

Blackpool Council

7 November 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, 16 November 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 PUBLIC SPEAKING

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

3 MINUTES OF THE LAST MEETING HELD ON 28 SEPTEMBER 2023 (Pages 1 - 6)

To agree the minutes of the last meeting held on 28 September 2023 as a true and correct record.

4 FORWARD PLAN (Pages 7 - 12)

The Committee to consider the content of the Council's Forward Plan November 2023 – February 2024, relating to the portfolios of the relevant Cabinet Members.

5 INTEGRATED CARE BOARD UPDATE (Pages 13 - 26)

To provide committee members with an update about NHS Lancashire and South Cumbria Integrated Care Board, including the development of the vision and strategy.

6 LIVING WITH DEMENTIA SERVICE UPDATE (Pages 27 - 52)

To provide Scrutiny Members with an overview of the dementia service provision and statistics for Blackpool place.

The Lancashire and South Cumbria NHS Foundation Trust (LSFCT) to provide additional information regarding the range of services offered to support our population of older adults with cognitive impairment is outlined, along with performance metrics and improvement activity.

7 BLACKPOOL TEACHING HOSPITALS NATIONAL HEALTH SERVICE (NHS) FT FINANCE REPORT. (Pages 53 - 72)

To present to the Committee the Blackpool Teaching Hospitals National Health Service (NHS) FT Finance Report.

8 COUNCIL PLAN PERFORMANCE SUMMARY (Pages 73 - 78)

To present performance against the Council Plan key performance indicators (KPIs) relevant to the remit of this Committee.

9 SCRUTINY WORKPLAN (Pages 79 - 88)

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.

10 DATE OF NEXT MEETING

To note the date and time of the next meeting as Thursday, 8 February 2024 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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Agenda Item 3

MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 28 SEPTEMBER 2023

Present:

Councillor Critchley (in the Chair)

Councillors

Bamborough
Cooper

Fenlon
Hunter

Jackson
Roe

Mrs Scott

In Attendance:

Karen Smith, Director of Adult Services

Jodie Stephenson, Democratic Services Senior Advisor

Councillor Neal Brookes, Cabinet Member for Adult Social Care

Janet Barnsley, Executive Director of Integrated Care, Blackpool Teaching Hospitals NHS Foundation Trust

Lynne Eastham, Director of Midwifery and Neonates, Blackpool Teaching Hospitals NHS Foundation Trust

Michael Chew, Divisional Director of Operations: Families and Integrated Community Care, Blackpool Teaching Hospitals NHS Foundation Trust

Nigel McMurdo, Operations Director, Blackpool Carers Centre

Matt Cooper, Area Director for Cumbria and Lancashire, North West Ambulance Service

Matt Dunn, Consultant Paramedic for Cumbria and Lancashire, North West Ambulance Service

Jennie Peall, Sector Manager – Fylde, North West Ambulance Service

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 6 JULY 2023

The Committee agreed that the minutes of the last meeting held on 6 July 2023 be signed by the Chairman as a true and correct record.

4 EXECUTIVE AND CABINET MEMBER DECISIONS

The Committee considered the Executive and Cabinet Member decisions taken since the last meeting.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 28 SEPTEMBER 2023**

5 FORWARD PLAN

The Committee considered the contents of the Council's Forward Plan October 2023 to January 2024, relating to the portfolios of the Cabinet Members whose responsibilities fell within its remit and noted the upcoming items.

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

Mrs Janet Barnsley, Executive Director of Integrated Care, Mrs Lynne Eastham, Director of Midwifery and Neonates and Mr Michael Chew, Divisional Director of Operations: Families and Integrated Community Care presented the report which updated the Committee on developments following the unannounced Care Quality Commission (CQC) inspection of the Maternity Services in June 2022. 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.

The CQC action plan contained 59 actions which were being monitored within the Division and reported to the Trust Quality Assurance Committee and Board of Executives. In addition, the actions were being closely monitored by the Senior Maternity Team, with a dedicated support team to capture evidence and support the completion of the actions.

The Executive Team remained a visible presence in the inpatient areas and carried out regular walkabouts. Meetings with staff on a one to one basis were accessible if they wished to raise a concern.

Mrs Barnsley advised the Committee that the recruitment and retention of staff had been the biggest challenge, but reassured Members that the situation had improved. Work would continue with regards to the retention of staff and the development of contract offers to student/newly qualified Midwives.

The number of Professional Midwifery Advocates (PMA) had been increased to 11, with a further four due to commence training. On completion, the service would then be compliant with the best practice recommendation. The PMAs supported staff with well-being and additional support through traumatic experiences.

The Induction of Labour pathway had been reviewed to ensure women were not at risk when admitted to hospital for induction.

The Maternity governance processes and reporting structure had been reviewed to ensure it was robust and in line with best practice guidance, which 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 was in draft and a Quality Governance, Assurance and Accountability Framework had been developed and was expected to be ratified in September 2023.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 28 SEPTEMBER 2023**

The Committee agreed:

1. To note the progress made on the actions taken in response to the CQC 'Must and Should Do' recommendations.
2. To receive the 13 areas for improvement 'Must and Should Do' performance monitoring information outside of the meeting.

7 ADULT SERVICES OVERVIEW

Ms Karen Smith, Director of Adult Services presented the Adult Services overview report to the Committee, with the support of Councillor Neal Brookes, Cabinet Member for Adult Social Care and Mr Nigel McMurdo, Blackpool Carers.

Ms Smith advised that recruitment difficulties had now improved, and work on retention would continue. Work to support newly qualified Social Workers was continuing, with the '3 Conversations' approach working well.

The pilot '3 Conversations Innovation Site' had been split into three tranches, with the first pilot site approaching the end. Evaluation and learnings would continue throughout the whole of pilot.

Members raised concerns with the hospital discharge process, in response Ms Smith explained that this was cross sector working and the discharge process often fell short when there were complex patient needs involved. The issue with facilities and bed space continued to be an issue.

Budgets remained the biggest concern and Ms Smith acknowledged that the financial pressures were across the board and affected all partner organisations. She advised that this would be a good opportunity to use this as a catalyst to drive a different way of working and to introduce earlier intervention, work on prevention and not just crisis response or response to deterioration.

Working collaboratively with NHS partners and wider organisations across the town, should go some way to improve the budget position in all areas.

With regards to additional pressure during winter, Members were reassured that planning across all services continues the whole year round.

The Committee congratulated the Coopers @ Ambleside following the Care and Support CQC Inspection, rating achieved was 'Good' across all areas.

The Committee also congratulated the Hornby Children's Home who had received a rating of 'Good' following its Ofsted inspection.

The Committee agreed: To receive the final evaluation outcome of the '3 Conversations' a Committee in due course.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
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8 ADULT CARERS STRATEGY

Ms Karen Smith, Director of Adult Services and Mr Nigel McMurdo, Operations Director, Blackpool Carers Centre, highlighted the key areas of the newly developed Adult Carers Strategy to the Committee.

The strategy document outlined a clear vision and a set of key priorities around how the Council, working together with key stakeholders, was going to help support Blackpool Adult Carers as much as possible in their caring role so that carers could continue to provide care whilst also leading fulfilled, independent lives.

Discussion centred on the obstacles in place with regards to promotion and awareness of what support was available from the Blackpool Carers Service. Both Ms Smith and Mr McMurdo agreed that the biggest barriers were the initial introduction to the service, this could evolve from stigma, terminology or lack of knowledge with regards to hidden carers who did not feel they identified with or fit the criteria. Work would continue to break down the barriers.

Mr McMurdo advised the Committee that the Carers Centre was completely run by volunteers. Members sought ways in which promote the service to residents of Blackpool.

The Committee agreed:

1. To support the Adults Carers Strategy for approval by the Executive in October 2023.
2. To receive a progress update from the Blackpool Adult Carers service as appropriate in 12 months' time.

9 NORTH WEST AMBULANCE SERVICE NHS TRUST REPORT

Mr Matt Cooper, Area Director for Cumbria and Lancashire, North West Ambulance Service (NWAS), Mr Matt Dunn, Consultant Paramedic for Cumbria and Lancashire, NWAS and Ms Jennie Peall, Sector Manager – Fylde, NWAS presented the Committee with an update and highlighted a number of key areas.

The Committee was advised that the region was very good at cross working and had a number of flagship services which worked collectively to prevent people being taken to Accident and Emergency.

It was reported that the 111 system had been developed to mirror the 999 service (Software Pathways), and similar outcomes were achieved from both services, albeit at different levels.

Clinicians were now based in the urgent care control rooms, talking to patients directly and this had reduced the number of patients needing transport to hospital. Recruitment

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was taking place to extend this service.

Ms J Peall explained the difference between the handover and turnaround process, and advised that the target was currently 30 minutes, but explained that this was split between NHS staff and NWS staff with 15 minutes being allocated to each service.

The Committee agreed: To receive a further update from NWS in approximately 12 months' time.

10 BLACKPOOL SAFEGUARDING ADULTS ANNUAL REPORT 2022/23

Mr Steve Chapman, Independent Chair of the Blackpool Safeguarding Adults Board presented a detailed overview of the Blackpool Safeguarding Adults Annual report to the Committee.

He advised that the Care Quality Commission (CQC) inspection was due in the forthcoming months. A development day had taken place to prepare staff for the inspection.

He advised that the Blackpool Safeguarding Adults strategy document process would be commencing in the forthcoming weeks and Members were asked to contact Mr Chapman directly with suggestions of what they felt should be included in the document.

The Committee agreed: To request the opportunity to input into the strategy, this would be presented at a separate strategy meeting of the Committee.

11 SCRUTINY WORKPLAN

The Committee considered its Workplan for 2023/2024 and noted the items within.

Members considered Committee's Action Tracker, noting the outstanding items contained.

12 DATE OF NEXT MEETING

The date and time of the next meeting was noted as 16 November 2023 commencing at 6.00pm.

Chairman

(The meeting ended at 20:03)

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 28 SEPTEMBER 2023**

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

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mrs Sharon Davis, Scrutiny Manager
Date of Meeting:	16 November 2023

FORWARD PLAN

1.0 Purpose of the report:

- 1.1 The Committee to consider the content of the Council's Forward Plan November 2023 to February 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 4a 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 4a - Summary of items contained within Forward Plan November 2023 to February 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

Appendix 4a

NOVEMBER 2023 TO FEBRUARY 2024

*** Denotes New Item**

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 Smkth - 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 Services, Blackpool Council and Director of Health and Care Integration (Blackpool), Lancs and South Cumbria ICB
Date of meeting:	Thursday 16 November 2023

NHS LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD UPDATE

1.0 Purpose of the report

1.1 To provide Committee Members with an update about NHS Lancashire and South Cumbria Integrated Care Board, including the development of the vision and strategy.

2.0 Recommendation(s)

2.1 Members of the Committee are asked to note this report.

3.0 Reason for recommendation(s)

3.1 N/A

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? N/A

4.0 Other alternative options to be considered

4.1 N/A

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 A note regarding this report

The following report provides an overview of the continued development of the NHS Lancashire and South Cumbria Integrated Care Board (ICB) and NHS Lancashire and South Cumbria Integrated Care Partnership (ICP), as requested at the Adult Social Care and Health Scrutiny Committee on 23 February 2023. It also provides an update with regards to:

- The work of the Blackpool place-based partnership.
- An overview of the aim of the ICB in relation to delegating authority to Lancashire and South Cumbria Places (which includes Blackpool) and progress to date.

The NHS Lancashire and South Cumbria ICB is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

The Integrated Care Partnership is a group of partners, of which the NHS is one, in Lancashire and South Cumbria working together to address the health, social care and public health needs of their communities. Blackpool Council is a partner within the Integrated Care Partnership.

6.2 Establishment of Lancashire and South Cumbria Integrated Care Board

NHS Lancashire and South Cumbria Integrated Care Board (ICB) was established on 1 July 2022 as a result of the Health and Social Care Act 2022. The eight CCGs in Lancashire and South Cumbria, including Morecambe Bay CCG, were closed.

The ICB took on the CCG commissioning functions as well as some of NHS England's commissioning functions and is accountable for NHS spending and performance within the system. The strategic aims of the ICB are 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

In a workshop held with Councillors on 30 November, more information was requested regarding decision making at the ICB.

NHS Lancashire and South Cumbria Integrated Care Board (ICB) is governed by a unitary Board of executive, non-executive and partner organisation members. The ICB Board chair is David Flory and the non-executive members are locally appointed and bring a wealth of experience from different sectors, services and local communities to decision making. Full details on Board membership is available in the [members section](#) of the ICB

website and within the [ICB constitution](#). This is set out in the Health and Social Care Act 2022 which went through Parliamentary processes to be agreed and implemented prior to ICBs being established.

The Board makes sure there are appropriate arrangements in place to carry out its functions effectively, efficiently, economically and in accordance with the principles of good governance. Board meetings are held in public and papers are published on the ICB website. More information is available in the [meetings and papers](#) section of the ICB website.

In late July 2023, we received a letter from NHS England with the annual assessment of our performance in 2022-23. The letter acknowledged that it was a year of transition and there will be many challenges ahead. The feedback was split into the four fundamental purposes of an ICS.

➤ Improving population health and healthcare:

Performance in areas such as 104-week waits, 78-week waits and plans to eliminate 65-week waits by March 2024 were praised. Urgent and emergency care was noted as more challenged, though it was highlighted that performance exceeds the national average.

Our Quality Committee was also observed as delivering its functions in a way that secures continuous improvement in the quality of services.

Our working with people and communities strategy, along with the establishment of our Public Involvement and Engagement Advisory Committee, was highlighted as ensuring the voice of local people and resident is actively embedded and valued in decision making. On 15 October, this included a detailed update on engagement for the Blackpool place and partnership work to listen to communities.

➤ Tackling unequal outcomes, access and experience:

It was recognised that we include prevention and improving population health as a cross-cutting priority and that we are focused in driving down inequalities in access, outcomes and experience for people in Core20plus communities.

➤ Enhancing productivity and value for money:

We were recognised for remaining within our cash limit and within our capital resource limit, as well as maintaining within our running cost allowance. Unsurprisingly, it was acknowledged that the year ahead is already proving challenging from a financial aspect, with the need for all system partners to work together. We were also encouraged to begin developing our medium-term financial plans to achieve our system clinical ambitions in a sustainable manner.

➤ Helping the NHS support broader social and economic development:

The ICB's work with providers and place-based partners to embed anchor approaches and share good practice was recognised.

The main recommendation for us as an ICB was the need to focus on driving continued improvement in access to services, both physical and mental health, and in both primary and secondary care – alongside a relentless focus on productivity and value for money.

6.3 The NHS Joint Forward Plan (JFP)

The NHS Joint Forward Plan (JFP) is a mandatory five-year plan that Integrated Care Boards (ICBs) and their partner NHS Trusts must produce. The plan sets out how the ICB and its partner trusts will arrange and/or provide services to meet the needs of their local populations. Informed by the ICP strategy, a joint forward plan has been agreed for Lancashire and South Cumbria with engagement from partners and the public as part of this development.

In parallel with the finalisation of the plan we have worked with provider and Local Authority colleagues to:

- Ensure that all strategies and plans across all partner organisations and all ICB teams and functions align.
- Develop detailed delivery plans with measurable goals, annual milestones, targets, performance ambitions and trajectories, including deliverables for places and neighbourhoods.

Some of the delivery of the plan will be delegated to place and neighbourhood levels. The final plan was signed off by the ICB Board at its meeting on 5 July 2023 and is available here: <https://www.lancashireandsouthcumbria.icb.nhs.uk/our-work/forward-plan>

6.4 Recovery and Transformation

We are acutely aware that we face some big challenges across Lancashire and South Cumbria health and care system. We are working hard to respond to those challenges, and we have a good plan in place for recovery and transformation which aims to improve the quality of our care provision and outcomes for people in Lancashire and South Cumbria. There is much to be proud of, but this is also a good time to review our progress. There is more that we need to focus on across our health and care system and fundamentally change the way we deliver care to ensure that our health and care system is affordable in the future.

We received strong support for the recovery approach that we have adopted, with a focus on clinical and non-clinical transformation and a three-to-four year timeframe. It is recognised that there is a significant amount of change and a high degree of risk in some aspects of the programme. The budget remains very challenging for the ICB and for the wider system.

6.5 Acute Trust Performance

Blackpool Teaching Hospitals NHS Foundation Trust entered the NHSE enhanced surveillance process due to being identified as a challenged trust for quality. At the meeting in September 2023, based on the progress made in key areas of quality such as culture, workforce, specific clinical interventions and pathways, it was formerly agreed that Blackpool Teaching Hospitals NHS Foundation Trust be recommended to move from the regionally-led system Improvement Board to the ICB-led oversight, with effect from November 2023.

