engaging with people to increase understanding, choice, and control so that we improve the quality of life, wellbeing, and safety of the individual. The project will explore:

- The experience of the individual
- The experience of the carer (where applicable)
- The experience of the professional

Scope

The number of people to engage with will be determined by the number of consenting individuals identified by each Council. Estimations have been made using safeguarding closure data gathered from Blackpool Council, Blackburn with Darwen Borough Council and Lancashire County Council (in comparison with local authority population sizes).

The target is based on population figures and safeguarding data provided by Blackpool Council, Lancashire County Council and Blackburn with Darwen Borough Council.

In Summary

Healthwatch Together will work with the Safeguarding Adults Boards to independently support them to review their safeguarding process. Healthwatch will provide expert advice on engaging with people, both members of the public and multi-agency professionals to gather their thoughts, experiences, and opinions. This feedback will be used to generate realistic recommendations which Healthwatch will report on following the project and will review 12 months post initial professional survey findings to monitor achievement and implementation.

6. Board Strategy/Priorities for 2022/23

6.1 Priorities and Achievements

The Care Act guidance advises that the Safeguarding Adult Board should report on:

- (a) what it has done during that year to achieve its objectives,
- (b) what it has done during that year to implement its strategy,
- (c) what each member has done during that year to implement the strategy,

As the country headed out of the pandemic changes in the BSAB leadership and membership meant a clear strategy was not in place for this year however, priorities around the following areas have been the areas of focus, delivering work through Subgroups mentioned earlier in this report. These cover:

- Voice – Making Safeguarding Personal
- Complex Vulnerabilities on Domestic Abuse, Mental Health and Self Neglect
- Mental Capacity Assessments/Deprivation of Liberty (MCA/DOLS)
- Resident to Resident Harm

7. Contribution from Statutory Partners

7.1 Blackpool Council

Blackpool Council's safeguarding responsibility is to work with all our departments, partner agencies and monitor how to protect vulnerable people with a view to keeping them safe in line with Blackpool Safeguarding Adult's Board.

The Council receives notifications of a concern for an adult at risk, utilises the threshold guidance to determine safeguarding threshold is met.

The Council has a duty to lead on safeguarding work, direct enquires to be undertaken and works across all teams/agencies and partners to reduce the risk to the person. Keeping the person at the centre of the safeguarding and working with them to keep them safe and reduce the risk of the situation occurring again.

Key Successes in 2022/23

From an Autism perspective, a lot of proactive work undertaken to ensure the person and voice of the person is central to the safeguarding process. To look at what reasonable adjustments can be put in place to support the person to be part of the safeguarding meeting and process.

Utilising different venues and adapting the way meetings are delivered so the person can be fully involved.

Learning from SAR's – Learning from Adult Q shared widely internally, via a session to all adult social care staff and going forward externally so lessons learnt can be shared and practice improvements implemented.

Persons in a Position of Trust (PIPOT) process has been restructured to ensure a more structured and consistent approach utilising a check & balance approach.

Mental Health – Improved partnership working with LSCFT safeguarding team and we have set up a monthly meeting between safeguarding managers/leads across both services to discuss safeguarding enquires generated by the Harbour.

The trust has produced an information request form for safeguard leads – this has led to a better quality of information being shared e.g., Datix reports (NHS incident reports). This has also led to improved responses to enquiries, enhanced information sharing and the enquiry being concluded in a timely manner and ultimately improving outcomes for people.

Safeguarding Leads – Peer Support Groups – set up in both Adult Social Care and Mental Health Service areas – These help to provide a safe and supportive place for leads to bring case discussions, learning from each other, share good practice and identify training needs.

Adult Social Care Health Teams have continued to work closely with our partners in the Acute Trust to collaboratively work through safeguarding concerns, reflect on practice and offer constructive professional feedback.

(Transfer of Care HUB) TOCH have set up meetings to discuss governance issues linked to safeguarding. Adult Social Care Health also attended this year's Safeguarding and Mental Capacity Conference/Training event set up by the Trust.

Regular Peer Support Sessions arranged for Social Workers by Team Managers in Adult Social Care Health Teams has included sessions on safeguarding and staff well-being. Enabling staff to feel supported in their lead role, share learning experiences and practice. This has been a valued event for staff to seek/offer advice and information.

We have also invited guest speakers to team meetings from Horizon and Changing Futures.

Key Challenges in 2022/23

- Improvement required in the application of consistent approach to use of the thresholds for safeguarding.
- Improvement in 'making safeguarding personal' consistency across the department.
- Improvements in contextualising safeguarding, evidence-based recording to support decision-making.
- Providers telling us they feel overwhelmed by the safeguarding process and greater communication and support required.
- Safeguarding Leads have requested support to enhance their knowledge around safeguarding especially in the progression of becoming a safeguarding lead and what the expectation is in this role.
- Overall improvement in all staff's learning and development to roll out refresher awareness and training in relation to safeguarding policy, pathways and practice.
- To address the improvements and challenges - A safeguarding Improvement Plan has been developed to address and implementation the work required across the department and wider.

Priorities for 2023/24

- 1) Consistent application of the safeguarding thresholds guidance, contextual safeguarding and recording.
- 2) Improve the partnership working internally and external with partner and other agencies.

7.2 Lancashire Constabulary

The Constabulary's role is to collaborate with partners to uphold the 6 principles of safeguarding. Our purpose is to prevent and detect crime and preserve the King's peace.

