

Blackpool Council

30 January 2024

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, 8 February 2024 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 16 NOVEMBER 2023 (Pages 1 - 6)

To agree the minutes of the last meeting held on 16 November 2023 as a true and correct record.

4 FORWARD PLAN (Pages 7 - 12)

To consider the content of the Council's Forward Plan, February 2024 – May 2024 within the remit of the Committee.

5 ICB WORKFORCE UPDATE (Pages 13 - 24)

To provide Committee Members with a Workforce update on behalf of NHS Lancashire and South Cumbria (LSC) Integrated Care Board.

6 HEALTHWATCH UPDATE (Pages 25 - 52)

To provide an update on the work of Healthwatch Blackpool and determine how it can be used to better influence the Scrutiny Committee's workplan and how work undertaken by Healthwatch can provide an evidence source for the Committee.

7 ADULT SERVICES UPDATE (Pages 53 - 86)

To provide Scrutiny Members with an overview of the Winter Resilience arrangements for Blackpool Place and an updates on key areas of work.

8 SCRUTINY WORKPLAN (Pages 87 - 94)

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.

9 DATE OF NEXT MEETING

To note the date and time of the next meeting as Thursday, 21 March 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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Public Document Pack Agenda Item 3

MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 16 NOVEMBER 2023

Present:

Councillor Critchley (in the Chair)

Councillors

Bamborough	Hunter	Marshall
Cooper	Jackson	Mrs Scott

In Attendance:

Ms Karen Smith, Director of Adult Services, Blackpool Council and Director of Health and Care Integration (Blackpool), Lancashire and South Cumbria (ICB)

Ms Jodie Stephenson, Democratic Services Senior Advisor

Ms Karen Tordoff, Place Development and Delivery Lead (ICB).

Ms Amy Lepiorz, Associated Director Primary Care (ICB)

Mr Nick Barkworth, Senior Delivery Manager (Dentistry)

Mr Andrew Williams, Director of Operations for the Fylde Coast, Lancashire and South Cumbria NHS Foundation Trust (LSCFT)

Mr Mark Brearley, Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust

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 28 SEPTEMBER 2023

The Committee agreed that the minutes of the last meeting held on 28 September 2023 be signed by the Chairman as a true and correct record.

4 FORWARD PLAN

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

5 INTEGRATED CARE BOARD UPDATE

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

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 16 NOVEMBER 2023**

Care Integration (Blackpool), Lancashire and South Cumbria (ICB) and Ms Karen Tordoff, Place Development and Delivery Lead gave an overview of the work of the Integrated Care Board (ICB).

Members congratulated the ICB on the Active in Autumn event held in October 2023, Ms Smith advised that the event was part of a series of information sharing and promotion of service events, the next one would take place in Spring 2024.

The Committee acknowledged the development areas within the ICB, but felt that more information regarding data and performance of the ICB was required and how the new structure had impacted the general public, partners and customers. Ms Smith advised that significant dialogue with NHS England would continue and advised that she would start to analyse the reports and provide key information to the Scrutiny Committee going forward.

Ms Amy Lepiorz, Associated Director Primary Care, ICB updated the Committee on the barriers within the General Practice (GP) and Primary Care services. Access to services was the main concern raised by service users and she confirmed that 200 extra GP appointments would be available weekly in Blackpool. Monitoring and assurance visits to gain an insight into how GP and Primary Care settings operated were underway to identify local challenges.

The Committee were advised that 10% of GP appointments in Blackpool were 'Did Not Attend' and more work was underway to reduce this, including text reminders for appointments.

Members acknowledged that development of the access to service would largely depend on changes in patient behaviour and offered support within their wards to promote the service and future changes. This centred around; the impact of missed appointments, raising the profile of the new Community Pharmacy offer as first point of contact, and alternative ways to access advice and treatment.

Mr Nick Barkworth, Senior Delivery Manager (Dentistry) echoed the same challenges within the Dentistry service with regards to access to services. He highlighted that the Dentistry industry had experienced a much slower rate of recovery following Covid pandemic, patients coming back to dental services was requiring more appointments per person for their treatment, in order to deal with the deterioration in their dental health.

In addition, large national private providers had ended their contracts to supply dentistry which had reduced the numbers of Dentists available locally and nationally.

Mr Barkworth explained that the Dentistry service would use the challenging time as an opportunity to allow for real change and to develop new pathways and efficiency savings.

Both Ms Lepiorz and Mr Barkworth advised that a joint bespoke service to focus on hard to reach patients was available and proposed to hold a promotional event within the Anchorsholme Ward in an attempt to engage with local residents.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 16 NOVEMBER 2023**

The Committee agreed:

1. To note the content of the report and the progress made; and
2. To receive future updates as appropriate with regards to the impact of the changes within the ICB.