Blackpool Teaching Hospitals NHS Foundation Trust is in segment 3 of the National Oversight Framework (formerly the System Oversight Framework), which means a level of enhanced surveillance and support is required. This level of oversight will step down when the trust reaches a demonstrable and sustainable position. These criteria are outlined in a Sustainability and Improvement Plan for the trust which is supported by the ICB.

The ICB governance for enhanced surveillance and support is transacted through a monthly executive to executive Improvement and Assurance Group with the trust which will work with the trust to monitor and support improvements.

6.6 New Hospitals Programme

The Lancashire and South Cumbria New Hospitals Programme has taken a big step forward following His Majesty's Government announcement in May 2023 that confirmed the decision to build two new hospitals to replace Royal Preston Hospital and Royal Lancaster Infirmary. Following the Government's announcement, the local NHS was delighted to welcome confirmation of two new hospitals as part of a rolling programme of national investment in capital infrastructure beyond 2030.

Being able to build two new hospitals on two new sites will be truly transformational, giving us the freedom to design our services and facilities around the needs of our patients, future-proofing services for the next generation. This once-in-a-generation opportunity will be a huge contribution to our recovery as a health and care system, bringing new facilities and much needed investment into our area for the benefit of patients and colleagues. The

LSC NHP gives us a real opportunity to achieve our ambitions for being an exemplar health and care system by transforming the way we work across our hospitals in Lancashire and South Cumbria, enabling us to improve quality, safety and patient experience for our whole population and have a positive impact for our NHS colleagues, who undertake incredible work to support our communities every day.

The NHP programme also provides a rare opportunity to be a significant contributor to

wider socio-economic development bringing much needed investment into our region for the benefit of patients, staff and communities and enabling an innovative and transformative approach to workforce, education and training, digital technologies, and research.

The existing Royal Lancaster Infirmary and Royal Preston Hospital sites will remain in place and deliver services to our population until the new hospital facilities are opened. What this means for future hospital services needs to be worked through. The local NHS will continue to keep communities involved and provide further updates as more information becomes available.

The New Hospitals Programme timeframe marks out the progress we need to make in the next 12 years. By then, we need to have transformed our delivery model to fit the growing needs of the population; so that the demand for services does not overwhelm the system.

6.7 Access to GP services

In May 2023, NHS England published its delivery plan for recovering access to primary care. The plan sets out measures for ICBs, PCNs and practices to work together to make a difference to staff and patients, focusing efforts on taking pressure off teams, and supporting general practice to restore patient satisfaction with improved experience of access.

In Lancashire and South Cumbria the following initiatives are taking place to improve GP access:

Moving to Cloud Based Telephony – Advanced Cloud based telephony (ACBT) is an essential part of any modern primary care system and has significant benefits for patients and practices, helping to manage demand and improve access. We are currently working with practices to assess their telephony provision and eligibility for funding. We have an ambition to move all existing analogue system users to a cloud based system by 31 December 2023.

The Additional Roles Reimbursement Scheme - Funding which is available to Primary Care Networks to recruit to a range of roles within primary care to meet the needs of patients. Roles vary across PCNs bespoke to locally assessed needs. These roles include:

- Clinical Pharmacists
- Pharmacy Technicians
- Health and Well-being Coaches
- Dieticians
- Podiatrists
- Paramedics

- Health Practitioners
- Nursing Associates

Comprehensive GP Access Communications Campaign - This will build on the campaign the ICB launched in 2022 and will support patients to understand access to a range of health professionals within primary care. The messages will also closely align to our winter communications campaign and will include information on self-care, vaccination uptake, community pharmacy, NHS 111 and bank holiday pharmacy/repeat prescriptions.

- Care navigation training for staff working in primary care
- GP Improvement programme which will offer support to practices to implement modern general practice during 23/24 and 24/25.
- NHS App – supporting practices to encourage greater use of the NHS App
- Improving the primary and secondary care interface
- Expanding self-referral pathways which is also underway

6.8 Dentistry Services and Access

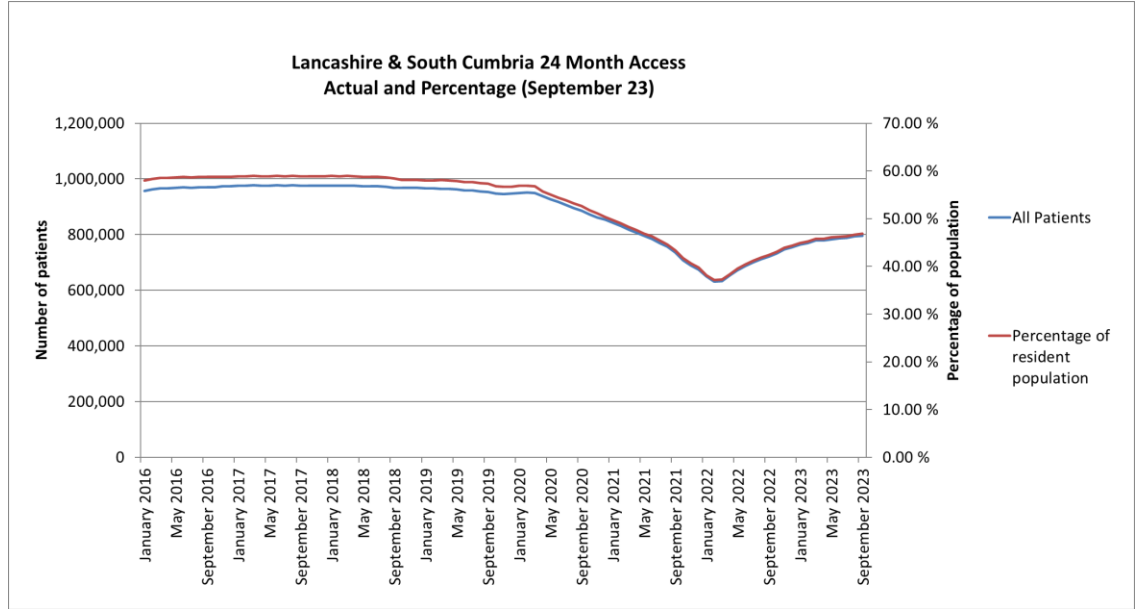
The ICB became responsible for the commissioning of all dental services following delegation from NHS England on the 1 April 2023. NHS dental services cover those delivered within primary, community and secondary care settings.

Access to NHS dental services is challenged nationally and locally across all sectors, with pressures in primary care services being well publicised.

Primary care NHS dental services cover a range of mandatory services as defined in the national legislation. These are:

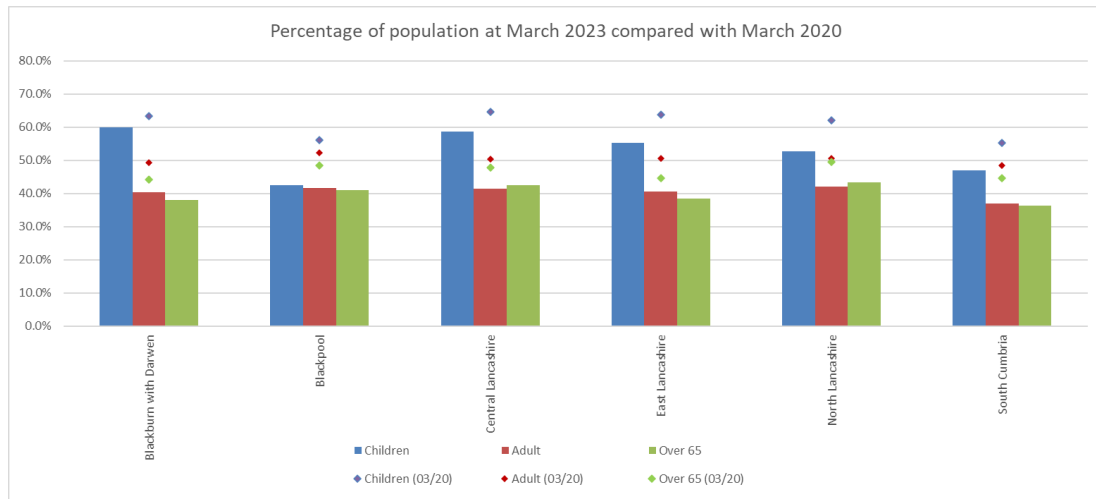
- examination,
- diagnosis,
- advice and planning of treatment,
- preventative care and treatment,
- periodontal treatment,
- conservative treatment,
- surgical treatment,
- supply, and repair of dental appliances,
- the taking of radiographs,
- the supply of listed drugs and listed appliances, and the issue of prescriptions.
- access to primary care NHS dental services is challenged due to five key factors:
 - reduced care during the pandemic
 - worsening oral health of the population
 - funding
 - dissatisfaction with the national contract
 - workforce challenges

Dental access is measured by counting the number of unique patient contacts in the previous 24 months for adults and previous 12 months for children- in line with NICE guidelines. The table below shows the latest dental access figures:



This data shows the lag in the dental access figures (two years for adults, one year for children), as dental access is a historical look back of how many unique patients have been to the dentist prior to the current month. The rate at which the figures reduce is not matched by the rate of recovery.

The following graph shows the access rates across Blackpool and the other places within Lancashire and South Cumbria, comparing them against the pre-pandemic levels:



Recovery is happening at different rates across the ICB and to support this an additional 490 urgent care slots per week have been commissioned.

A dental access and oral health improvement programme has been designed by the ICB primary care team with the dental profession. It is a two year programme that aims to address the current challenges facing NHS dental services. Outcomes achieved through the programme are constrained by national factors outside of local control and they require close working with local authorities to reduce the local oral health disease burden. The programme aims to improve dental access to members of the population with the greatest oral health inequalities, by using objective measures to help prioritise the limited flexibilities available to the ICB to invest funds in the areas of Lancashire and South Cumbria with the greatest needs which includes Blackpool.

There are five projects that make up the programme:

- **Prioritising resources-** Developing a framework through which resources can be prioritised for specific geographies/patient groups based on objective measures.
- **Care pathways-** Developing evidence-based care pathways that underpin the dental access programme including access to urgent and follow-up care to the whole population (pathway one and two), targeted to care for those whose oral health is important to meet physical health needs (pathway three) and the targeted enhanced childcare pathway.
- **Communications-** For patients and other health and social care providers explaining what services are available, how to access services, oral health and selfcare messages, making every contact count, fostering an oral health prevention focussed culture.
- **Workforce-** Developing and implementing workforce transformation to support the delivery of pathways commissioned/transformed.
- **Contract management-** Reviewing current provision ensuring that dental contracts are as efficient as possible and explore and flexibilities within the existing contract to

support transformation

The community dental service is a specialised service which provides treatment for children and adults who have additional health care needs which mean that routine primary care NHS dental services are not suitable for their treatment. These needs may include physical or learning disability, complex medical history, children who are pre-cooperative and severe dental phobia. The contract is held in collaboration with Lancashire and South Cumbria Foundation Trust, Blackpool Teaching Hospital and Fylde Coast Medical Services.

The contract is based upon historic Primary Care Trust service specifications which need to be updated to reflect the recently undertaken special care (adults) oral health needs assessment and the soon to be undertaken paediatric assessment.

The children's and young persons' elective care recovery group currently has oversight on the waiting lists for child extractions under general anaesthesia. Harm reviews have been carried out for all children on the waiting list and no significant concerns have been found.

The secondary care services provided by local trusts are: oral surgery, maxillofacial surgery; orthodontics; and restorative dentistry. All of these services are considered fragile with particular pressures being seen within orthodontics and restorative dentistry.

Orthodontics services are commissioned from all four trusts, with services at Blackpool Teaching Hospitals currently suspended. The ICB is working with the Provider Collaborative to develop a sustainable model to secondary provision alongside utilising specialist skills that are available within primary care. It is expected it will take 12-18 months to implement the new model. Work has taken place to move as many Blackpool patients as possible to a primary care setting and finding an alternative trust for those that do need to be seen in secondary care. Orthodontic services are fragile across the ICB (and nationally) therefore there is no quick solution to getting the service in Blackpool Teaching Hospitals up and running.

Restorative dentistry is provided by East Lancashire Hospital Trust, Lancashire Teaching Hospital Foundation Trust and University Hospital Morecambe Bay Trust (UHMB). All three trusts only receive referrals internally from other consultants within the trust, with UHMB recently suspending referrals from primary care providers. Similar to orthodontics, the ICB is working with the Provider Collaborative to agree a sustainable and resilient provider model; this is being supported by the development of a clinical network for the speciality. It is expected it will take 12-18 months to implement the new model.

6.9 Lancashire and South Cumbria Workforce Plan

Lancashire and South Cumbria ICB is working in partnership with NHS, local authority and partner organisations to develop a new five-year workforce strategy and training plan that will cover health, social care and the VCSFE sectors.

It is being created through system and placed based engagement approaches and a multi professional steering group is overseeing its development. This new strategy will be aligned to the new NHS Long Term workforce plan and will enable Lancashire and South Cumbria to make a step change in the way that we attract, retain and develop our current and future workforces. The plan will be discussed at the ICB People Board in January 2024 and will be implemented from April 2024.

6.10 Lancashire and South Cumbria Integrated Care Partnership

As part of the Health and Social Care Act 2022, the Integrated Care Partnership (ICP) was also established as a statutory committee on 1 July 2022. The ICB and the unitary and upper-tier local authorities hold a statutory duty to coordinate Lancashire and South Cumbria ICP together. The partnership sees health and care partners work together by agreeing joint priorities and a joint health and care strategy.

Blackpool Council is a statutory member of this partnership, as are other Lancashire and South Cumbria local authorities, NHS organisations, businesses, education, Healthwatch and voluntary, community, faith and social enterprise (VCFSE) organisations. Councillor Jo Farrell, Blackpool Council Cabinet Member for Levelling up and Chair of Blackpool Health and Wellbeing Board is a representative on the ICP.

Tracy Hopkins is also a representative on the ICP. Tracy is CEO of Citizens Advice Blackpool and holds positions on Blackpool's Health and Wellbeing Board, Safeguarding Adults Board, Lancashire Association of Council for Voluntary Services Board and is working on the further development of the VCFSE Alliance across Lancashire and South Cumbria.

The Integrated Care Partnership meets in public with the most recent meeting on 16 October. The webcast of the meeting and papers are available here:

<https://council.lancashire.gov.uk/ieListDocuments.aspx?CId=1851&MId=13295>

6.11 Blackpool Place-Based Priorities – Progress and Alignment

- **Community Services Local Transformation**

Following an initial visioning session, conversations continue with partners to assist in shaping the scope and remit of this work. Recent sessions have included discussions with both the Fylde Coast VCFSE Leadership Group and the Fylde Coast GP Leadership Group.

- **Active into Autumn Event**

Following the success of the Blackpool place-based partnership event, 'Spring into Spring' in March 2023, the Partnership, in conjunction with our Public Health colleagues, followed this with another, even larger scale marketplace event in September 2023, 'Active into Autumn'.

'Active into Autumn' is a fantastic example of our partnership working across Blackpool, including listening to, and working with our communities. The purpose of the event was to encourage people to get out and about and connect to their communities. It showcased the multitude of great activities and support which are available across the town, including health and fitness activities, educational classes and volunteering and job opportunities.

The event had a strong presence from over fifty VCFSE and statutory organisations in Blackpool, supporting the full spectrum of needs and demonstrating practical partnership working in action. The insight gained by coming together was incredibly useful, with two brief examples highlighting the benefits of working together:

We had a GP who was made aware of a locally run service which is able to collect residents and bring them to GP appointments, which he hadn't been aware of until 'Active into Autumn'. He is now promoting awareness of this with colleagues.

We were able to consider plans to advertise a local dental service on the radio. This service is available to parents of children aged 4 and under where they can gain access to dental services for their children.

The event provided a great opportunity for organisations to network and make their own connections to better support our residents. It was wonderful and inspiring to see so many organisations together under one roof and to hear about the abundance of activities and support which is available to the local community.

Blackpool Place-based Partnership plan to host both events, 'Spring into Spring' and 'Active into Autumn', in 2024.

➤ **Blackpool's Joint Local Health and Wellbeing Strategy**

Health and Wellbeing Boards have a responsibility to produce a joint local health and wellbeing strategy and at the request of the Blackpool Health and Wellbeing Board members, a task and finish group was established to take forward the development of a new strategy for Blackpool. A specific ask of that group was to ensure that what was developed both aligned and complemented other existing strategies and work across the Blackpool place. Following a desktop review of existing strategies and associated priorities, which includes the LSC Integrated Care strategy and the Joint Forward Plan (JFP), a workshop was held recently to consider the areas of focus for this emerging, new strategy. An update was provided at the June 2023 Blackpool Health and Wellbeing Board, further conversations will continue so that this strategy continues to reflect what is important to Blackpool.