Our vision is simple: Preventing and fighting crime. Keeping our communities and people safe.

Our Strategy

To deliver on our vision there are five key areas we must focus on:

- Put victims at the heart of everything we do
- Reduce crime, harm, and antisocial behaviour
- Effectively respond to incidents and emergencies
- Investigate and solve crimes and deliver the best outcomes to all

- Deliver an outstanding service to the public and build confidence

Key Successes in 2022/23

- “Right Care, Right Person” has seen a reduction in deployments to “Concern for Welfare” thereby ensuring that the person is attended to by the right agency/professionals to address any concerns.
- Street Triage (Police & Mental Health Services working collaboratively) has been rolled out in East Lancashire in January 2022 to provide a collaborative response to individuals presenting to the Police in MH crisis, to ensure that they are assessed and supported appropriately at the point of contact.
- There has been a reduction in the number of individuals detained under s136 MHA.
- Op Signature is now adopted as our response to victims of fraud, which requires a uniformed response to anyone who is the victim of courier fraud or romance fraud who is aged over 70 years and/or presents as vulnerable.
- Think Victim campaign commenced in 2021 and seeks to raise awareness and improve quality of investigations. The focus has been heavily weighted towards identifying vulnerability in, for example, elderly persons.
- Efficiencies in MASH has seen processing of VA referrals without delay and, for periods, “live” time.

Key Challenges in 2022/23

- Supporting and liaison with care settings for those young people aged 18-24 to assist with a trauma informed police approach once adulthood has been reached.
- Increased community liaison from the uplift in Community safety officers evidences the commitment to “Plan on a Page” priorities.
- Launch of Right Care Right Person and ensuring the model is working and that the impact of the changes can be measured.
- Continued multi-agency response to exploitation.
- Review of Force response to Domestic Abuse and Rape and creation of specialist rape teams.
- Embedding the Force response to Violence against Women and Girls strategy through the National Police Chiefs Council and the College of Policing national framework for delivery.
- Delivering training to support the recruitment of hundreds of new police officers into Force.

Priorities for 2023/24

- 1) Improving the Force response to rape and serious sexual assault through Op Soteria, a new national operating model for the investigation of rape and serious sexual assault
- 2) Improving the quality of Domestic Abuse investigations.
- 3) Op Warrior is the Force response to tackling serious and organised crime. Operation Warrior targets the individuals and gangs involved in crime, as well as associated issues such as violence and intimidation, large scale drug supply, exploitation and fraud, all of which can cause serious harm to local communities.
- 4) The change programme known as the TOM (Target Operating Model) started in April this year and will look at how we can make our processes and functions more victim focused, more efficient and more effective.

7.3 Agency: Lancashire & South Cumbria Integrated Care Board (NHS) Health and Care Act 2022

This period of report saw significant change in view of ICB health and care act legislation 2022, moving 8 CCGs into on ICB organisation.

The ICB became the statutory partner of the Safeguarding Adult Board on 1st July 2022 being accountable for a wide range of safeguarding activity to support the whole population of Lancashire and South Cumbria.

The ICB is established with the expectation to: -

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

A core contribution of improving outcomes in population health and healthcare is through assurance and scrutiny of the health services we commission to meet the needs of our population. This includes through the Board ensuring that organisations that provide health services have the right procedure in place to keep people safe from abuse and neglect and a workforce which is skilled and empowered to do so. Additionally, that multiagency working is evident and leading to robust risk assessment and collaboration.

We ensure that where there are lessons to be learnt from Safeguarding Adult Reviews as a partnership, a health system or single agency, these are embedded and shared across health organisations where appropriate. We are connected to the governance arrangements within the NHS Trusts across Lancashire and South Cumbria to assure the organisations actions are embedded.

The ICB ensures that there are effective arrangements in place for sharing information between organisations and the health system where someone might be at risk of being harmed.

We employ specialist safeguarding expertise to support the whole health economy including 'Designated Professionals' and 'Named GP's' who specialise in safeguarding adults and the Mental Capacity Act.

The safeguarding team at the ICB are connected to regional and national workstreams to ensure the voice and representation of our communities is heard at every level.

Key Successes in 2022/23

• Learning

The ICB has held a number of learning and development sessions for safeguarding across the health economy to support the themes and trends from safeguarding activity. These have followed a Appreciate Enquiry model and included bring service user voices to the core of how we consider safeguarding challenges. The sessions have explored themes including self-neglect, suicide & trauma informed approaches, and the invisible male.

The ICB has improved the connectivity between all incidents which are reported by our NHS providers to ensure that there is robust safeguarding expertise applying scrutiny and support and ensure that any themes or trends which may impact on our ability to effectively safeguard our population are identified and considered across the whole health economy.

• Assurance and Performance

The ICB has focussed on aligning reporting and our use of data in assurance across the previous 8 CCG footprints. This has supported us in developing a more robust dashboard of

activity to improve how we respond to challenges and how we deploy our resources to respond to risk.

We have maintained place-based assurance meetings during first year of ICB and while safeguarding Delivery Model being developed to ensure there is a safe transition to the new ways of working.

- **Partnership collaboration**

The ICB continues to lead on partnership work around how we respond to self-neglect within our communities. This work has brought a range of partner organisations together to truly reflect on existing ways of working and consider how we agree a shared value set and approach to supporting complex individuals who self-neglect and place an emphasis on taking a more preventative and trauma informed approach to practice.