6 LIVING WITH DEMENTIA SERVICE UPDATE

Ms Karen Smith, Director of Adult Services, Blackpool Council and Director of Health and Care Integration (Blackpool), Lancashire and South Cumbria (ICB) and Mr Andrew Williams, Director of Operations for the Fylde Coast, Lancashire and South Cumbria NHS Foundation Trust (LSCFT) provided separate progress reports with regards to Dementia within their Service.

Both services highlighted the challenges with patients with high level complex and addition learning needs.

Mr Williams updated the Committee with regards to the September launch of the Initial Response Service (IRS). He explained that in addition to Health and Social Care referral pathway, referrals for older adults and those with dementia could go through IRS.

Members requested additional understanding of the how the population projective data was prepared, Ms Smith suggested that the Committee invite a representative from the Population Health Team to a future meeting.

The Harbour had two dementia wards caring for dementia patients. It had been recognised that there was a need for specialist dementia wards for patients with advanced dementia and behavioural concerns.

The Committee agreed:

1. To note the content of the report and the progress made;
2. To receive a further Dementia update in 12 months' time; and
3. To invite the Population Health Team to a future meeting, to understand how projection data is generated.

**7 BLACKPOOL TEACHING HOSPITALS NATIONAL HEALTH SERVICE FOUNDATION TRUST
FINANCE REPORT**

Mr Mark Brearley, Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust presented the Committee with a report with regards to the financial pressures and the recovery plan.

Members raised concern with regards to the cost of locum and agency staff, discussion took place in relation to what could be done to increase home grown talent and improve the career opportunities available in Blackpool. An improved training and development programme was a key area of focus for the service and investigation would take place on how to improve staff levels and retain staff locally.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 16 NOVEMBER 2023**

Discussion also took place with regards to how partnership working had an impact on budgets and risk, Mr Brearley advised that this would be more of a future issue when budgets and services become intertwined, and joint working is more established. Information regarding joint budgets would be brought to Scrutiny when appropriate.

The Committee agreed:

1. To note the contents of this report; and
2. To receive a further report on the financial pressures and progress on the recovery plan in 12 months' time.

8 COUNCIL PLAN PERFORMANCE SUMMARY

Ms Karen Smith, Director of Adult Services provided an update on the performance against the Council Plan headline key performance indicator (KPI).

People who need social care in Blackpool;

- Would receive an assessment in good time,
- Have access to support from a range of good quality providers,
- Would have a regular review of their needs.

Concern was raised regarding the lack of targets within the performance data, Ms Smith advised that the omission of targets had been a conscious decision in order to ensure that staff was striving to be as good as they could be, rather than aiming and relaxing efforts after hitting a target that was short of 100%. However, Ms Smith agreed to include aspirations into future reports.

The Committee agreed:

1. To note the content of the report; and
2. To receive additional information in future reports with regards to Blackpool's performance against other local authorities.

9 SCRUTINY WORKPLAN

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

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

10 DATE OF NEXT MEETING

The date and time of the next meeting was noted as Thursday, 8 February 2024 commencing at 6.00pm.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -
THURSDAY, 16 NOVEMBER 2023**

Chairman

(The meeting ended at 8.00 pm)

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

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Report to: **ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**

Relevant Officer: Mrs Sharon Davis, Scrutiny Manager

Date of Meeting: 8 February 2024

FORWARD PLAN

1.0 Purpose of the report:

- 1.1 The Committee to consider the content of the Council's Forward Plan February 2024 to May 2024, relating to the portfolio of the Cabinet Member for Adult Social Care and Health.

2.0 Recommendation(s):

- 2.1 Members will have the opportunity to question the relevant Cabinet Member in relation to items contained within the Forward Plan within the portfolios of the Cabinet Member for Adult Social Care and Health.
- 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
February 2024 to May 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

FEBRUARY 2024 TO MAY2024

Appendix 4a

* Denotes New Item

Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
March 2024	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	March 2024
Who is to be consulted and how	Extensive consultation with carers and representative organisations. The Adult Social Care and Health Scrutiny Committee will also be consulted.
How representations are to be made and by what date	Not Applicable
Documents to be submitted to the decision maker for consideration	Report Strategy
Name and address of responsible officer	Karen Smith - Director of Adult Services e-mail:karen.smith@blackpool.gov.uk Tel: 01253 477502

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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:	8 February 2024

NHS LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD UPDATE: WORKFORCE

1.0 Purpose of the report

- 1.1 To provide Committee Members with a Workforce update on behalf of NHS Lancashire and South Cumbria (LSC) Integrated Care Board.

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

The following report provides an overview of the continued development of the NHS Lancashire and South Cumbria Integrated Care Board (ICB), as requested at the Adult

Social Care and Health Scrutiny Committee. It provides a particular update with regards to:

- The work of the Blackpool place-based partnership focussing on workforce

6.1 Workforce within Lancashire and South Cumbria Integrated Care Board

The ICB has now been established for approximately 18 months.