➤ **Priority Wards**

Partners in Blackpool have been engaging and working with communities in some

of our wards with the highest levels of socio-economic deprivation and poorer health outcomes. These wards are where there is a higher number than expected of attendances and admissions into the urgent and emergency care department and where there are high levels of deprivation within the community. There are 5 Priority wards in Blackpool – Claremont, Park, Talbot, Tyldesley and Bloomfield.

NHS and local authority teams worked with local Healthwatch to reach out to these areas and ask what they think the main factors that contribute to unplanned hospital admissions. The key themes of the responses included mental health, lack of confidence in health and care services, GP access, lifestyle related risk factors and long-term conditions support.

More work is taking place in partnership to implement and demonstrate progress against recommendations from the community which include:

- Improving access to primary care
- Increased community support
- Enhanced communication and coordination
- Targeted support for specific groups within the community
- Mental health support
- Residents understanding of services available

6.12 Does the information submitted include any exempt information? No

7.0 List of appendices

7.1 N/A

8.0 Financial considerations

8.1 N/A

9.0 Legal considerations

9.1 N/A

10.0 Risk management considerations

10.1 N/A

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

11.1 N/A

12.0 Sustainability, climate change and environmental considerations

12.1 N/A

13.0 Internal/external consultation undertaken

13.1 N/A

14.0 Background papers

14.1 N/A

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services, Blackpool Council and Director of Health and Care Integration (Blackpool), Lancashire and South Cumbria ICB
Date of meeting:	Thursday 16 November 2023

LIVING WITH DEMENTIA – BLACKPOOL PLACE

1.0 Purpose of the report

1.1 To provide Scrutiny Members with an overview of the dementia service provision and statistics for Blackpool place.

1.2

1.3 The Lancashire and South Cumbria NHS Foundation Trust (LSFCT) to provide additional information regarding the range of services offered to support our population of older adults with cognitive impairment is outlined, along with performance metrics and improvement activity.

2.0 Recommendation(s)

2.1 The Committee is asked to consider the content of the report and appendix and highlight any areas for further consideration.

3.0 Reason for recommendation(s)

3.1 Scrutiny members are asked to comment, propose potential improvements and highlight any areas for further scrutiny which will be reported back as appropriate.

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 N/A

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 Blackpool – Population Health (Context):

Population figures are based on the Office for National Statistics (ONS) projections from 2018 to 2043 (most current available data).

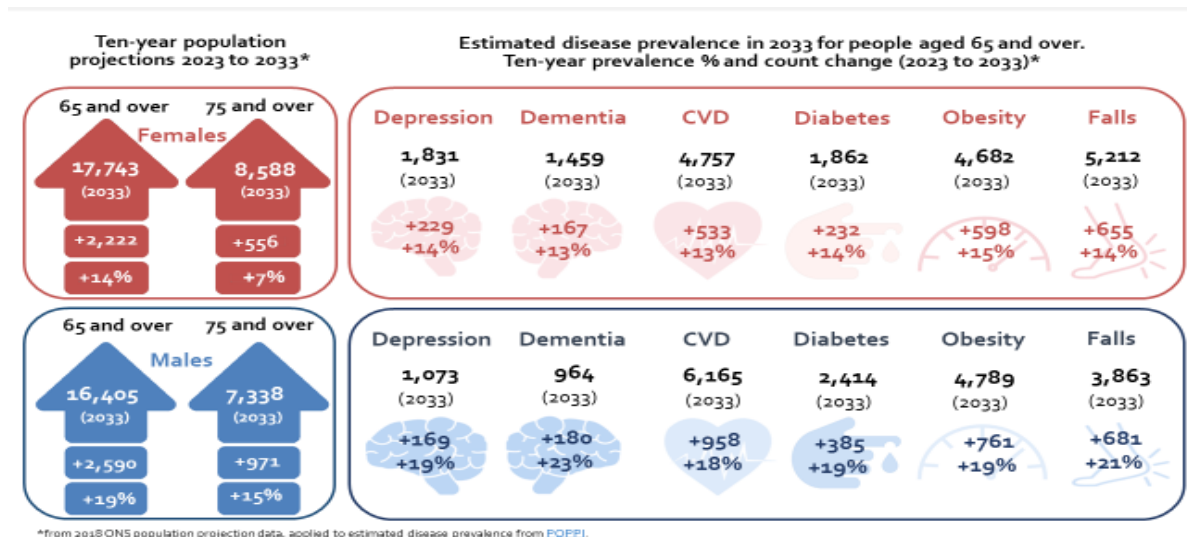
In the ten years to **2033**, Blackpool overall has a smaller increase in females aged 65 (14%) compared to the Lancashire and South Cumbria ICS and a similar increase for males (19%).

The population increases are more pronounced in the older (85+ age groups). This may not translate to higher numbers at a smaller Local Authority level, but Blackpool in 2033 sees an estimated 2,758 females (85 and over) and 2,031 males (85 and over).

People are living longer than twenty years ago, although life expectancy has decreased slightly for males and females (2018-20) and people are not necessarily living longer in better health.

Estimated disease prevalence from the Projecting Older People Population Information system (POPPI) are applied to the ONS population projections to 2033. In the ten-year period to 2033, as the older population increases, the count of people with particular conditions/risks will rise.

The infographics below show the estimated count of people in 2033 with the specific health condition/risk, including Dementia. The percentage point increase and count difference between 2023 and 2033 are also shown.



In the years up to **2043**; For males, there will be higher estimated prevalence of cardiovascular diseases, obesity and falls (the estimated count of at least one fall or more in a twelve-month period, it does not include admissions from falls), based on England estimated prevalence rates for those 65 and over. For females the highest prevalence conditions are falls, cardiovascular disease and obesity (again based on England prevalence).

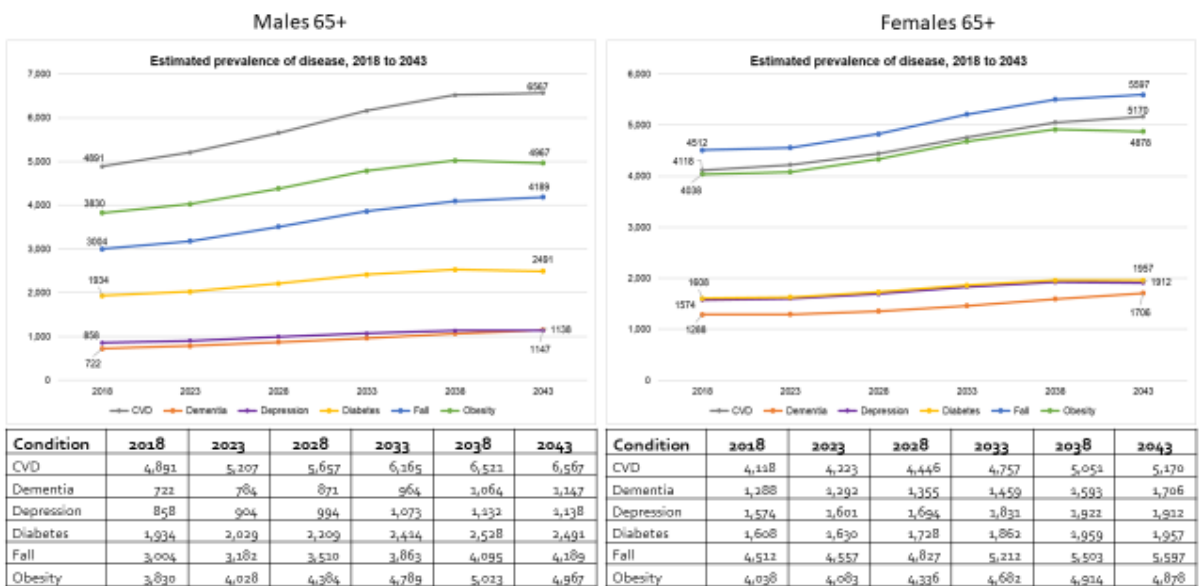
Looking at the projected figures, almost 6,600 males (65 and over) and 5,170 females (65 and over) are expected to have Cardiovascular Disease (CVD) by 2043. For falls this is almost 5,600 for females and almost 4,200 for males.

All these conditions place a huge burden of demand on health services, including primary and secondary care, as well as pressure on adult social care services for Local Authorities.

It is important to note that a person may experience more than one condition (for example, obesity and diabetes), so the individual condition values combined is not the total number of people affected. These values may be underestimated. The England prevalence applied to the area population figures will produce the similar trajectories for each disease/condition prevalence, only the numbers (estimated count) will vary across areas (depending on population change for each authority).

There will be other local factors which will influence these future counts, such as deprivation, housing, employment, cost of living, access to health services, existing conditions, etc., meaning the values could be higher or lower than the England estimated prevalence.

Estimated disease prevalence to 2043* Blackpool



*from 2018 ONS population projection data, applied to estimated disease prevalence from [CQPEI](#)

As the Population Health data projects, people living with dementia will continually increase over the next 20 years and services will need to continue to respond to this ever growing demand to support the person living with dementia but also their carers and family members.

6.2 **Requests for Support (Dementia type conditions) (Assessment and Planning):**

Community:

The Older Adults Community Mental Health Team/Adult Social Care (OACMHT/ASC) is based in the community at The Shorelands on Central Drive. A small specialist team of practitioners who provide Care Act (2014) assessments leading to personalised care and support plans for adults aged over 65 years with complex mental health needs and for adults with organic mental illnesses.

The team work with older adults (over 65 years), who have both functional mental illness and severe cognitive impairments including dementia type conditions (see below) that have impacted on their overall functioning and led to complexity and/or experience behaviours that challenge and/or risks to self and others.

Dementia Type Conditions Include:

Alzheimer's Disease - Physical illness which damages a person's brain, eventually causing dementia. Alzheimer's disease is the most common cause of dementia – information from Alzheimer's Society.

Dementia with Lewy Bodies (DLB) - DLB is one of the most common types of dementia and associated with hallucinations and hearing voices, problems with understanding, thinking, memory and judgement – NHS.

Frontotemporal Dementia (FTD) – FTD is an uncommon type of dementia that causes problems with behaviour and language – NHS.

Vascular Dementia - This is a common type of dementia caused by reduced blood flow to the brain and tends to get worse over time – NHS.

Young Onset of Dementia (between ages 30-65) - The causes are similar to the diseases that usually cause dementia in older people.

Korsakoff's Syndrome – A chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1) and is most commonly caused by alcohol misuse – Alzheimer's Association.

These are the main dementia conditions evidenced within the people who required support from adult social care mental health services, including adults under 65 who have an early onset of dementia and/or Korsakoff's Amnesiac Syndrome.

The Adult Social Care and Community Mental Health Teams are two separate but co-located teams based at the Shorelands; working in partnership to ensure that people living with dementia type conditions, their carers and families, receive support, care and treatment as appropriate.

What happens when someone requests support from the Adult Social Care Mental Health Team:

Requests for support are typically made via duty email inbox/telephone call to duty social worker. Examples of some of the support that the social workers and the wider team may provide, include:

- Assessment of social care needs – defined by the Care Act (2014)
- Assessment of carers needs – Care Act (2014)
- Duty function – responds to urgent/non-urgent requests for care and support
- Commissioning, monitoring and reviews of services to meet care and support needs
- Adult safeguarding enquiries, investigations and co-ordination of multi-agency safeguarding processes – Care Act (2014)
- Application of the Mental Capacity Act including Deprivation of Liberty Safeguards (DoLS) and Best Interests Assessments
- Mental Health Act Assessments
- Social Circumstances Reports and Mental Health Review Tribunals
- Social supervisor responsibility – persons detained under Ministry of Justice Orders
- S117 Reviews where Blackpool have after care responsibility
- Managing appointee/monies alongside the client finances team

Number of People in Receipt of Support from the Adult Social Care Mental Health Team (Older Adults):

- 65 people are actively receiving support from the team
- 11 people have requested support and waiting for this to be started
- 50 people currently needing a review of their care and support
- 170 people with a planned review date in the future
- 6 family carers receiving direct support from the carers worker
- 28 family carers needing a review of the their support

Hospital (In-Patient):

The Mental Health Adult Social Care Hospital Social Worker will be predominantly working across psychiatric in-patient wards, have a base at The Harbour and be an active member of the Multi-Disciplinary Team planning and supporting safe discharges into the community. The Social Worker will review patients to determine if there is an appearance of need for social care input to facilitate plans for discharge, and complete a Care Act Assessment/commission care and support services if required.

Community Mental Health Team (Health Lancashire and South Cumbria NHS

Foundation Trust):

This is a multi-disciplinary health team which includes psychiatrists and psychologists alongside other health professionals, providing some of the most specialist support to people living with mental illness and in particular, dementia type conditions.

Specialist Support for Learning Disabled Adults:

Blackpool's Integrated Community Learning Disability Service offers a dementia screening pathway to help meet the needs of local people with a learning disability. It is an adapted dementia screening and assessment pathway. The British Psychological Society (BPS) and Royal College of Psychiatrists (2015) state that it is a requirement that services for people with learning disabilities provide reactive screening where there are concerns about deterioration in an individual's levels of cognitive, behavioural, and social functioning. They also recommend that prospective screening at set intervals is provided to individuals at increased risk of developing dementia at an earlier age. The Foundation for People with Learning Disabilities also recommend that learning disability services set up a register of people with Down's syndrome, who are at increased risk of developing dementia at an earlier age, and conduct baseline assessments of cognitive and adaptive functioning by the age of 30 (Turk et al 2001). By meeting these recommendations, services can deliver effective and timely assessment, diagnosis, and interventions to all people with learning disabilities who are suspected of or confirmed as having dementia.

The offer from the Blackpool Integrated Community Learning Disability Service includes a dementia database, proactive dementia screening for persons with Down's syndrome and reactive screening for any person with a diagnosis of Learning Disability diagnosis where there are concerns about a recent change in levels of cognitive functioning. The key elements are:

- A proactive approach to screening
- Aim to identify symptoms at an early age
- Is a best practice approach – for the person and services
- Assessment at ages – 30, 35, 40, 43, 46, 49, 50, then annually
- Ongoing monitoring/assessment

Families and carers are involved to support the assessment process in a holistic way. In some instances, bespoke training packages are delivered to families and/or staff teams in order to demonstrate practical steps which can increase independence and promote longer term well-being, including helping the person maintain routines and skills, increasing levels of cognitive and social stimulation and planning enjoyable and meaningful activities. The learning disability team have a specialist carer's worker who can provide practical and emotional support to carers who might find the additional responsibilities in caring for somebody with dementia understandably difficult and can offer dedicated help via the teams Support Worker to the person themselves if this is something that will help. Commissioned packages of care are also offered by means of respite in day services, day support groups and via 1:1 support for the person. Families

and cares are offered a Carers Assessment and respite options are offered via day support, overnight respite in the Councils specialist Learning Disability Respite Services at Coopers @ Devonshire and Coopers @ Ambleside and via direct payments to support the families in their caring role.

6.3 Provision of Care and Support (Delivery):

There are a number of different services available to people living with Dementia and their carers/families. Although services may have one lead organisation, they all work in partnership to ensure the person or carer/family needing support receive a holistic response.

Memory Assessment Service (MAS), Blackpool – Aims to comprehensively assess anyone of any age who might be worried about their memory. Memory assessment services aim to deliver quick and timely diagnosis to people whose symptoms suggest that they may have dementia - NHS Lancashire and South Cumbria NHS Foundation Trust.

Rapid Intervention and Treatment Team (RITT) – Referrals via IRS - NHS Lancashire and South Cumbria NHS Foundation Trust. RITT is a specialist older adult mental health multidisciplinary community based service with the following functions:

- Preventing admission function where an admission is being considered, to assess the potential for diversion from admission and for treatment and management at place of residence
- Intensive home treatment focus on older adults with functional or organic presentations who present in crisis or with a challenging behaviour to prevent hospitalisation or a breakdown in their current residence
- Care home liaison function – scheduled care
- Discharge liaison to the in-patients unit

Initial Response Service (IRS Blackpool) – One of the pathways to access mental health services and managed via a call centre based at The Harbour. The service is currently being soft launched across the Fylde Coast. The service purpose is to improve access to mental health services for local people, their carers who have a mental health need or are experiencing a mental health crisis 24hrs per day - NHS Lancashire and South Cumbria NHS Foundation Trust.

The Harbour Hospital Blackpool - In-Patient Services

Provides 154 in-patient beds (mental health hospital) which provides care and treatment for adults who cannot be safely be treated at home – Lancashire and South Cumbria NHS Foundation Trust.