The ICB has led the relaunch of the Safeguarding Champions Model across the Regulated Care Sector. So far topics have included: Resilience Hub Support for Regulated Care Staff; Learning from Safeguarding Adult Reviews and Safe Recruitment Practices (incl. PIPOT, exploitation, case studies).

Two ICB wide 'Primary Care' safeguarding conferences were held in September 2022 with 96 GP practice staff in attendance. The sessions included learning from Domestic Homicide Reviews, importance of routine enquiry, coding of records and think family. Local GP Safeguarding forums have continued to improve safeguarding practice across all Primary Care which have included sessions on the '999 reunite' scheme and clinical responsibility for DHR/SAR chronologies

The ICB chairs and leads on a pan-Lancashire Mental Capacity workstream which has been actively working with partners to improve MCA practice. This has included re-launching guidance on how health and social care professionals prescribe and administer covert medication.

The ICB also presented a case study of excellent practice to the National Safeguarding Adult Network to showcase some of the best practice and strong multi-agency working across our system.

- **Duty to Co-operate**

The ICB has established links with Violence Reduction Network (VRN) and VRN Partnership Board. The ICB, along with partners, has endorsed a pledge and committed to delivering a trauma informed workforce and is working with partners to ensure that this is rolled out across organisations. So far, over 4,500 staff have been trained across Lancashire and South Cumbria.

Emergency Department Navigators are commissioned via VRN from Acute Services across the system. ICB have worked in year to strengthen the future resilience of this recognised clinical model of delivery, additionally ensuring all Trust areas have access.

Key Challenges in 2022/23

- **Workforce**

Although we have not seen the same unique pressures on health services as there was during the pandemic, there remains significant work by all health services in both recovery and responding to the ever-growing demand on NHS services. This continues to be a challenge for NHS workforce to have the capacity to attend training and some partnership meetings. Although this reduced capacity has impacted on training and some development meetings, all key safeguarding protection meetings have remained a key focus and always prioritised by staff.

The safeguarding workforce across the ICB and health economy remains static and does not reflect the diversity of our communities. Work is ongoing in how we can attract a wider and more diverse range of professionals into the safeguarding agenda. An ICB set workforce plan has been agreed along with allocated funding and a plan is in development to support a move into a new delivery model.

- **Deprivation of Liberty delayed Applications.**

The ICB has inherited a number of Court of Protection applications for Deprivation of Liberty which remain outstanding. Additional resources have been put in place to support this work and the ICB continue to closely monitor. In all cases there is a robust risk assessment applied to ensure any concerns or immediate actions are identified and resolved, and that there is a risk-based prioritisation model in place for any other work needed.

- **New ICB arrangements**

There are historic safeguarding commissioning arrangements across Lancashire and South Cumbria based on the local arrangements which were historically established by Clinical Commissioning Groups. The ICB is driven to deliver an equitable offer and only have variance within the safeguarding offer when there is warranted reason to do so.

- **Analysis of Impact from Safeguarding Adult Reviews**

There has been reduced assurance and audit undertaken on a multi-agency basis due to the lack of an effective quality assurance sub-group for the LSAB. Although there has been a focus on ensuring actions resulting from safeguarding adult reviews are monitored, there is a need to improve our assurance the learning is embedded and having a positive impact on our population.

Priorities for 2023/24

Statutory Deliverables

- **Safeguarding Delivery Model**

Implementation and appraisal of the ICB safeguarding delivery model. This will be a move to a single team working at system across Lancashire and South Cumbria for economies at scale that are value added, plus Place based focus so we know our local community populations needs.

As part of our developing model and strengthening our connections across the Northwest, the ICB is leading work with Greater Manchester ICB and Cheshire and Mersey ICB in developing a peer supervision model and stronger cross working and co-development of best practice tools.

- **Learning**

The ICB is aligning the outstanding actions from Safeguarding Adult Reviews to ensure the ICB has a single aligned approach to responding to actions. This includes being clear in our approach to learning communications, evolving how we learn from reviews, embedding an open learning culture and different learning styles to support our workforce. Ensuring we are clear what learning is to support front line practice and for the system. The ICB will device a clear audit programme that will form part of its overall assurance and accountability framework.

We plan to introduce a research best practice forum with academic partners to ensure safeguarding professionals are appraised of latest research practice that benefit outcomes of our vulnerable communities and individuals.

- **Continuous Improvement**

As we begin to work as a single health system across Lancashire and South Cumbria, we are focussed on ensuring that our data and key performance indicators are fully aligned and support a maturing the dashboard. Our Safeguarding Assurance Framework will be reviewed to reduce impact and bureaucratic demand on services and move to being more thematic basis and reflective of the learning from reviews and incidents.

As part of developing our local 'Place Based' offer we want to ensure we are consistent and equitable in how we support and local health services and our communities. Within this we must consider how we measure and record safeguarding activity so that it is more outcome focussed.

This continuous improvement work includes developing a health economy wide audit calendar, a proactive communication and campaign strategy and a refresh of governance and connectivity for local multiagency groups and networks.

- **Workforce**

Focus on developing and widening the diversity and capability of the safeguarding workforce across the entire health economy and consider succession and workforce longevity for this cohort. This includes how we deploy the resources and skills available within the ICB to best deliver high impact and best value for our population. In order to achieve that we will be placing a strong focus on the training and knowledge of our workforce to ensure they can meet the ever-evolving safeguarding agenda.

The ICB is dedicated to adopting a more pro-active approach to safeguarding and working with partners through multi agency working arrangements to consider how we can support transformational work which places stronger emphasis on preventative models of care. We need to ensure that the voice of adults with care and support needs are at the heart of our future commissioning strategy as an organisation and that safeguarding is a golden thread throughout everything we do.

7.4 Agency: Lancashire and South Cumbria NHS Foundation Trust

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

- Inpatient and Community mental health services
- Perinatal mental health services inclusive of inpatient perinatal Mental Health unit
- Forensic services including low and medium secure care
- Physical health and wellbeing services
- Learning Disabilities and Autism
- Eating Disorders

Our strategic approach to safeguarding is linked to our agreed Safeguarding Strategy 2022-2025, which takes account of the updated priorities and business plans of the Safeguarding Boards and Partnerships, our commissioned safeguarding specifications and updated safeguarding multi-agency systems and processes across the County. Our Safeguarding Strategy aims to ensure our services protect and prevent harm, abuse or neglect for service users and their families. LSCFT takes a Think Family approach to safeguarding practice.

Our Trust Safeguarding Strategy aligns the national and key local priorities to improve safeguarding outcomes in LSCFT.

The Safeguarding team has led the implementation of the priorities within the Trust Safeguarding Strategy and through analysis of the impact of delivery of the nine core objectives, triangulating this with dissemination of learning from SARs and DHRs.

Delivery of our priorities is monitored and reviewed via the Safeguarding Team portfolio groups and our internal governance structures.

Key Successes in 2022/23

LSCFT continue to strengthen safeguarding practice & systems to sustain compliance with revised statutory Safeguarding, MCA and Prevent Guidance and responsibilities.

LSCFT continues to collaborate across Local Authority Safeguarding services to strengthen information sharing, support provider led enquiries and ensure clinical contribution in Section 42 referrals, with independent oversight is provided within this by LSCFT Safeguarding team. An agreed pathway is in place in Blackpool.

We have continued to promote understanding and key messages in relation to domestic abuse via organisational communications, focused supervisions and training initiatives. Continue to deliver monthly lunch and learn sessions as a way of cascading key messages across the organisation. We support the preceptorship programme and LSCFT induction, promoting the safeguarding service and delivering key messages.

We have carried out significant activity to raise awareness of the Think Family Agenda, connecting safeguarding adults with the safeguarding children's agenda. We have trained over 1,000 practitioners in L3 Think Family safeguarding training during 2022/23.

We have revised all safeguarding adults training packages, written a training brochure that supports the mandatory training offer. Developed an electronic course evaluation which has increased the level of assurance around safeguarding training having a positive impact on practice.

We have continued to engage with multi agency partners to co deliver training, ensure a co-ordinated approach to domestic abuse and actively strengthened internal processes for MARAC.

In view of changes to the Blackpool MARRAC model, LSCFT have revised information sharing pathways to support timely information sharing and effective risk management.

We have raised the profile of contextual safeguarding, trauma-informed care. We have worked with our adult facing services to further embed contextual safeguarding into practice.

Self-neglect together with neglect feature within Safeguarding Adult Reviews, we have issued briefings in regard to this issue to strengthen awareness and support complex case activity as required.

LSCFT continues to work collaboratively with Adult board members to develop and implement best practice relating to Self-Neglect, Mental capacity, complex vulnerabilities subgroups.

Key Challenges in 2022/23

Application of routine enquiry and DASH - LSCFT have a key role in supporting prevention activity aligned to the Domestic Abuse Act to fulfil core safeguarding responsibilities. This will require a review of training to promote understanding of Domestic abuse, its links to emotional well-being, mental health and the impact. We have continued to contribute to the MARAC processes with such increased activity, which has placed a greater demand on our resources.

Self-neglect/MCA –

LSCFT recognise the challenge of supporting service users where self-neglect is a feature of their presentation. Good evidence in applying the principles of MCA allows for multi-agency

responses and shared care planning. LSCFT will continue to enhance the quality of MCA activity to raise standards and achieve best practice.

Mandatory Safeguarding Level 3 training compliance -

Mandatory training compliance is not where we would like it to be following the introduction of a new compliance monitoring system. We have worked hard to offer more accessible training for staff. Think Family is a theme we see in our SI's and safeguarding reviews, therefore we will continue to embed this approach across the Trust, staff will think about family rather than an individual. This approach will support LSCFT to meet both local and national requirements, competences, standards and safeguarding responses.

Priorities for 2023/24

The Safeguarding Strategy has been developed and supports the Trusts vision, values and quality priorities. We will strive to embed a "culture of vigilance" throughout the organisation where safeguarding is an important part of everyday care.

LSCFT aims to promote empowerment, autonomy and human rights for adults, including those who lack mental capacity under the Mental Capacity Act 2005. Ensure services have effective safeguarding arrangements in place and are compliant with MCA.

We will continue to work on improving MCA compliance across the Trust, via ongoing audit activity, an updated training strategy, the provision of continued specialist MCA advice and supervision, and other mechanisms of quality improvement. We will enhance the quality of MCA activity to raise standards and achieve best practice, including celebrating good practices and identifying areas to strengthen. This work will continue whilst we await further updates from Government regarding the implementation of the Liberty Protection Safeguards and / or other changes to the substantive MCA 2005.

We will continue to undertake targeted awareness raising and specific audit work in terms of perpetrators of Domestic Abuse and establish an effective MARAC model across Lancashire with our partners. We will aim to have routine enquiry embedded in practice and evidenced in clinical records that appropriate responses have taken place.