- Wordsworth Ward - Male Dementia
- Bronte Ward - Female Dementia

Dementia Wards – Wards accommodate patients diagnosed with dementia who are requiring the relational and physical care and security that an inpatient ward can provide.

- Dickens Ward - Male Advanced Care
- Austen Ward - Female Advanced Care

Advanced Care Beds – The beds accommodate older patients who are experiencing an acute mental illness that are also physically frail or who are also experiencing physical disability or illness.

NHS Talking Therapies for Anxiety and Depression - Demonstrates how responsive older adults are to engagement in this type of therapy and can include a range of issues but consider social isolation, bereavement and the impact of long term health conditions.

NHS Talking Therapies are free to access NHS services that provide evidence-based psychological treatments for people with common problems such as depression and anxiety disorders. NHS Talking Therapies also provides access to evidence-based psychological treatment for people with comorbid long-term physical health conditions or medically unexplained symptoms.

Depression, anxiety disorders and the dementias are not an outcome of old age (Rodda et al. 2011). Depression is estimated to affect 22% of men and 28% of women aged 65 or over (Age UK). Depression rates are higher in people who live in care homes and in people who are carers. It is estimated that 1 in 4 residents in care homes will have clinical depression (1 in 5 have an anxiety disorder) and up to 80 per cent of residents experience symptoms of depression (Chan et al 2019).

Keats @ Highfield Day Service - Blackpool Council's Keats @ Highfield Service provides day care support and is regarded as an important respite service to families and carers looking after a person who lives with Dementia to stay living at home longer. Keats provides day care, support and respite for people with moderate and advanced dementia. The primary objective is to improve and maintain their quality of life, promoting independence where possible whilst providing respite for carers.

The Keats @ Highfield Service is privileged to support 33 people and their families/carers. On average, people receive support from Keats @ Highfield for approximately 11 months as part of their living with dementia journey; which enables them to remain living at home with their loved ones for as long as this can be sustained.

Blackpool Council's Keats @ Highfield Service has recently moved to a new location which will now provide opportunities to expand the service and offer places for Older Adults who may have different mental health and wellbeing support needs. The new environment is more spacious and airy and the accessible garden area has great

potential – a suggestion has been made for sheds to be placed for people to enjoy the outside area and continue any hobbies that are practicable and safe that people may ordinarily have done at home in the past.

The service has made links with their neighbours 'Blackpool Catering Academy' where students are learning about food and hospitality. The academy is now providing all our lunch and refreshments. The young students are also coming into the service, learning about Keats, meeting people and supporting some of the activities which is creating a really positive cross generational feel to everyone's experience.

Warren Manor (Ashfield Road, Day Service) - Care facility ran by independent living and provides a wide range of care services. The service welcomes adults with a variety of needs including those impacted by dementia. The care facility provides help with personal care including hairdressing and a restaurant that is open to the public.

Residential Services Elderly Mental Illness (EMI) - Nursing homes look after people who are living with advanced stages of dementia and who need specialist nursing provision. There is insufficient provision locally, which leads to out of area placements and this is a focus of attention for the Council and Integrated Care Board

Residential Service Elderly Mental Dementia (EMD) – Provides residential care for people living with dementia. And can provide respite and short breaks to support the carer and family.

Blackpool Carers Centre - Provides support for people living with dementia, their carers and families affected by dementia including:

- Face-to-face contact through booked appointments at key locations within the community and at GP Practices as part of the Neighbourhood Hubs/Primary Care Network developments
- At home, Blackpool Carers Centre, or at another mutually agreed venue
- Telephone, Email, Post contact
- Magazine
- Drop in sessions
- Training sessions (4 x weekly)
- Activity sessions

Blackpool Carers Centre supports people with dementia and/or their families on an ongoing basis. The level of provision for each person will differ and this will be reflected in the total number of people accessing the service at any one time. It is anticipated that some people will use the service in an ad hoc manner for occasional advice and information. Other people will require more frequent and regular contact however, this should not extend to the provision of ongoing intensive support, case management, brokerage, or advocacy. Where this level of service is required, the dementia adviser

service is to signpost and assist people to access the relevant services. People can access the service throughout the duration of their illness. Carers can continue to have contact with the service after the person being cared for entered residential care or has passed away.

6.4 What People Tell Us (Testimonials/Feedback):

Family Testimonial:

*My family and I are so very grateful for the care my mum receives at Keats. Before enrolling her and having visited a few centers, we were immediately struck by the peace and calmness at Keats, a feature which was missing from the other places we visited. We were impressed by the longevity of service that many of the Keats staff claimed, which told us that it was a good and happy place to work. And we were made particularly welcome by * and * who made us feel valued as potential users. They each took time to show us round and to explain how they operated and what we could expect.*

Keats has turned out to be everything we need for our mum. It provides us with the peace of mind that while she's there she is safe and is being well cared for. Although mum is not able to remember very much about her days, she goes willingly, (which she doesn't to other activities), and we're told she joins in with the music therapy, art sessions and she enjoys playing dominoes and reminiscing with some of the other ladies.

Attending Keats is keeping my mum actively socialising which is important with her condition.

We feel blessed to have a place like Keats, with its special staff, in Blackpool.

Adult Social Care Testimonial:

I have worked as a Social Worker in Blackpool for 10 years and have always worked in partnership with Keats as a care provider. I have found the service to be an invaluable resource to carers in the Blackpool area as well as people I have supported with a diagnosis of dementia. I have received very positive feedback from the people who have attended Keats day service. People becoming socially isolated or lonely has an unprecedented impact on Mental Wellbeing and the warm reception at Keats has prevented a deterioration in many people's mental health and wellbeing.

I recently took up a post in the older adults' mental health team so began to work with the Keats service on a more regular basis, I was sad to hear that the centre was moving out of Shorelands. However having visited and been given a tour of the new site I can say that Keats now has a new lease of life. The facilities are fantastic and the new addition of a functional day is a welcomed asset to social workers.

Long may this service continue.

Family Testimonial:

When my mother came out of hospital after having a stroke and covid the future looked bleak. After a few months at home with family she slowly started to recover but the Alzheimer's dementia unfortunately worsened. From living independently to becoming both disabled and mentally fragile it was tough for both my Mum and those in the family looking after her.

Keat's gives me a break from the 24 hour day of constant care required for Mum. If it wasn't for Keat's I would not have been able to continue to be a Minister in our local community caring for mostly the bereaved but also quite honestly sometimes the bereft. The pressures of modern life are at times too much for people to bear and I count myself in that.

In times of great need we need to know that someone is there for us to help pick up the pieces so we can continue on. We all know how desperately distressing it was for so many when in the pandemic these lifelines had to close. Keat's is part of that continuing support which is vital to both the carer and the client, in a world that has an ever growing need to look after both it's 'old folk' and those unfortunately caught early with a disease that has a name but so often takes away the names and memory of those they love.

Partnership Working:

*Blackpool Carers Centre have worked in partnership with Keats Day Centre for many years. Many of the families we support have accessed Keats and have found this break essential in enabling them to continue to care. * and the team at Keats have always welcomed us and the families we support to visit Keats to help people with dementia settle in. * has attend many of our events over the years. This includes open days and information events so carers can meet her and ask questions. This again helps people with dementia to settle when they attend Keats. * has visited our dementia awareness and drop in groups to raise awareness of the support provided by Keats and to encourage use of this service. Carers can be hesitant about using day centres and giving themselves permission to have a break from caring. * has been very helpful in reassuring carers and putting them at ease. She explains clearly what Keats can offer, showing how they work with families to support the person with dementia and provide a break for carers.*

Partnership Working:

** and the team at keats have been consistent attenders at the Dementia Action Alliance, in fact it was * who first introduced me to the Dementia Forum at Keats around 10 years ago, and it has grown considerably, incorporating social prescribers, the local integrated care board commissioners, and more latterly we have given feedback on the planned Dementia Strategy for this area. * and the team have always supported students to gain knowledge and experience with people living with Dementia and their carers, she has always attended local events to showcase the centre and spoke to today with the DAA regards plans to support people living with functional illnesses, and also highlighting the integrated work now with the neighbouring college students*

*Always fantastic to work with * and the teams*

Family Testimonial:

*I would like to give our feedback from a family perspective from myself and my sister * (daughters) and our elderly father.*

My mother attends the Keats day centre and has done so since December 2021. Keats over the years has been a constant in ours and my mother's life resulting in valuable friendship with service users and staff. The staff at the Keats day centre are friendly and approachable and we feel reassured the care my mother receives is of a high standard.

From day one we were treated with warmth and kindness and my mother is certainly treated with dignity and respect.

It is also so reassuring how we and my mother have a trusting relationship with staff. My Mother often mentions those by name.....

*The transport driver * and others, equally treat my mother with care and respect maintaining safety at all times.*

All named staff and others fill us with confidence knowing our mother is always being cared for.

I feel my mother's health and wellbeing and safety is treated as paramount during her time in the centre. Each time I have needed to contact the day centre the staff have been extremely efficient. This fills me, my sister and elderly father with confidence each time. Furthermore, our elderly father has benefited from the much-needed respite and has been able to take his own much needed rest and relaxation.

Keats has become an important part of our lives and this steady, reliable, constant is now an invaluable routine on which we all rely on.

6.5 Dementia in Blackpool – Quality and Outcomes Framework Analysis

What is the Quality and Outcomes Framework?

“The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP practices in England, detailing practice achievement results. It is not about performance management but resourcing and rewarding good practice.” – NHS England

GP practices get points for completing certain actions (aka “indicators”) within the QOF. Each point has a value. By completing the indicators to the specified threshold, GP practices get paid for having completed the associated actions.

What is in the QOF regarding dementia?

There are two QOF indicators for dementia, within the clinical domain of the QOF:

- DEM001 – The contractor (GP practice) establishes and maintains a register of patients diagnosed with dementia.
- DEM004 – The percentage of patients with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months.

What does the QOF tell us about dementia in Blackpool?

Using the most recent data available (2022/23, published September 2023) QOF tells us:

- There are 1,608 people with a diagnosis of dementia recorded on their GP clinical record (0.91% of the GP registered population of Blackpool).
- 73.01% of people with a recorded diagnosis of dementia had a face-to-face care plan review in the preceding 12 months.
- There are 16 GP practices in Blackpool. The range for people having a face-to-face care plan review is 59.47% to 94.37%

What does the QOF not tell us about dementia in Blackpool?

- How “good” a GP practice is at identifying people with dementia. The data tell us the number of people identified, not the number of people with dementia. Further, dementia is usually identified in secondary care following specialist assessment, not in a GP practice.
- How “good” a GP practice is at making sure people have a care plan review. The reasons for the range in people have a care plan review are not included in the data.
- How “good” a GP practice is at doing care plan reviews. The quality of the reviews is not measured by the QOF.

Opportunities

The QOF data provides a key line of enquiry to support quality improvement. For example, exploring why there is a range for people having a care plan review and whether there is best practice within this that could be implemented.

The QOF data provides another, complementary, perspective on the available data (e.g. Office of National Statistics publications)

Limitations

The QOF data cannot be directly compared with population estimate data to identify undiagnosed dementia. The data draw from different sources and use different methodologies in their validation and presentation. People registered with a Blackpool GP (QOF data source) may not live in Blackpool (ONS data source) and therefore there is a difference between the data sources.

The QOF only represents a part of the work of a GP practice. It does not include the wider support that a GP practice team may provide to someone living with dementia and their family.

References

Quality and Outcomes Framework guidance for 2022/23 Version 2, December 2022, NHS England ([NHS England » Update on Quality and Outcomes Framework changes for 2022/23](#))

Quality and Outcomes Framework 2022-23 Official Statistics, NHS Digital, September 2023 ([Quality and Outcomes Framework, 2022-23 - NHS Digital](#))

6.6 **Partnership Working – The Future:**

Partnership working is essential in ensuring people living with dementia and their carers/families receive the right support, at the right time and in the right place. Blackpool is an active member of:

- **Dementia Alliance** – Which has a remit is to raise awareness of services in Blackpool and improve joint working. Blackpool Council is represented by Older Adult Mental Health Team Manager.
- **Older Adults Mental Health Dementia Task and Finish Group** – The scope of this group is to pull together a Pan Lancashire Dementia Strategy to be approved by the Older Adult Mental Health Steering Group. The outcome is to have a multi-agency 5 year strategy reflecting the responsibilities and commitment of each organisation to provide dementia services/support throughout the journey for individuals living with dementia and their carers across Lancashire and South Cumbria. The Service Manager, Adult Social Care - Mental Health and Approved Mental Health Practitioner (AMHP) Lead represents Blackpool Council.

Additional Contextual Information:

Blackpool Teaching Hospitals – Dementia Strategy [BTH Dementia Strategy | Blackpool Teaching Hospitals NHS Foundation Trust \(bfwh.nhs.uk\)](#)

Lancashire County Council – Dementia Strategy [lcc-dementia-strategy-2018-2023 final-draft v10.pdf \(lancashire.gov.uk\)](#)

Blackburn with Darwen – Adults and Health Service Plan [Adults and Health Service Plan: 2022/2023 | Blackburn with Darwen Borough Council](#)

6.7 Does the information submitted include any exempt information? No

7.0 **List of appendices**

7.1 Appendix 6a – LSCFT Report – Living with Dementia

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
Relevant Officer:	Andrew Williams, Director of Operations for the Fylde Coast Lancashire and South Cumbria NHS Foundation Trust
Date of meeting:	Thursday 16 November 2023

LIVING WITH DEMENTIA – LANCASHIRE & SOUTH CUMBRIA FOUNDATION TRUST

1.0 Purpose of the report

This paper has been written as a brief report for the Adult Social Care and Health Scrutiny Committee given an overview of Dementia Care. The range of services offered to support our population of older adults with cognitive impairment is outlined, along with performance metrics and improvement activity.

2.0 Older Adult Mental Health Services Access, Urgent Care and Community Mental Health Provision

2.1 Initial Response Service (IRS)

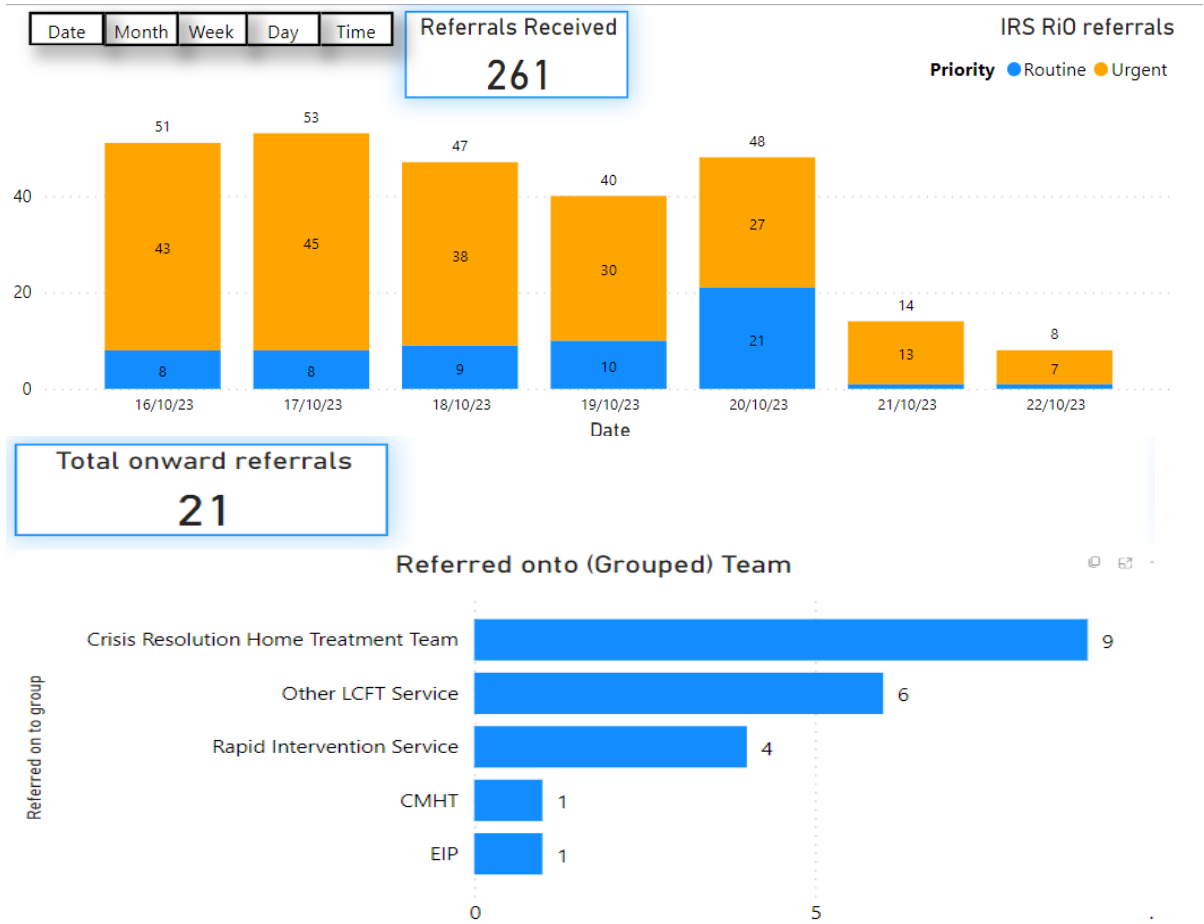
Residents from across Lancashire and South Cumbria who need to access mental health help and support is now able to do so via one number, 24 hours a day. The Fylde Coast Network IRS successfully launched in September 23.