We will take steps to improve practice in relation to self-neglect and neglect of adults. We will continue to work with the Safeguarding Adult Board in improving the self-neglect strategy.

We will demonstrate a learning organisation by learning lessons from case reviews and embedding best practice across the Trust.

7.5 Blackpool Teaching Hospitals NHS Foundation Trust

Blackpool Teaching Hospitals (BTH) is committed to safeguarding and promoting the health and welfare of all patients and service users. We are committed to an agreed strategic approach in relation to arrangements for safeguarding patients/service users and implementing the Care Act (2014), Mental Capacity Act (2005), Children Act (1989) and Working Together (2018) across the organisation.

We have three main hospitals providing acute services to around 330,000 local residents. The organisation also provides specialist tertiary care for cardiac and haematology services, delivers community health services to over 445,000 residents including those in North Lancashire and hosts the National Artificial Eye Service across England. Plus, we provide urgent and emergency care services to an estimated 18 million people who visit the seaside resort each year.

BTH is dedicated to identifying and safeguarding adults at risk in line with statutory legislation and guidance. All staff across the organisation are appropriately trained to the right level to fulfil their roles and statutory duties. There is also a thriving safeguarding champions programme of over 200 staff with additional and enhanced knowledge.

Furthermore, complex safeguarding advice and support is available from the corporate safeguarding team including out of hours. The corporate team have a range of professionals with specialist knowledge too which includes sexual health, domestic abuse, contextual safeguarding and serious violence. BTH is responsible for identifying safeguarding concerns in relation to adults at risk, raising appropriate safeguarding referrals and contributing and implementing appropriate safeguarding plans. BTH is committed to ensuring compliance with the Mental Capacity Act 2005 (MCA) and that staff are appropriately trained and able to implement MCA appropriately.

BTH are committed to supporting the embedding of MCA and Deprivation of Liberty Safeguards (DoLS) into practice across the organisation. Enhanced quality assurance processes, monitoring of themes and trends and additional measures due to the high number of unauthorised Dols are in place, and reporting is in line with Trust governance processes. Support is also offered and provided at complex Best Interest Meetings across the Trust.

BTH continues to strengthen our commitment to co-produce integrated care, working with health and social care partners and as such BTH has corporate oversight, monitoring and assurance of Care Act s42 enquiries and investigations involving the Trust and ensures clinical input to professionals as well as attends adult strategy meetings as appropriate. Trends and themes are identified, and quality assurance mechanisms are enacted to support regulatory work internally and externally to the Trust, taking a proportionate and timely response.

BTH is dedicated to tackling violence against women and girls strategy (2021), Domestic Abuse Act (2021) and Victims Bill (2023) and have a dedicated Violence Against Women and Girls Team which incorporates Health Independent Domestic Violence Advisers (IDVA's) and Health Independent Sexual Violence Advisers (ISVA's) who support both patients and staff who may have experienced, or are experiencing, sexual violence and/ or domestic abuse.

BTH has secured additional external funding to expand the Health ISVA service, providing support to victims of sexual violence across the local footprint at both East Lancashire Hospital Trusts (ELTH) and University Hospitals of Morecambe Bay Foundation Trust (UHMBT). This has provided consistent support, available to victims across Pan Lancashire in line with the Violence Against Women and Girls (VAWG) agenda and Sexual Offences Act (2003). BTH has further secured external funding to expand the Hospital IDVA service both at BTH, and including, UHMBT in line with Domestic Abuse Act (2021). This has enabled BTH Health IDVA's to reach more victims across BTH and UHMBT footprints and including reaching victims during unsociable hours.

BTH commitment to investing in our local community and collaborating with partner agencies has expanded its Domestic Abuse services via Operation Provide; a service that commenced in response to DAV during the Covid pandemic and has continued post pandemic. Victims are receiving timely support, and as a result, this has significantly increased victim engagement with Safeguarding and Police investigations. The Op Provide service has been nationally recognised by various high-profile awards and includes robust academic evaluation. Initial service launched in Blackpool and Fylde Coast and has expanded to Lancaster and has increased resources over both areas to reach more victims during core and unsociable hours. Nationally this model now stands out as the lead in reducing homicide to victims and ensure we adhere to the Domestic Abuse Act 2021.

Due to the significant amount of external funding secured and reporting requirements to different central government departments, OPCC, and associated inspectorates, ICB and internal, BTH corporate teams have expanded the business support function. This is to evidence outputs and outcomes, services be academically evaluated, recognised nationally via awards and national visits as well as support other Trusts nationally to launch similar services. The corporate safeguarding team are able to support bids with evidence and analysis which we have been very successful to improve outcomes to some of our most vulnerable and disadvantaged people locally.

BTH are committed to the Serious Violence Duty, to prevent and reduce serious violence. BTH provides a robust ED Navigator service following a scoping exercise, initially commenced at BTH. BTH have now expanded this service locally, hosting ED Navigators at both ELHT and UHMBT with positive comment from the Home Office on the successes of the service and fidelity of the model. Further, academic evaluation evidences a cost-effective service with good outcomes for low costs and compliant with the serious violence duty from central government and Violence Reduction Networks key aims.

BTH has aligned strategic objectives to co-produce high quality services with a key focus on preventative care and reducing health inequalities, working alongside the local ICB. BTH is an active member of the Pan-Lancashire Safeguarding Adult Board and participates in a number of sub-groups of the PL-SAB as well as multi-agency reviews such as SAR's and DHR's. Quality safeguarding practice is delivered in line with Blackpool Teaching Hospitals policy and procedures and Local Safeguarding Adult Board (LSAB) and Children's Safeguarding Assurance Partnership (CSAP), agreed protocols incorporate evidence-based practice based on national, regional and local guidance. Quality care provision across the Trust includes protecting people from harm (safety); delivering targeted support that works (effectiveness) and making sure patients and service users have a positive experience in care (Experience). The BTH corporate safeguarding team enhances support for all staff across the organisation in the delivery of excellent safeguarding practice and upholds the values and principles of wellbeing and Making Safeguarding Personal (MSP).

Key Successes in 2022/23

- BTH have continued to embed the '7-day DOLS Assurance Framework' across the acute inpatient setting ensuring that all patients who are subject to DoLS receive an independent review of the restrictions in place to ensure they are necessary and proportionate. In 2022, BTH was shortlisted as a finalist in the patient safety category for Nursing Time Awards for our MCA/ DoLS assurance framework illustrating the strength and commitment of the BTH workforce around vital regulatory work.
- BTH corporate team has expanded community safeguarding support and provision by providing an enhanced and dedicated service to our all our community services around patients who may be high risk of self-neglect, complexity and disadvantage to promote multi-agency working, wellbeing and strengths-based approaches.
- BTH Emergency Department (ED) Navigators embedded at Blackpool, Lancaster and East Lancashire Emergency Departments in support of the Violence Reduction Unit's (VRU) work across Lancashire.
- BTH Operation Provide in partnership with Lancashire Police embedded in practice at Blackpool and Lancaster and recognised at the Nursing Times Awards. The Operation Provide model of practice will be shared nationally by the police as a recognised model to reduce domestic homicides.
- BTH prioritises a learning culture by providing a robust training plan which includes weekly face to face Level 3 Safeguarding Adults and MCA bitesize training sessions, delivered by the Trust's corporate safeguarding team. Training compliance for these, as well as Prevent, have all exceeded Trust compliance figures and in line with national guidance. BTH also delivers bespoke training, and including, Domestic and Sexual Abuse

awareness sessions to upskill the BTH workforce to recognise and respond to victims of SV and/or DAV.

- BTH is supported by a robust Safeguarding Champions model which has been rolled out across the Trust to provide a forum for all safeguarding champions to meet in order to network, share best practice and lessons learnt across the networks. This model currently has over two hundred safeguarding champions signed up to the role from a variety of the BTH workforce Trust wide. The integration of a safeguarding champions' model across the organisation offers a robust support mechanism within each service area. The Safeguarding Champions are in turn supported, supervised and guided by the organisations corporate safeguarding team. The development of Safeguarding Champions across the organisation enhances and streamlines safeguarding practice in order to ensure consistency, up-to-date competency and confidence in responding to safeguarding adults, families and their carers.
- In September 2022 BTH hosted its first face to face annual safeguarding champions conference, facilitated by Hill Dickinson at the De Vere Hotel, Blackpool. The conference had over 100 attendees from across BTH as well as Blackpool Council partners and the ICB to learn further around Mental Capacity Act, DoLS and the implementation of LPS to support our integrated approaches to care, our vital regulatory work and to seek consultation around the roll out to the amendment of the MCA (2019).
- BTH Health IDVA's and Health ISVA'S provide immediate support and safety planning to patients and staff across the organisation and local area by ensuring victims are referred to appropriate services for longer term support and receive a trauma informed risk management plan.

Key Challenges in 2022/23

- There are high levels of deprivation in Blackpool, which experiences the greatest deprivation of all of England's local authorities and there are similar pockets of deprivation in Wyre, particularly in Fleetwood, all of which BTH provides health care services. There has been an increased pressure on the health and social care system resulting in rising levels of unmet need, increasingly impacting the NHS and causing unnecessary strain on critical services, where there is limited capacity to note for this report.
- Department of Health and Social Care announced the implementation of the Liberty Protection Safeguards (LPS), the Mental Capacity (Amendment) Act 2019, will be delayed in this parliamentary government. Operational and strategic work had taken place over a long period of time in preparedness to roll out LPS and the delay was disappointing for our most vulnerable patients who would have come under the proposals. Whilst BTH mitigates this risk by providing a seven-day review of all DoLS patients in our hospital sites, the risk of unauthorised DoLS applications remains a risk for BTH and patients continue to not have access to the necessary safeguards of which intended.

Priorities for 2023/24

- BTH key priorities triangulate in the continuation of our MCA Improvement journey Trust wide enhancing quality and responsiveness to patients who lack capacity who access our care.
- Strengthen our Self Neglect response working alongside partner agencies to balance risk, keeping people safe and respecting their wishes.
- Continuing to tackle domestic abuse and sexual violence as a key priority and including addressing perpetrators of abuse.
- Continue to enhance and develop a culture and skilled workforce at BTH who can respond to safeguarding adults at risk, particularly around wider vulnerabilities such as exploitation and radicalisation.

8. Looking Ahead to 2023/24

8.1 As we move towards 2024, the Board will focus on ensuring a clear three-year strategy is in place, with a supporting business plan. The Annual report for 2023/24 will consider what progress has been made in support of this strategy and business plan.

Data accuracy will also be a priority, given we have seen significant increases in concerns and subsequent enquiries recorded for 2022/23. While Safeguarding demand has certainly increased (as evidenced in this report and in line with regional and national increases), at this stage the BSAB is unable to accurately determine the length and breadth of this demand. This is key to ensuring appropriate use of resources and commissioning of services/interventions going forward.