The new approach to accessing mental health services is managed within a call centre setting and is made up of a team of Call Handlers and Mental Health Practitioners who take calls and manage referrals from patients, service users, families, carers and professionals, aiming to ensure callers are connected to the right professional in a timely manner.

The team may arrange for someone to receive support over the phone or for a mental health practitioner to see somebody at home, at a GP practice or another mutually agreed place to allow further information about current mental health needs. Information about other services that could assist are shared, if appropriate.

This new approach will help improve access to mental health services – particularly during evenings and weekends. Referrals for older adults and those with dementia can go through IRS which is available 24/7, this is in addition to other Health and Social Care professional’s referral pathways.

Below shows an example of referral data into Fylde IRS.

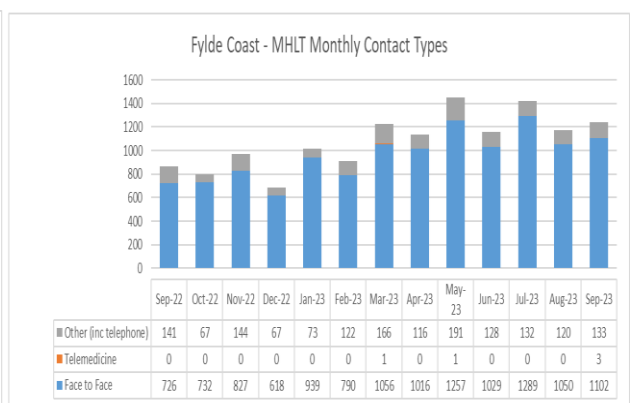
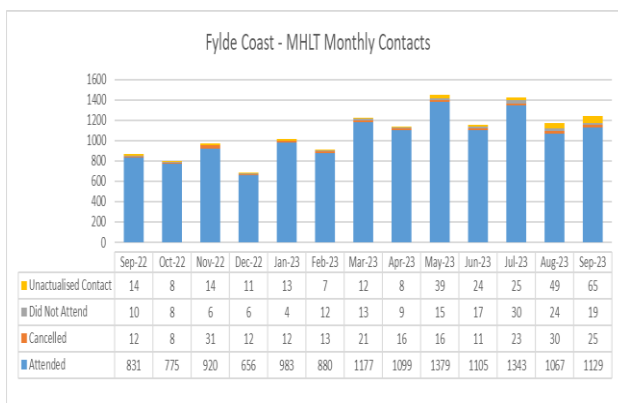
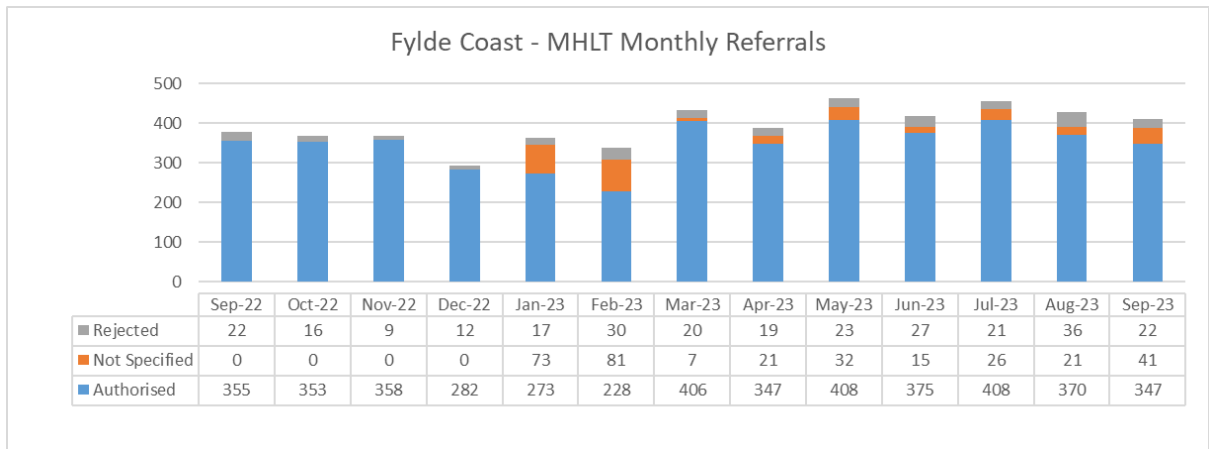


2.2 Mental Health Liaison Team (MHLT)

The mental health liaison team service provides a rapid mental health assessment service for individuals aged 16 and over who present to the accident and emergency department and medical assessment unit of the acute trusts. They also provide support to the medical wards at Blackpool Teaching Hospital where required.

There is a multidisciplinary team based at Blackpool Teaching Hospital led by 2 Consultant Old Age Psychiatrists based in the Liaison Team for the Fylde Coast.

The team has high levels of activity and support patients waiting for admission to mental health wards.



Patients who are appropriate are transferred to the MHUAC (Mental Health Urgent Assessment Centre) where they can be supported while waiting for a bed or discharge to other services or home. Work continues to support improved provision the MHUAC with services that enable community alternatives to be explored for patients where appropriate.

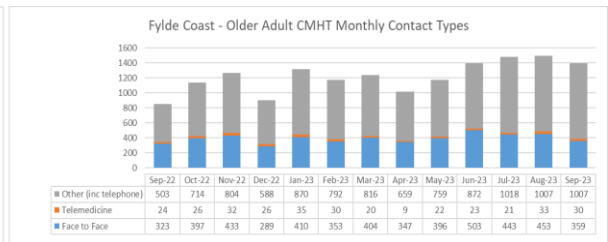
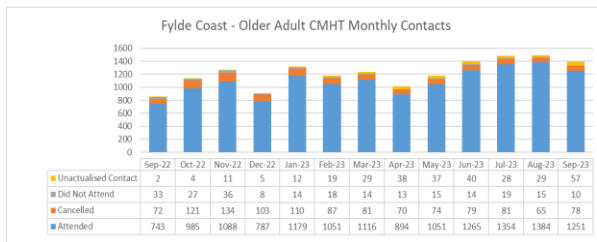
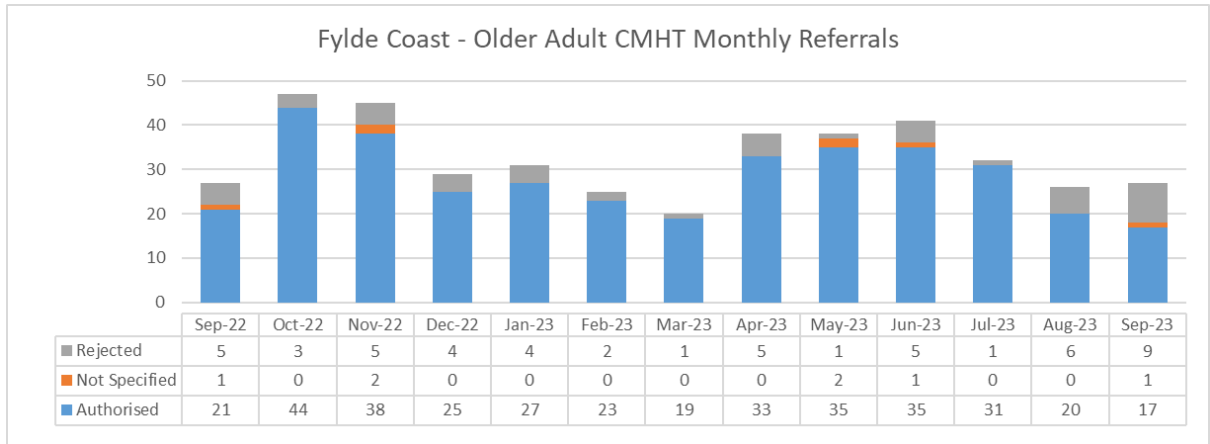
2.3 Community Mental Health Teams (CMHTs) for Older Adults

The Older Adult Community Mental Health Teams (OA CMHTs) supports people over the age of 65 with severe and enduring mental health needs, also for those under 65 with an early onset Dementia. They provide assessment, diagnosis, treatment, education and create individualised care planning.

In the Fylde Coast Network, OA CMHTs are based in Shorelands based centrally in Blackpool.

There is good performance in Fylde Coast for the allocation of Care Co-ordinators for adults with some challenges at times due to staffing; no patient has waited more than 3 weeks for a care co-ordinator, whilst awaiting a named Care Co-ordinator they and their family or carers are supported by the Older Adult Duty team.

Ref	Indicator	Target Type	Target	Jul-23	Aug-23	Sep-23	Cumulative month to date (Reported Every Thursday)			
							12/10/23	19/10/23	26/10/23	02/11/23
CMHT										
CMH 7	Number of Cases Waiting for Care Coordinator over 2 weeks in Adult CMHTs	Trust	0	0	0	0	0	0	0	
CMH 47	Number of Cases Waiting for Care Coordinator over 2 weeks in Older Adult CMHTs	Trust	0	4	2	0	0	3	1	
CMH 8	Legacy Care Programme Approach (CPA) - 12 Month Reviews (%)	Reference Indicator		62.0%	61.0%	60.0%	56.5%	57.5%	58.9%	



There are high levels of phone contacts to regularly support service users at home and in care homes as well as face to face visits.

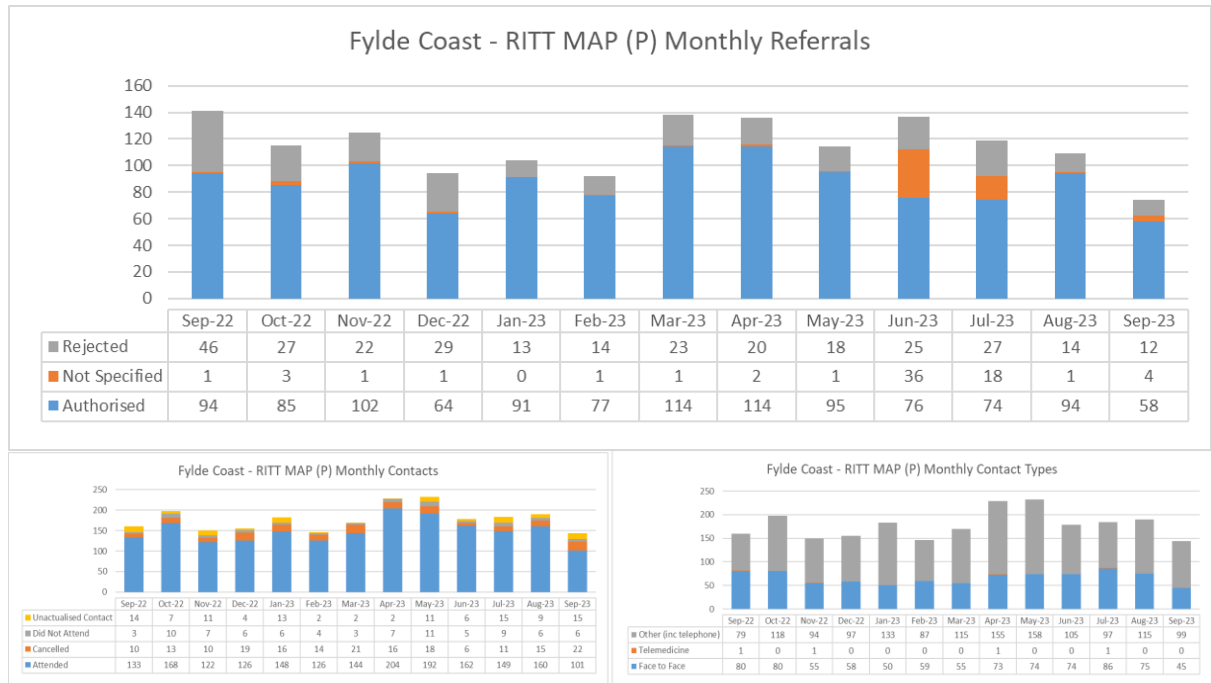
2.4 Rapid Intervention and Treatment Team (RITT)

This service has 2 key functions:

Home Treatment: The aim is to intensively improve a person's mental health within a 6-8 week period, at which point the team refer the patient on to another service for on-going care and support or discharge back to the GP.

The Care Home Liaison Team: This team supports care home staff improve care and support for residents with a diagnosis of dementia. The team aims to support the care home improve quality of life and manage behavioural and psychological symptoms of dementia whilst in the care home.

In the Fylde Coast Network, RITT is based at the Lytham Unit.



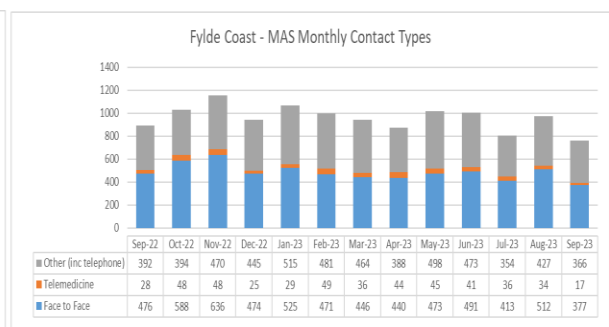
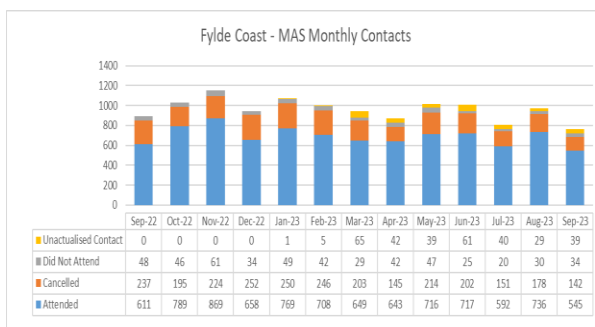
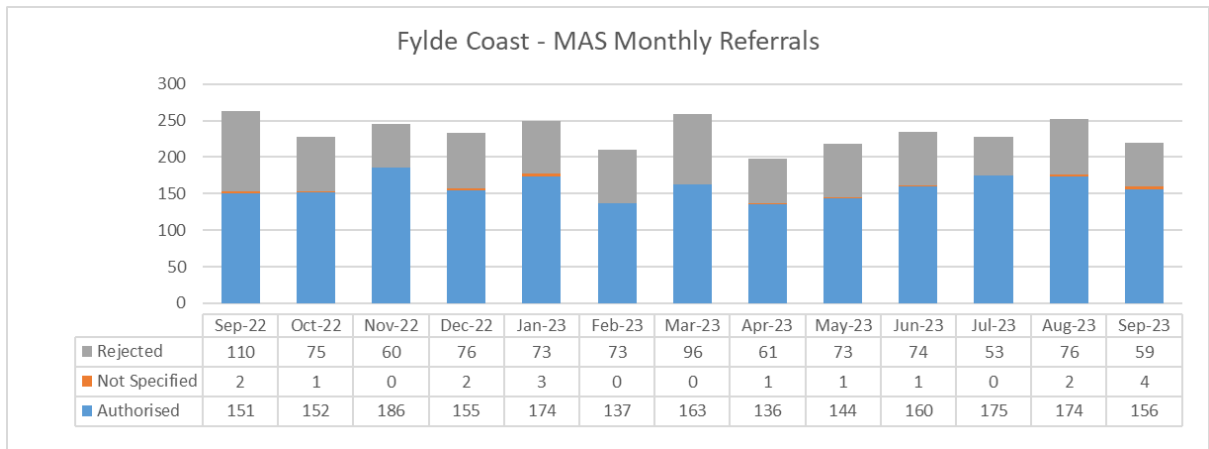
2.5 Memory Assessment Services (MAS)

Memory assessment services are located across Lancashire and aim to comprehensively assess patients who have cognitive impairment, who have been assessed as requiring specialist assessment, diagnosis and treatment.