This report also outlines the level of depravation and ill health across Blackpool when compared to other districts/areas across the country. It also outlines the expected increase in the population of people of 65 in the next 25 years. At a time when there has been limited investment in adult social care nationally, these challenges will not be addressed through finance alone. Agencies, partnerships and communities need to work together to ensure early intervention and problem solving becomes daily business to reduce the risk of escalating needs across our communities. Here in Blackpool, we have a reputation for innovative safeguarding across our partnerships and communities, and we will look to maximise these relationships to deliver the very best services aimed at preventing people developing care and support needs.

9. Board Finance & Resources

9.1 During 2022/23 Blackpool has had a shared partnership responsibility which is supported through both financial investment and resourced through a Joint Partnership Business Unit (JPBU) to deliver the following:

- Secretariat management and support to the Adults Safeguarding Boards
- Support to Subgroup activity and associated task and finish groups
- Commissioning of Safeguarding Adult Reviews (SARs)
- Funding the role of Independent Chair
- Develop and Publish Annual Reports
- Learning and Development in relation to learning from case reviews on pan-Lancashire/multi-agency level
- Development of pan-Lancashire guidance in relation to key priorities
- Publicity and Communications

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of meeting:	28 September 2023

SCRUTINY 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.
- 1.2 To review the notes from the Sexual Health Strategy Review meeting.

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.
- 2.3 To note the discussions held on the Sexual Health Strategy Review meeting.

3.0 Reasons for recommendations:

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

6.3 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 11a - Adult Social Care and Health Scrutiny Committee Workplan
Appendix 11b - Implementation of Recommendations/Actions
Appendix 11c – Sexual Health Scrutiny Review Notes

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 and the impact of this decision for our children and young people:

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	
28 September 2023	<ol style="list-style-type: none"> 1. Carers Strategy 2. Maternity Services progress update and overview of patient feedback. 3. NWAS Update to update on the opening of the new hub, impact on performance of the measures implemented and update on the falls prevention work. To include the use of 111 as first point of contact – reduce numbers turning up at A and E. 4. Adult Services Update 5. Blackpool Safeguarding Adults Annual Report 2022/23
16 November 2023	<ol style="list-style-type: none"> 1. Adult Services update 2. ICB Update to include the development of the vision and strategy 3. Dementia – Requested full report Provision of services/dementia friendly, impact of increasing diagnosis, support services on offer, long term impact of pandemic (dementia groups to be invited) – if required a one off meeting to follow 4. Understanding the Financial positions / Budgets / priorities / barriers facing NHS / impact on the service and other concerns - Ways to reduce costs across the whole of the sector 5. Annual KPI / Performance data (Ruth Henshaw)
8 February 2024	<ol style="list-style-type: none"> 1. Blackpool Teaching Hospitals NHS Foundation Trust update on improvements made following new work streams identified and implemented, long covid treatment and current pressures 2. Healthwatch Update 3. Communication / promotion of services available, More promotion of Chemists role in triage / first stop diagnosis ***‘Active in Autumn’ event in October, Councillors invited to attend <i>(to tackle in January if this was still an issue after the Autumn event)</i>. 4. Staffing levels and well-being staff across the whole of the sector / staff retention improve staff conditions (BOTH ASC and NHS):- Report to Committee: What work is already in place / Bank staff cost and implications to the quality <i>(If relevant Deep Dive see Scrutiny Review Work)</i> 5. Adult services Report – to include ‘3 Conversations’ update (details of the impact of the service, and where possible, real life stories to be presented)
21 March 2024	<ol style="list-style-type: none"> 1. Adult Services update 2. ICB update to include the development of the vision and strategy 4. Mental Health Provision for Young Men Scrutiny Review - update on the implementation of the recommendations 5. Stroke update – to consider the new materials developed to promote rapid stroke treatment, to receive Blackpool data and an update on the implementation of the programme including any changes to the business case identified following its review.

25 April 2024	1. Adult Services update 2. Initial Response Service update on the development of the service. 3. Access to dentists – an update from NHS England following the Committee’s review of access to dentistry in Blackpool
11 th July 2024	1. Adult Services Care packages – costs and procedure with regards to remodelling packages when health improves / deteriorates. Report to Committee: What is currently in place / How success / failures measured(<i>If relevant Deep Dive see Scrutiny Review Work</i>) 2. Adult Services Update 3. ICB Update 4. Healthwatch Update

Scrutiny Review	
TBC 2023	Adult Services Care packages – costs and procedure with regards to remodelling packages when health improves / deteriorates. Report to Committee March/(If relevant Deep Dive see Scrutiny Review Work) START SCOPING PROCEDURE
	Staffing levels and well-being - staff across the whole of the sector / staff retention improve staff conditions: Report to Committee January initially (If relevant Deep Dive see Scrutiny Review Work)
TBC 2024	Scrutiny review of <u>population health management</u> to also include long covid.
Strategy Development Work	
07/09 @6pm Teams	Sexual Health Strategy
09/10 @6pm Teams	Healthy Weight Strategy
TBC	Joint Local Health and Wellbeing Strategy