In the Fylde Coast Network, there are Memory Assessment Services (MAS) based in Fleetwood Health and Wellbeing Centre and Lytham Unit.

The teams are made up of nurses, doctors, occupational therapists and psychologists.

The service sees a high number of patients but consistently meets the Key Performance Target of 99% of patients having an assessment within 6 weeks and at least 20% of patients diagnosed within 6 weeks. The performance data is shown below.



Ref	Indicator	Target Type	Target	Jul-23	Aug-23	Sep-23	Cumulative month to date (Reported Every Thursday)			
							12/10/23	19/10/23	26/10/23	02/11/23
Memory Assessment Service (MAS)										
CMH_35	Memory Assessment Service (MAS) % Seen within 6 weeks (OA)	LTP	≥ 70%	98.8%	99.2%	98.7%	93.3%	95.0%	96.9%	
CMH_38	MAS 6 weeks from Referral to Diagnosis % (OA)	Reference Indicator		28.4%	37.4%	35.8%	16.7%	11.6%	10.8%	

2.6 Inpatient Hospital Provision

The Harbour is a 154-bed mental health hospital in Blackpool, which provides care and treatment for adults and older adults who cannot be safely treated at home. The ward team is multidisciplinary and includes a variety of mental health professionals. The hospital has single ensuite bedrooms of varying specialisms over 10 wards, 4 of which are dedicated to older adults:

- Austen: Female advanced care need ward (18 beds)
- Dickens: Male advanced care need ward (18 beds)
- Wordsworth: Male dementia ward (16 beds)
- Bronte: Female dementia ward (16 beds)

Ref	Indicator	Target Type	Target	Jul-23	Aug-23	Sep-23	Cumulative month to date (Reported Every Thursday)			
							12/10/23	19/10/23	26/10/23	02/11/23
Inpatient Care										
IP 6	Median Discharge LOS (OA Functional) [Unit Locality]	NHSBN	≤ 75	54	47	83	142	93	93	
	Mean Discharge LOS (OA Functional) [Unit Locality]		≤ 77	86	127	113	140	106	118	
	Median Discharge LOS (OA Functional) [Patient Locality]	NHSBN	≤ 75	14	250	83	174	174	215	
	Mean Discharge LOS (OA Functional) [Patient Locality]		≤ 77	14	245	107	174	174	215	
IP 7	Median Discharge LOS (Dementia) [Unit Locality]	NHSBN	≤ 76	129	206	103	84	84	140	
	Mean Discharge LOS (Dementia) [Unit Locality]		≤ 76	113	216	150	84	84	140	
	Median Discharge LOS (Dementia) [Patient Locality]	NHSBN	≤ 76	N/A	225	63	N/A	N/A	N/A	
	Mean Discharge LOS (Dementia) [Patient Locality]		≤ 76	N/A	225	63	N/A	N/A	N/A	

There are challenges with length of stay on older adult wards as many of the service users require specific placements or bespoke packages of care that can continue to meet their complex needs. However ongoing work continues with our Integrated Discharge Team (IDT) and Local Authority partners and through a weekly Clinically Ready for Discharge Meeting where barriers to discharge can be addressed and plans progressed.

2.7 Improvement and Innovation

The two Dementia wards at the Harbour, Bronte and Wordsworth, have worked hard in striving to succeed in achieving 'Dementia Charter' status and creating that Dementia friendly environment for our patients. We recognised as part of this journey that it was important for our staff to access training, so the majority of staff have now completed levels 1-3 of the Dementia Core Training Framework which was recommended and we continue this for all new starters. Also our trainee Advanced Clinical Practitioners (ACPs) have delivered a session on Dementia, Delirium and Depression which recognises the symptoms, presentation and challenges and supports staff to overcome those barriers through increased education and awareness.

An aspect of our commitment is working on our physical environments and we have accessed Dementia appropriate equipment that prompts senses and reminiscence for patients, such as REM pods and sensory groups for patients and created sensory rooms for both wards. We have attended community Dementia cafés and hope in the next 12 months to have one set up within our hospital as it is recognised that our patients, carers and families travel at times to access our wards, due to the geography of LSCft. Ensuring our wards look and feel homely, with specific signage, information boards and different rooms for people to engage in activities.

Embedding the 'Triangle of Care' work across the both wards has been a big focus for us over the past 6-12 months. Ensuring that patients and carers have a voice from the beginning by collecting feedback, revising our patient welcome books in line with dementia research and also sending out carers packs and letters on admission have supported us to get communication lines open from the day of admission.

To support our patients, we have worked hard on recruitment and liaising with our volunteer services to obtain 'dining buddies' for both wards to support patients at times that can be challenging when in hospital. In addition, we now have people with lived experience supporting interviews for our wards and within our teams as peer support workers.

Physical health care, especially falls management is a large aspect of our patient safety improvement agenda within our inpatient setting. Research shows that taking someone out of their environment can be a trigger for physical decline and due to the nature of their illness and cognitive decline, falls can be common.

Bronte and Wordsworth have committed to the 'trust wide falls reduction improvement collaborative' over the past 2 years and have developed and trialed some great initiatives as tests of change which has resulted in fewer falls and importantly lower harm. Some of the main initiatives we are proud of are the 'slippers store', 'postural hypertension', 'oxevision' and 'exercise and movement' groups.

Following our working with other professionals, especially physiotherapists, we found footwear typically unsuitable and now offer a service in which if appropriate footwear cannot be accessed, we complete a referral form and a pair of slippers can be provided to a patient until a permanent solution can be sourced. This gives patients stable and suitable footwear to use from admission.

Staff education around what causes postural hypertension and how they can support patients with this diagnosis has helped earlier detection and confidence of staff to carry out this assessment at the earliest opportunity. By creating a support tool that is attached to our physical observation equipment for guide and reference for both patients and staff carrying out the task, this is now used trust wide.

It was recognised that a proportion of our patients can have weakness or problems with muscle strength due to various different reasons, so increasing movement before meal times and at regular intervals in the day, increases their strength.

Oxevision has been installed in our wards since June 2023, after carefully planning, education and a Standard Operating Procedure being created. This system now gives up the knowledge and extra information from our patients to understand what occurs before and after those falls for patients that otherwise would be unwitnessed. With this

information, we are able to better create risk assessments to reduce patient falls and promote things such as sleep hygiene and basic but vital physical observations of patients that otherwise would not engage.

An opportunity for improvement within older adults has been our engagement with the Royal College of Psychiatrists Quality Network for Older Adults Mental Health Services (QNOAMHS). We have attended their annual function, had the opportunity to network with people of different services across the country and build a bigger resource and support network to bring back ideas for our own wards and share good practice. Through this, the Matrons have been asked to join as panel members and to assess and support others services alike.

Following our Care Quality Commission (CQC) self-assessments, QNOAMHS standards and our own ward improvement plans, both wards achieved 'Gold' in our service accreditation assessment and are striving for 'platinum' status.

Does the information submitted include any exempt information? No

3.0 Conclusion

3.1 This paper gives an overview of older adult service including dementia services within the Fylde Coast Network in LSCft and demonstrates the range of person centred services along with new improvements and innovation and current performance data. Areas of strengths are clear through the report in addition to challenges, which we are addressing with system partners.

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

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Mark Brearley, Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust
Date of meeting:	16 November 2023

BLACKPOOL TEACHING HOSPITALS NATIONAL HEALTH SERVICE (NHS) Foundation Trust (FT) FINANCE REPORT.

1.0 Purpose of the report

1.1 To present to the Committee the Blackpool Teaching Hospitals National Health Service (NHS) FT Finance Report.

2.0 Recommendation(s)

2.1 To note the contents of this Report, Presentation attached and a broader sector context presentation to be circulated before the meeting.

3.0 Reason for recommendation(s)

3.1 Request for information from the Trust's perspective.

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 N/A

5.0 Council priority

5.1 The relevant Council priority is:

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

6.0 Background and key information

- 6.1 Blackpool Teaching Hospitals NHS Foundation Trust has an agreed financial plan to deliver a deficit of £24.3M, as part of a three-year objective of achieving recurrent financial balance. This means living within the resources available to us from 2026/27 and beyond.
- 6.2 Attached to this report is the financial report to the Board of Directors for the six months to 30 September 2023. This report shows the current financial position of the Trust and the in-year financial status across the main financial statements.
- 6.3 The report indicates that the Trust is broadly delivering its financial plan. In the meeting I can answer any points of clarification and provide a wider NHS context.
- 6.4 At the meeting I will take Members through this report and provide an additional presentation to answer the broader questions in the title to this report. This additional presentation will be available to Members of the Committee in advance of the Meeting.
- 6.5 Does the information submitted include any exempt information? No

7.0 List of appendices

- 7.1 Appendix 7a - Blackpool Teaching Hospitals NHS FT Finance Report.

8.0 Financial considerations

- 8.1 N/A

9.0 Legal considerations

- 9.1 N/A

10.0 Risk management considerations

- 10.1 N/A

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

- 11.1 N/A

12.0 Sustainability, climate change and environmental considerations

- 12.1 N/A

13.0 Internal/external consultation undertaken

13.1 N/A – briefing and information provision

14.0 Background papers

14.1 None

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Financial Performance

Reporting Period – September 2023



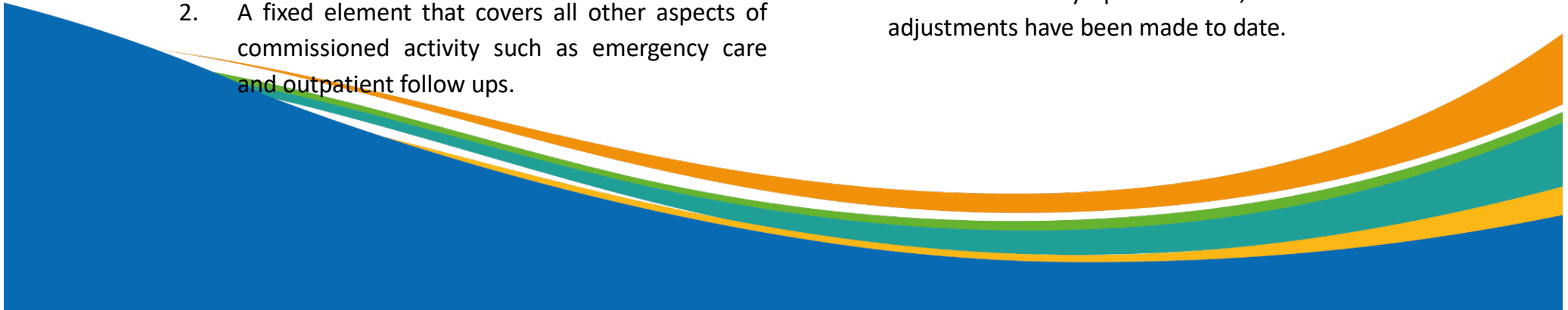
September 2023 I&E

- The Trust's bottom-line I&E performance year to date at 30th September 2023 is a £30.3m Deficit, which is £0.1m better than plan.
- In delivering the monthly plan, the Trust has covered the July to September proportion of the System Financial Stretch (£17m), which has been phased equally from July to March 2024.

Income and Activity

- For 2023/24 the Trust is operating under an Aligned Payment & Incentive (API) contract with Lancashire & South Cumbria (L&SC) ICB and NHSE Specialised Commissioning. API contracts have two elements:
 1. A variable element that covers elective activity, diagnostics and high-cost drugs & devices.
 2. A fixed element that covers all other aspects of commissioned activity such as emergency care and outpatient follow ups.

- Emergency admissions are 9% ahead of plan with A&E attendances 5% ahead. Increased admissions in general medicine, general surgery and gynaecology are driving this over-performance.
- Income generation for the Trust at the 30th September 2023 is (£1.7m) behind plan. Key drivers of this include non-delivery of the System Gap funding (£1.9m) and lower than planned income & expenditure against services funded through FCUs (£1.8m).
- These are partially offset by increased education & training and R&D funding (£0.9m), income relating to donated assets (£0.6m) and higher than planned safeguarding income (£0.4m).
- The Trust is working closely with the ICB to monitor elective recovery performance, but no financial adjustments have been made to date.



Expenditure

- Year to date at 30th September 2023 operating expenditure is £1.2m better than plan. The key drivers of the variances are predominantly:
 - Bank and agency pay costs are higher than budgeted levels to cover vacancies and are partially offset by an underspend on substantive staff (£1.9m);
 - 2023/24 Agenda for Change pay award pressure (£0.3m);
 - Drugs pressure - in tariff drugs and overperformance on excluded drugs on block contracts (£0.9m);
 - Lower than planned costs relating to commissioner funded services outside of the main contracts £1.8m;
 - A number of non-pay underspends that are contributing to the position.

- The Trust has implemented the following to strengthen financial controls:
 - Temporary Agency Control Group;
 - Vacancy & Spend Control Panel;
 - Fortnightly QEP meetings;
 - Lower Scheme of Delegation limits;
 - A weekly agency medical staff deployment scrutiny meeting.

Non-Operating Income & Expenditure

- Year to date at 30th September 2023 non-operating income and expenditure is £0.6m better than plan. The main reasons for this are an increase in finance income of £1.2m following the Bank of England raising interest rates to 5.14% offset by an adjustment for donated assets income of (£0.5m).



Performance against agency cap

- There is a system agency ceiling of 3.7%. If this was applied to the Trust, it would equate to £8.3m so the YTD position is £12.6m higher than the indicative agency ceiling.
- The agency spend incurred relates to cover for vacancies, sickness and escalation.
- As part of QEP and Financial Recovery delivery a number of schemes are being developed to reduce the level of agency spend e.g. reduction of nursing agency rates in line with ICB rates.
- A weekly scrutiny meeting is in place to monitor the active assignments. In the table below medical and nursing agency expenditure is showing a run rate reduction.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Normalised Medical Agency Expenditure	2.2	2.6	2.4	2.1	2.8	3.0	2.6	2.3	2.2	2.1	2.1	1.9
Normalised Nursing Agency Expenditure	1.4	1.5	1.5	1.0	1.5	1.9	1.5	1.2	1.3	1.0	1.0	1.0

Cash

- The Trust's cash balance at 30th September 2023 was £7.0m, a decrease of £9.5m from August 2023 and £4.8m higher than plan. The downward trend in the cash balance is mainly driven by the increased operating deficit, decreased trade and other payables, decreased deferred income, increased capital expenditure, loan repayments, increased interest payments, increased lease capital and interest payments, and PDC repayment. This is offset by depreciation, decreased receivables, decreased inventories, increased interest receipts, and increased PDC received due to phasing of capital projects.

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Plan	32.8	22.4	17.0	11.0	8.7	2.2	2.2	4.9	5.5	7.2	7.6	8.4
Actual	34.5	31.1	24.1	13.3	16.5	7.0						
Variance	1.7	8.7	7.1	2.3	7.8	4.8						

- In month the Trust has paid 96% of suppliers by value and 96% by volume against the better payment practice code (BPPC) target of 95%.

Cash continued

- Liquidity continues to be a risk with the Trust annual plan and revenue support will be required in Q3 to maintain minimum cash balances. This is being kept under close scrutiny.
- The Cash Management Group meet on a fortnightly basis to review cash forecasts, cash KPIs, levels of aged debt, levels of accrued income and details of prepayments to ensure cash balances are maximised.

Capital

- The total capital programme expenditure at the end of September 2023 is £7.0m which is £5.8m behind plan due to the delayed approval of the 23/24 capital plan.

- The Capital Strategy Group has supported a request to fund an Ultrasound and ECG machine for business critical reasons. The total value of these machines is £257k which will be funded from the contingency fund and slippage.
- The F&P Committee is requested to approve the proposed change to the capital programme.
- A further £574k has been awarded to the Trust in October 2023 in relation to the RAAC Removal programme. In addition, the Trust has rephased £6.86m of the EPR frontline digitalisation programme to 24/25. This reduces the Trust capital programme for 23/24 to £36.1m.
- Spend incurred to September is against:
 - £2.6m Emergency Village & Critical Care;
 - £1.3m ICT licence renewals and project staffing;
 - £2.9m Estates development schemes;
 - £0.2m Charity Donated assets.

Finance Ratios

- Operating Deficit: Income percentage year to date at September 2023 is (8.7%) which is 0.2% worse than planned levels.
- The year to date agency to total pay ratio is 9.4%, which is 5.5% above the budgeted ratio. NHSE have set a target for systems in 2023/24 to remain within 3.7% of the overall system pay bill.

QEP and Financial Recovery

- Year to date at September the Trust has delivered £15.6m of savings which is £0.7m higher than the QEP and Financial Recovery targets.
- It should be noted that the profile of the targets is weighted towards the period 1st October 2023 to 31st March 2024.