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	Added to the workplan for an update in November – Requested full report – if require more time a one off meeting will be arranged.	
2	11.05.22	That all Councillors be invited to attend Trauma Informed training.	October 2023	Catherine Jones	Deadline extended. Training will be provided by an external provider. We have requested their available dates to conduct the training.	
3	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	Requested to attend the 28/09/23 meeting to provide an update	
4	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.	July 2023	Chris Oliver	The data requested was circulated following the meeting. Further item on the July meeting agenda	
5	26.01.23	Stroke network 1. To receive the material developed to encourage members of the public to seek help immediately following experiencing stroke symptoms.	2024	Sharon Walkden	Detailed update was emailed to Members 16/06. • It was agreed at the March meeting of the System Finance Group to pause the year 3 funding of the business case.	Not yet due

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
		<p>2. To receive a further update on the implementation of the programme in due course.</p> <p>3. To receive stroke data specific to Blackpool.</p>			<ul style="list-style-type: none"> Sharon Walkden - too soon to provide an update on the implementation of the stroke programme, including any changes to the business case identified following its review. Working groups are in place to address this, but the findings will not be concluded until early next year. 	
6	26.01.23	<p>Blackpool Teaching Hospital Maternity Services Update - Care Quality Commission Report (June 2022)</p> <p>1.Members agreed to receive a further report on progress from the Trust in due course</p> <p>2.To include patient feedback.</p>	November 2023	Pete Murphy	Michael Chew to attend the ASCH meeting 28/09/23 to provide an update	
7	23.02.23	<p>Weight Scrutiny Review -</p> <p>1.That a full response to the recommendations of the Healthy Weight Scrutiny Review be provided to the October 2023 meeting</p> <p>2. That the update to recommendation 6 (to explore the feasibility of providing free gym access to young people aged 11 to 18) in particular be noted with the Committee's acceptance that alternative ways of promoting activity amongst young people as detailed be explored.</p> <p>3. That the Committee receive the draft Healthy Weight Strategy in due course.</p>	October 23	Arif Rajpura	<p>Separate meeting to discuss the draft Healthy Weight Strategy due to be held on 09/10/23.</p> <p>*Joint with Levelling Up</p>	

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
8	06.07.23	Members requested an update to the Committee at the six month point of the '3 Conversations' approach within Adult and Social Care. It was requested that this should include details of the impact of the service, and where possible, real life stories should be presented.	08.02.24	K Smith	Added to the Work Plan for update in February within the Adult Services report	Not yet due
9	06.07.23	To receive the BSAB Annual Report in September 2023.	Sep 23	K Smith	Karen Smith to present at the 28/09/23 meeting	

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ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**Strategy Review –Sexual Health Strategy****Thursday, 7 September 2023 at 6.00 pm, Via Teams****ATTENDEES**

(Cllr) Diane Mitchell (Cllr) Jon Bamborough (Cllr) Kim Critchley
 (Cllr) Lisette Roe (Cllr) Mel Fenlon (Cllr) Michele Scott
 (Cllr) Paul Galley (Cllr) Jo Farrell
 Judith Mills, Consultant In Public Health (Health Improvement and Adult Public Health),
 Janet Duckworth, Public Health Practitioner (Sexual Health), Public Health
 Brigit Chesworth, Specialty Registrar

DECLARATIONS

There were no declarations of interest.

DRAFT SEXUAL HEALTH STRATEGY

Brigit Chesworth, Specialty Registrar gave a detailed update upon the background to the previous Blackpool 2017 – 2020 Sexual Health Strategy.

Whilst there had been some improvements following the introduction of the original strategy, there was still a long way to go. The team acknowledged that a number of the previous targets had not been achieved, and the learnings and evaluation of the previous strategy had helped to form the new Blackpool Sexual Health Strategy 2023 – 2026.

Judith Mills, Consultant in Public Health highlighted two main areas of success from the previous strategy:

- Teenage Contraception Rates
- HIV rates

The development of new strategy centered on information gathered from a number of different resources:

- Relevant national strategies, frameworks, guidance and plans
- Health Needs Assessment findings
- Topics arising from stakeholder discussions

The vision::

‘For everyone to be supported to achieve their optimal sexual health and wellbeing, regardless of their circumstances, and to be able to access the sexual health services that they need, when they need them’.

The new Blackpool Sexual Health Strategy 2023 – 2026 introduced six priority areas:

- Priority area 1: Prevent and reduce the transmission of STIs
- Priority area 2: Reduce unplanned pregnancy
- Priority area 3: Improve prevention, testing, treatment and support for people living with HIV
- Priority area 4: Provide young people with the skills, support and services that they need to achieve optimal sexual health

- Priority area 5: Reduce inequalities in sexual health
- Priority area 6: Tackle sexual violence

Brigit explained that there were six guiding principles, which would support the delivery of the strategy:

- Quality
- Accessible
- Collaborative
- Place-based
- Co-produced
- Innovative

Members were advised that a live Strategy Action Plan had been developed with stakeholders, and individual actions had been developed. The document would evolve over time and changes would be made throughout the life of the strategy.

Judith Mills, Consultant In Public Health advised that the document would not be shared publically, however, she was happy to arrange for this to be distributed to Members. She invited Members to contact her directly with any enquiries, and advised that any suggested changes would allow the opportunity for the Members to lead on the individual action.

Members enquired with regards to support from stakeholders and partner agencies and the team provided assurance that they had received support and engagement from everyone involved, and each organization had shown passion and commitment.

CONCLUSION

Members thanked the team for their presentation and their commitment to improving the Sexual Health in Blackpool.

It was agreed that the draft Blackpool Sexual Health Strategy 2023 – 2026 be supported in its current form.