Month 6 September 2023

Statement of Comprehensive Income

	September 23				Year to Date at September 23			
	Budget £m	Actual £m	Variance £m	Variance %	Budget £m	Actual £m	Variance £m	Variance %
NHS Clinical Income	52.2	50.0	(2.2)	-4%	299.4	296.5	(2.9)	-1%
Non NHS Clinical Income	2.1	0.4	(1.7)	-82%	2.9	2.4	(0.4)	-15%
Other Operating Income	2.3	2.3	0.1	4%	12.8	14.5	1.7	13%
Total Operating Income	56.6	52.7	(3.9)	-7%	315.1	313.4	(1.7)	-1%
I&E (TOTAL)								
Pay Costs (excluding agency)	(37.3)	(34.3)	3.0	-8%	(210.4)	(202.1)	8.3	-4%
Pay Costs - Agency	(0.7)	(3.0)	(2.3)	321%	(8.4)	(20.9)	(12.5)	149%
Non Pay	(20.6)	(17.5)	3.1	-15%	(123.1)	(117.7)	5.4	-4%
Total Operating Expenditure	(58.6)	(54.8)	3.8	-7%	(341.9)	(340.7)	1.2	0%
Operating Surplus / (Deficit)	(2.0)	(2.1)	(0.0)	2%	(26.8)	(27.3)	(0.4)	2%
Non Operating	(0.6)	(0.5)	0.1	-22%	(3.8)	(2.6)	1.2	-30%
Adj for Depreciation on Donated & Granted Assets	0.0	0.0	(0.0)	-3%	0.2	(0.4)	(0.6)	-324%
Adjusted Financial Performance Surplus / (Deficit)	(2.6)	(2.5)	0.1	-4%	(30.4)	(30.3)	0.1	0%

RATIOS

Agency : Total Pay	1.87%	8.02%	6.15%	3.84%	9.38%	5.54%
Operating Deficit : Income	-3.57%	-3.91%	-0.34%	-8.51%	-8.70%	-0.19%
Net Deficit : Total Income	-4.66%	-4.81%	-0.15%	-9.66%	-9.67%	0.00%

Phasing of 23/24 Income & Expenditure Plan across the financial year

- In order to deliver a full year planned deficit of £24.3m, the in-month financial plan shows a reduced monthly deficit from Q2 moving to an in month surplus position towards the end of the year.
- This is predominantly due to the phasing of the QEP, financial recovery plans and system funding gap. The QEP and Financial Recovery phasing is shown later in the report.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	23/24 Total
In month Surplus / (Deficit)	(6.3)	(7.5)	(6.8)	(3.7)	(3.4)	(2.6)	(0.7)	(0.1)	1.2	(0.7)	3.2	3.3	(24.3)
Cumulative Surplus / (Deficit)	(6.3)	(13.8)	(20.6)	(24.3)	(27.7)	(30.3)	(31.0)	(31.2)	(29.9)	(30.7)	(27.5)	(24.3)	(24.3)



Statement of Financial Position September 2023

Statement of Financial Position as at 30th September 2023	Audited Position as at 31/03/23 £000	Actual Position as at 31/08/2023 £000	Actual Position as at 30/09/2023 £000	Monthly Movement £000	Forecast Position as at 31/03/24 £000
NON-CURRENT ASSETS					
Intangible Assets	9,845	8,714	8,474	(240)	23,277
Property, Plant and Equipment	303,427	299,882	299,111	(771)	308,702
Trade and Other Receivables, non-current	2,230	2,329	2,312	(17)	2,230
Total Non-Current Assets	315,502	310,925	309,897	(1,028)	334,209
CURRENT ASSETS					
Inventories	8,793	10,098	9,662	(436)	8,793
Trade and Other Receivables, current	34,150	21,529	20,011	(1,518)	40,244
Cash and Cash Equivalents	47,821	16,524	7,055	(9,469)	8,445
Total Current Assets	90,764	48,151	36,728	(11,423)	57,482
Total Assets	406,266	359,076	346,625	(12,451)	391,691
CURRENT LIABILITIES					
Trade and Other Payables	(110,220)	(88,337)	(79,441)	8,896	(100,259)
Other Liabilities	(9,906)	(13,902)	(13,675)	227	(9,906)
Borrowings, current	(9,214)	(8,954)	(8,212)	742	(9,163)
Provisions	(1,540)	(1,028)	(1,043)	(15)	(1,190)
Total Current Liabilities	(130,880)	(112,221)	(102,371)	9,850	(120,518)
TOTAL ASSETS LESS CURRENT LIABILITIES	275,386	246,855	244,254	(2,601)	271,173
NON-CURRENT LIABILITIES					
Trade and Other Payables	(1,657)	(1,657)	(1,657)	0	(1,657)
Borrowings, non-current	(71,482)	(68,896)	(67,912)	984	(62,399)
Provisions	(2,920)	(2,920)	(2,920)	0	(2,920)
Total Non Current Liabilities	(76,059)	(73,473)	(72,489)	984	(66,976)
TOTAL ASSETS EMPLOYED	199,327	173,382	171,765	(1,617)	204,197
TAXPAYERS' EQUITY					
Public dividend capital	309,412	310,775	311,721	946	339,049
Revaluation Reserve	20,380	20,232	20,232	0	20,380
Income and Expenditure Reserve	(130,465)	(157,625)	(160,188)	(2,563)	(155,232)
TOTAL TAXPAYERS' EQUITY	199,327	173,382	171,765	(1,617)	204,197

The Statement of Financial Position at 30th September 2023 is presented opposite and the reasons for the significant movements in month are highlighted below:

Non-Current Assets

- Property, Plant & Equipment (PPE); movement relates to depreciation; amortisation and in-year additions (see capital note for further information).

Working Capital

- Inventories; £0.4m reduction due to additional 6 month stock count undertaken.
- Trade & Other Receivables; £1.7m increase in invoiced debt, £0.2m increase in VAT, offset by £1.3m reduction in accrued income, £1.4m reduction in prepayments, and £0.7m reduction in PDC receivable due to 2022/23 year-end outstanding debtor being settled as part of the PDC payment made in month 6.
- Trade & Other Payables; £0.8m decreased invoiced payments, £6.3m decrease in accruals, £2.7m PDC dividend paid and £0.1m reduction in receipts in advance. This is offset by £1.1m increase in social security and other taxes costs.
- Other Liabilities; £0.2m reduction in deferred income.

Taxpayers Equity

- Income & Expenditure Reserve movement of £2.6m in month and £29.7m YTD being the adjusted financial performance.

Statement of Financial Position: Working Capital

Aged Debt (Sales Ledger)

Key Performance Indicators - 30 September 2023				
Debtor/Creditor Days	Target	Sep-21	Sep-22	Sep-23
Debtor Days	30	18	19	14
Creditor Days	30	121	172	141
BPPC (Cumulative)	Target	Sep-21	Sep-22	Sep-23
Value	95%	78%	93%	96%
Volume	95%	85%	92%	96%
Aged Debt	Target	Sep-21	Sep-22	Sep-23
	£000's	£000's	£000's	£000's
Current less than 30 Days		2,708	2,968	3,824
30 - 60 Days		1,139	545	1,885
60 - 90 Days		124	456	1,357
Over 90 Days	< 5%	2,326	1,605	2,940
Total		6,297	5,574	10,006
% Over 90 Days		37%	29%	29%
Liquidity	Target	Sep-21	Sep-22	Sep-23
Current ratio	> 1	0.78	0.67	0.36

- In the month the number of outstanding invoices has increased by 28 from 859 to 887 and the value of debt has increased by £1.4m from £8.6m to £10.0m.
- Debtors aged 0-30 days has increased by £0.5m, debtors aged 31 to 60 days has increased by £0.1m, debtors aged 61-90 days has decreased by £0.1m. Debtors aged over 90 days has increased by £0.9m mainly due to amounts outstanding with the Lancashire and South Cumbria ICB, £2.2m has however now been paid in October relating to existing aged debt over 90 days.

The key over 90 day receivables are set out below:

Debt > 90 Days - 30th September 2023			
Reason	Current Mont	Prior Month	Movement
	£'000s	£'000s	
NHS Debt	2,173	1,395	778
Non-NHS Debt	300	192	108
Salary Overpayment	78	85	7
Private & Overseas Patients	374	372	2
Council Debt	-	0	0
Welsh / Irish / Scottish Debt	15	22	7
Total	2,940	2,066	874

The Trust's BPPC performance by value and volume are both above the target of 95%.

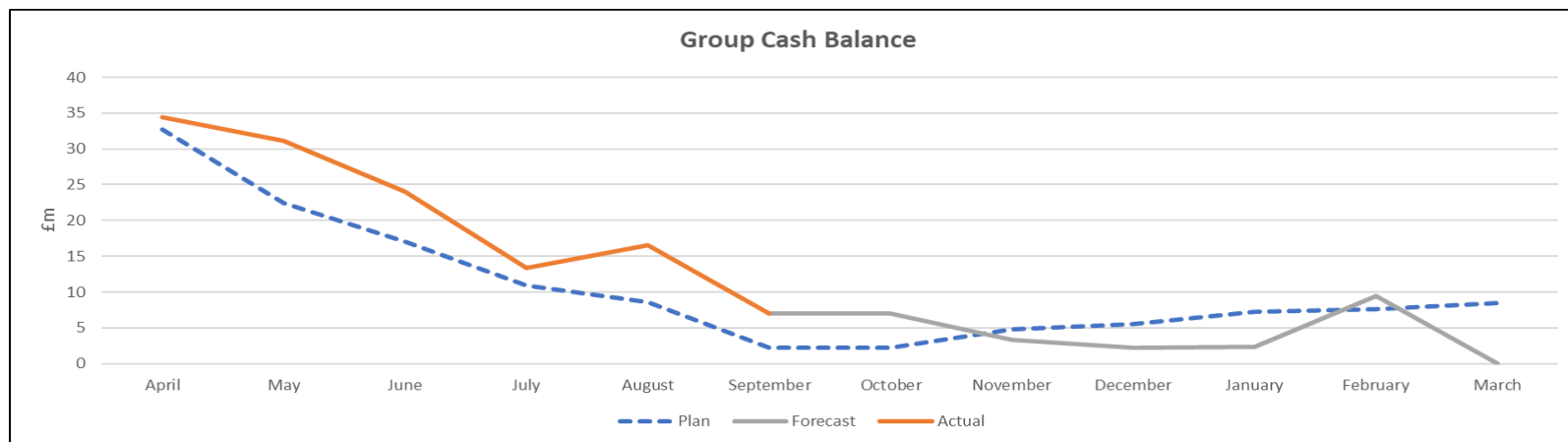
With ongoing management, we expect to maintain 95% compliance during 2023-24.

Statement of Financial Position: Working Capital continued

- Private patients are provided with an advance price and asked for advance payment or proof of insurance cover. Overseas & private patient debt is chased by an internal specialist team.
- NHS debt is predominantly due from local providers £0.6m and L&SC ICB £1.5m. The team continue to chase heads of services at counterparties to resolve disputes and non-payment.
- Non-NHS debt mainly relates to relates R&D, Occupational Health and rent and the team continue to chase.



Cashflow Forecast



- The cash balance to the end of September 2023 of £7.0m is a decrease of £9.5m from £16.5m in August, and £4.8m ahead of planned levels. The downward trend in the cash balance is mainly driven by the increased operating deficit, decreased trade and other payables, decreased deferred income, increased capital expenditure, loan repayments, increased interest payments, increased lease capital and interest payments, and PDC repayment. This is offset by depreciation, decreased receivables, decreased inventories, increased interest receipts, and increased PDC received due to phasing of capital projects.
- The 2023/24 Cash Plan assumes Provider Revenue Support PDC in September of £1.1m and October of £2.5m to maintain the required minimum cash balance level. In the intervening period since the plan was submitted, the cash position in the first six months has improved marginally meaning that support has not been required in Q2.
- Liquidity continues to be a risk with the Trust annual plan and revenue support will be required in Q3 to maintain minimum cash balances. This is being kept under close scrutiny.
- The Trust achieving its financial position and planning assumptions including both the QEP & financial recovery targets is critical to minimising the level of revenue support which will be required in 2023/24.
- Close monitoring will also be required to ensure both Trust & Atlas maintain adequate cash balances.
- The Trust made an application in September for cash support in Q3, £0.8m in November 2023 and £6.4m in December.

QEP and Financial Recovery

The Trust is reporting delivery in line with plan against the 5.5% QEP target at the end of September 2023. This is due to an over-delivery in Clinical Support, Tertiary and Corporate divisions offset by under-delivery in IMPF, SACCT and FICC divisions.

The financial recovery programme is £0.7m ahead of plan due to savings delivering earlier than planned.

	Month 6			YTD Month 6		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Recurrent 5.5% QEP	3.0	1.9	(1.1)	10.3	6.8	(3.5)
Non-Recurrent 5.5% QEP	0.5	1.5	1.0	2.4	5.9	3.5
Financial Recovery	0.5	0.1	(0.3)	2.2	2.9	0.7
Total	4.0	3.5	(0.4)	14.9	15.6	0.7

Phasing of 23/24 QEP & Financial Recovery Measures in the Plan

As indicated in the summary, the savings plan is weighted to the latter half of the year.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	23/24 Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
QEP	0.4	0.9	2.1	2.7	3.2	3.5	4.0	4.1	4.0	4.2	4.1	4.5	37.7
Financial recovery	0.2	0.1	0.3	0.5	0.5	0.5	2.8	2.9	2.9	2.8	2.9	3.0	19.5
Total	0.6	1.0	2.4	3.2	3.7	4.0	6.8	7.0	6.9	7.0	7.0	7.5	57.2
Cumulative Total	0.6	1.6	4.0	7.2	10.9	14.9	21.7	28.7	35.6	42.6	49.6	57.2	57.2

QEP and Financial Recovery continued

Division	Targets				Divisionally Generated Savings (YTD Delivery)				
	Divisional QEP £000	Trust Specific QEP £000	Financial Recovery £000	Total £000	Target £000	Recurrent £000	Non-Recurrent £000	Total £000	Variance £000
Clinical Divisions									
Clinical Support	3,070	785	700	4,555	1,039	888	302	1,190	152
Families & Integrated Community Care	4,010	-250	500	4,260	1,031	471	510	981	-50
Integrated Medicine & Patient Flow	4,991	9,775	300	15,066	1,689	280	65	346	-1,343
Surgery, Anaesthetics, Critical Care & Theatres	3,716	3,575	2,500	9,791	1,257	634	247	881	-376
Tertiary Services	3,203	856	1,000	5,059	1,083	911	315	1,227	143
Corporate Divisions									
Chief Executive	130	22	22	174	52	76	0	76	24
Chief Operating Officer	184	30	38	252	72	72	0	72	0
Clinical Governance	367	58	69	494	144	43	53	96	-48
Communications	16	2	4	22	6	0	13	13	6
Corporate Governance	47	7	5	59	18	27	0	27	9
Finance	238	37	36	311	93	275	0	275	182
FM & Emergency Planning	631	100	79	810	247	214	33	247	0
Medical Director	32	5	8	45	13	13	0	13	0
Medical Education	186	29	35	250	73	73	0	73	0
People & Culture	430	174	61	665	204	165	39	204	-0
Planning, Transformation, Strategy & Digital (Other)	75	12	11	98	30	43	0	43	14
Planning, Transformation, Strategy & Digital (ICT)	711	112	108	931	279	201	73	274	-5
Research & Development	114	18	22	154	45	15	30	45	0
Trust Specific	0	0	7,000	7,000	0	0	0	0	0
Other Divisions									
Other Divisions	0	163	7,000	7,163	5,368	2,426	4,227	6,653	1,284
Grand Total	22,151	15,510	19,498	57,160	12,742	6,828	5,907	12,735	-7

Forecast

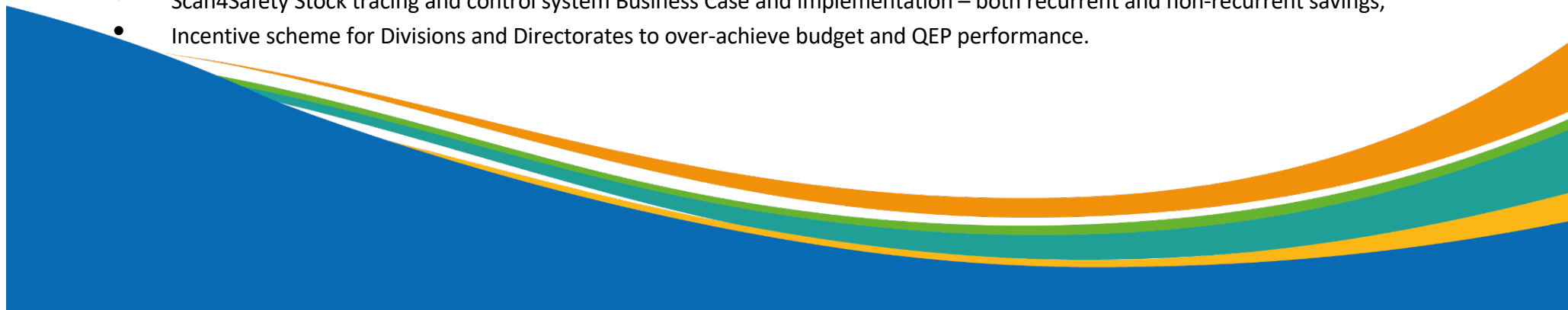
	M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	M6 £m	M7 £m	M8 £m	M9 £m	M10 £m	M11 £m	M12 £m	2023/24 Total £m
Plan Surplus / (Deficit)	(6.3)	(7.5)	(6.8)	(3.7)	(3.4)	(2.6)	(0.7)	(0.1)	1.2	(0.7)	3.2	3.3	(24.3)
Actual / Forecast Surplus / (Deficit)	(6.3)	(7.5)	(6.8)	(3.7)	(3.4)	(2.6)	(0.7)	(0.1)	1.2	(0.7)	3.2	3.3	(24.3)
Variance to Plan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

At September 2023 the forecast is a £24.3m deficit which is in line with the planned deficit. The assumptions made are as follows:

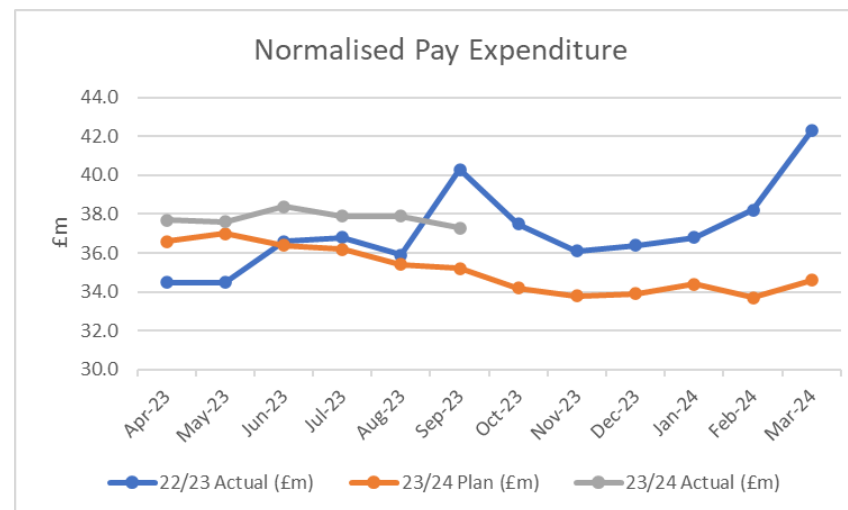
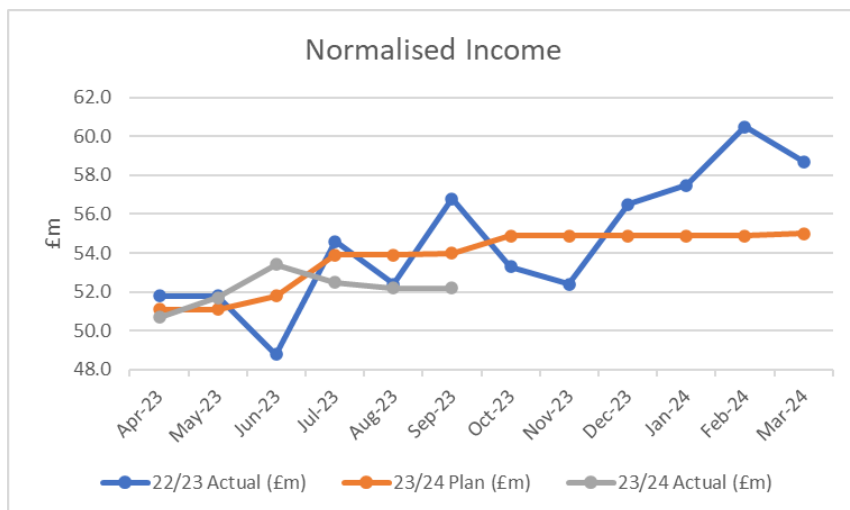
- The system stretch target £17.7m is delivered;
- The Trust Specific QEP and Financial Recovery targets are delivered or mitigated;
- Winter related activity is either system funded or managed within internal resources;
- Divisional operational pressures and risks will be managed or mitigated.

Additional mitigations currently being assessed to assist with keeping the Trust on Plan are:

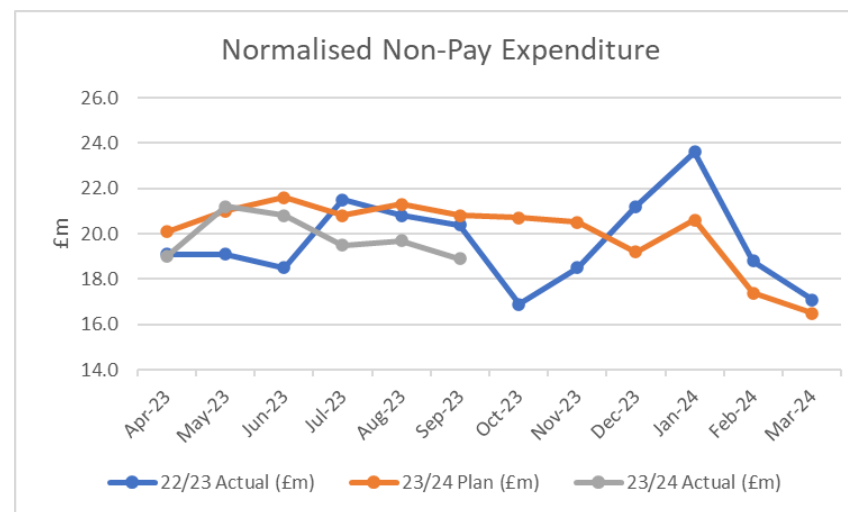
- Further Pay controls – vacancy control and flexible pay;
- Additional non-pay expenditure controls;
- Opportunities to improve PbR income levels through additional work for Commissioners;
- Scan4Safety Stock tracing and control system Business Case and implementation – both recurrent and non-recurrent savings;
- Incentive scheme for Divisions and Directorates to over-achieve budget and QEP performance.



Run Rate



For comparison purposes, the 22/23 actuals in the run rate graphs have been normalised to remove 22/23 non recurrent income and expenditure and uplifted to 23/24 prices.



Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services
Date of meeting:	16th November 2023

COUNCIL PLAN PERFORMANCE SUMMARY

1.0 Purpose of the report

1.1 To present performance against the Council Plan key performance indicators (KPIs) relevant to the remit of this Committee.

2.0 Recommendation(s)

2.1 The Committee is asked to consider the content of the report and highlight any areas for further consideration.

3.0 Reason for recommendation(s)

3.1 To ensure constructive and robust scrutiny of performance against the Council Plan.

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 N/A

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 Performance against the Council Plan headline KPIs has previously been reported to the Scrutiny Leadership Board. At the Scrutiny Leadership Board meeting on 11th July 2023, the Board agreed that going forward Council Plan performance data should be

presented to the individual Committees to ensure that service managers were present to answer questions on performance and that data could be cross-checked with the narrative being presented to the Committees.

6.2 This report includes performance against the following KPIs which will be reported to the Committee on an annual basis:

- Proportion of providers registered with CQC in Blackpool rated good or better.
- Percentage of long-term service users with an annual review.
- Overall satisfaction of people with the care and support services they receive.

6.3 Benchmarking data has been included where available to provide additional context for the Council's performance.

6.4 Does the information submitted include any exempt information? No

7.0 List of appendices

7.1 Appendix 8a – CP Performance Summary

8.0 Financial considerations

8.1 N/A

9.0 Legal considerations

9.1 N/A

10.0 Risk management considerations

10.1 N/A

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

11.1 N/A

12.0 Sustainability, climate change and environmental considerations

12.1 N/A

13.0 Internal/external consultation undertaken

13.1 N/A

14.0 Background papers

14.1 N/A

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Appendix 9a – Council Plan Performance Summary

Priority: Our Communities – Creating stronger communities and increasing resilience

THEME - People who need social care in Blackpool will receive an assessment in good time, have access to support from a range of good quality providers and they will have a regular review of their needs

Indicator	Outturn 2022/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Outturn 2023/24	DoT	Target	DoT
							Previous Performance		Against Target
Proportion of providers registered with CQC in Blackpool rated good or better	83.52%	85.39%	84.27%				↓	<i>No target set</i>	N/A
Percentage of long-term service users with an annual review	59.4%	54.1%	51.7%				↓ ✖	<i>No target set</i>	N/A
Overall satisfaction of people with the care and support services they receive	71.7% (2021)	72% (2022)	A	A	A	72% (2022)	↑ ✓	<i>No target set</i>	N/A

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Commentary:

- The proportion of providers of residential and domiciliary care in Blackpool which are registered with CQC and rated good or better was 83.52% at the end of 2022/23 (76 out of 91 registered providers). This is in line with the proportion of providers rated good or better at a regional (84.45%) and national level (83.23%) during this period. The latest available data shows that at the end of Quarter 2 2023/24, this proportion had increased to 84.27% (75 out of 89 registered providers) which is slightly above regional (84.23%) and national performance (83.19%). When compared with statistical nearest neighbours, Blackpool’s performance is similar to the median for the comparator group (85.83%). The highest performing area was Sunderland (99.02%) and the lowest was Stoke-on-Trent (77.61%).
- All providers have been challenged post pandemic. Our Quality Monitoring Team and Peer Support, together with the Health and Social Care Career Academy, are working in partnership with providers and the relevant Provider Forums to maintain and improve performance.
- The percentage of long-term service users with an annual review completed in a 12 month rolling period has continued to reduce since the year end position (59.4%). The proportion at the end of Quarter 2 2023/24 was 51.7%, which is very close to the regional average at 0.3 percentage points difference. Unscheduled reviews, when there is a change in circumstances that the council is made aware of, are being completed. Providers, people in receipt of services, and their family

Appendix 9a – Council Plan Performance Summary

members can and regularly do contact us when there is a deterioration or other change that needs our attention and we respond accordingly. We are also working to identify additional resource to carry out a concentrated period of scheduled reviews.

- The Adult Social Care Survey 2022/23 showed that 72% of people were either extremely satisfied or very satisfied with their care and support. This is an increase compared with the previous survey in 2021/22. Performance compares favourably with the regional (59.9%) and national rates (61.2%). In particular, the proportion of people who were extremely satisfied was considerably higher in Blackpool (42.3%) than the regional (27.8%) and national rates (27.7%).

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of meeting:	16 November 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 Healthy Weight 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 Healthy Weight 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 9a 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 9b 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 9a - Adult Social Care and Health Scrutiny Committee Workplan
Appendix 9b - Implementation of Recommendations/Actions
Appendix 9c – Healthy Weight 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. ICB Update to include the development of the vision and strategy (<i>Karen Smith and Karen Tordoff</i>) 2. Dementia –full report Provision of services/dementia friendly, impact of increasing diagnosis, support services on offer, long term impact of pandemic – if required a one off meeting to follow (awaiting conf on presenter : Carers Centre and LFCST) 3. 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 (<i>Mark Brearley</i>) 4. Annual KPI / Performance data (<i>Ruth Henshaw</i>)
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 (<i>Beth Martin</i>) 3. Communication / promotion of services available, More promotion of Chemists role in triage / first stop diagnosis 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. ICB update to include the development of the vision and strategy 2. Mental Health Provision for Young Men Scrutiny Review - update on the implementation of the recommendations 3. 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	<ol style="list-style-type: none"> 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 2. ICB Update 3. 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)
	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 population health management to also include long covid.
Strategy Development Work	
07/09 @6pm Teams	Sexual Health Strategy
09/10 @6pm Teams	Healthy Weight Strategy COMPLETE
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	Training will be provided by Homeless Link, Jane Donohoe. 22 nd November 5:30pm – 8pm	
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. 2. To receive a further update on the implementation of the programme in due course. 3. To receive stroke data specific to Blackpool.	March 2024	Sharon Walkden	It was agreed at the March 23 meeting of the System Finance Group to pause the year 3 funding of the business case. 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.	Not yet due
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 Feb 2024	K Smith	Added to the Work Plan for update in February within the Adult Services report	Not yet due
	28/09/23	The Committee requested that Blackpool Adult Carers Service returned in 12 months' time to provide an annual update	Approx. October 2024	Karen Smith Nigel McMurdo	Requested to attend annually to provide an update	Not yet due

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
	28/09/23	The Committee requested that NWAS returned in 12 months' time to provide an annual update	Approx. October 2024	NWAS Matt Cooper Matt Dunn Jennie Peall	Requested to attend annually to provide an update	Not yet due
	28/09/23	Blackpool Safeguarding Adults Strategy document	Feb 2024	Steve Chapman	ASCH Members requested the opportunity to input to the strategy document (separate meeting) Suggestions also to be sent to Steve Chapman direct	On-going

Healthy Weight Strategy Scrutiny Review

Present:

Councillors Hunter, Bamborough, Critchley, Roe, Thomas and Hoyle

In attendance:

Councillor Galley, Scrutiny Lead Member

Councillor Mark Smith, on behalf of Cabinet Member for Levelling Up (People)

Liz Petch, Nicky Dennison and Sharon Davis

There were no declarations of interest.

Nicky Dennison, Consultant in Public Health advised that worked had slowed on healthy weight due to the pandemic and the existing strategy was currently out of date. Obesity remained a key concern and was still prevalent in Blackpool and therefore required continued focus. It was noted that the strategy would link to a number of other strategies and a large amount of consultation had been undertaken in order to develop the strategy.

The priorities of the strategy were highlighted as:

- Supporting our children and young people develop, grow and to be a healthy weight
- Promoting healthier food and exercise choices across the town
- Help to provide food security for all Blackpool residents and enable them to manage and prepare food to provide nutritious meals cost-effectively
- Ensuring people have access to the right information and resources to make healthy choices that support effective weight management
- Promote and support active lifestyles, encourage the population to move more, including the use of public transport, cycling and walking
- Building healthier workplaces that support employees to move more, and to make healthier choices including active travel to support employees making healthier choices.

With the main outcomes identified as:

- Reduction in health inequalities that arise from being overweight and obesity
- Reduction on demand on health and social care arising from conditions/issues related to being overweight or obese
- Fewer people with longer term conditions as a result of excess weight
- Changes in the local activity and food related environment such as changes to travel, town planning etc. to address the obesogenic environment
- Improved offer of healthy food provision/options in public sector settings
- Expand the number of local businesses achieving the Healthier Catering Award
- Reduce the number of children arriving at primary school overweight or obese
- Reduce the increase of overweight and obese children from Reception to Year 6
- Increased breastfeeding rates, initiation and duration
- Increased number of babies receiving social foods at the recommended six months of age.

A number of the key actions of the strategy were discussed with the referrals to Slimming World highlighted and the uptake of the healthy start programme. It was important to shape and influence what people were eating, reduce intake of fizzy drinks and increase intake of water and milk, encourage walking to school and cycling more. Also to create healthier workplaces.

Members considered how work could be undertaken with local supermarkets to engage with them to support healthy eating, how to encourage people to cook for themselves and reduce reliance on convenience foods and educate people of all ages on the importance of healthy living. The costs of some fruits and vegetables in comparison to unhealthy snacks such as crisps and biscuits was highlighted.

The importance of ensuring people could own the strategy for themselves and ensure each service was responsible for progressing their own area of responsibility and it was noted that a Healthy Weight Strategy Group chaired by Councillor Farrell would receive regular progress updates. The strategy would also be considered by the Health and Wellbeing Board with partners energized to make an impact.

In reference to marketing, it was noted that the Government had delayed the implementation of new restrictions until at least 2025 and that marketing had a large impact on people's buying habits. Ms Dennison advised that there were local actions that could be taken such as the restriction of advertising on Council owned spaces.

Breastfeeding was also discussed as a key issue and ensuring the town was breastfeeding friendly. It was noted that data on breastfeeding rates was collected and could therefore be monitored. All partners worked together to promote breastfeeding as the best start if possible.

It was agreed that the final strategy be circulated to Members once approved and that the Levelling Up Scrutiny Committee consider the implementation of the strategy and measure its success in due course.