With regards to workforce, this is considered on a number of levels;

- (i) The ICB workforce/ employed core teams supporting Blackpool place
- (ii) The “One workforce” – integrated and collaborative working of the Health and Care Staff across the Blackpool Place based partnership to deliver care across multiple organisations
- (iii) The potential workforce/ labour market from the population of Blackpool -particularly those in hard to reach, economically inactive or with multi deprivation factors and/ or those with caring or already volunteering within a Health and Care setting
- (iv) The LSC Workforce 5 year Strategy underpinned by a Training and Education Strategy is due for final ratification at the ICB People Board in January 2024 and underpinned by existing People Strategies across the system and in partner organisations. From a Blackpool perspective, this includes, but is not limited to Blackpool Teaching Hospital and Lancs and South Cumbria Foundation Trust.

A Blackpool workforce leaders forum will be established to oversee these areas of work.

6.2 (i) The ICB Workforce supporting Blackpool place

The ICB itself employs 702.9 WTE/ 772 headcount across 8 directorates. The functional directorates are Medical, Strategy, Commissioning and Integration, Finance and Estates, Nursing, People, Place embedded teams, Recovery and Transformation and Digital and Data.

It has two headquarter bases -Health innovation Forum in Lancaster and County Hall at Preston. In addition, there are touchdown contractual bases across LSC. Staff supporting Blackpool who are on site generally work out of Bickerstaffe House.

The ICB has recently received the delegated function of Continuing Health Care from NHS England in October 2023 including associated staff resources.

The leadership of the ICB is supported by a strong Clinical and Care Professional Leadership Framework which includes a range of clinical professionals in different Lead (CCPL) roles (35 plus) across the system or at place.

Within Blackpool there are 5 CCPL roles that have been recruited to as below:

Firstly the Clinical Care Professional Lead (CCPL) role which then line manages the following roles in Blackpool Place Based partnership.

CCPL role – Quality

CCPL Role – Cancer

CCPL Role – Mental Health (currently still being recruited to)

CCPL Role – Digital

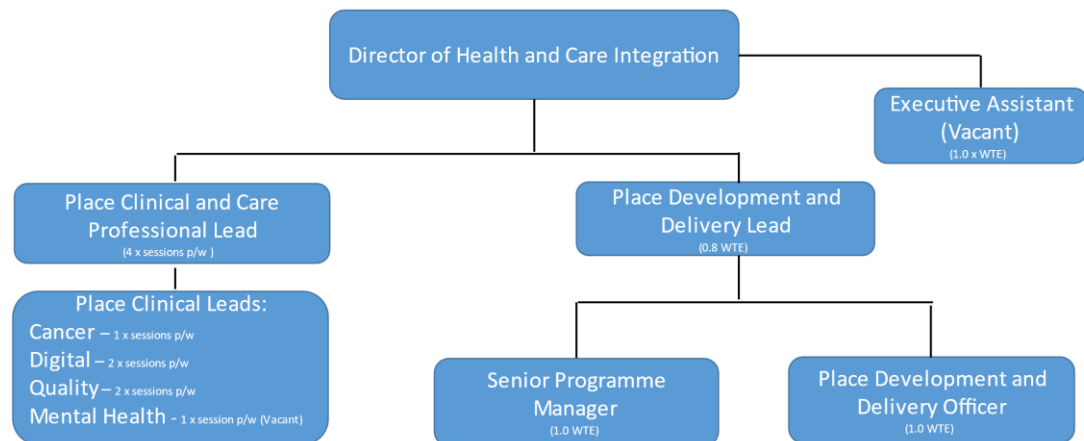
Each role is for a fixed number of sessions a week to support the areas of speciality as above providing clinical expertise, leadership and system clinical leadership at place. In addition there are a number of ICB system Clinical lead roles that work system wide.

PCN Clinical Directors and PCN Managers lead and support workforce transformational change and oversee the implementation for Additional Roles Reimbursement schemes building up Multi Disciplinaries teams within Primary Care. Primary Care also have Workforce Development Managers and one is dedicated to Blackpool.

The core Blackpool place-based team has also been recruited to as below and are dedicated resources to Blackpool place:

Blackpool Embedded Core Team Resources – ICB

January 2023



5

In addition to the above resources, staff within the directorates across the ICB support Blackpool place using a variety of staff models such as alignment, embedding, business partnering or assignment.

Blackpool place is supported by staff from the directorates of Primary Care, Population Health, Adult Health and Care, Medicines Optimisation, Commissioning, Transformation,

Primary Care, All Age Continuing Health Care, Nursing, Mental Health, Urgent Emergency and Planned Care, Strategy, Commissioning and Integration, Safeguarding, People, Finance, Engagement and Digital. This represents an additional headcount of 40 staff who contribute a proportion of their time to supporting Blackpool place.

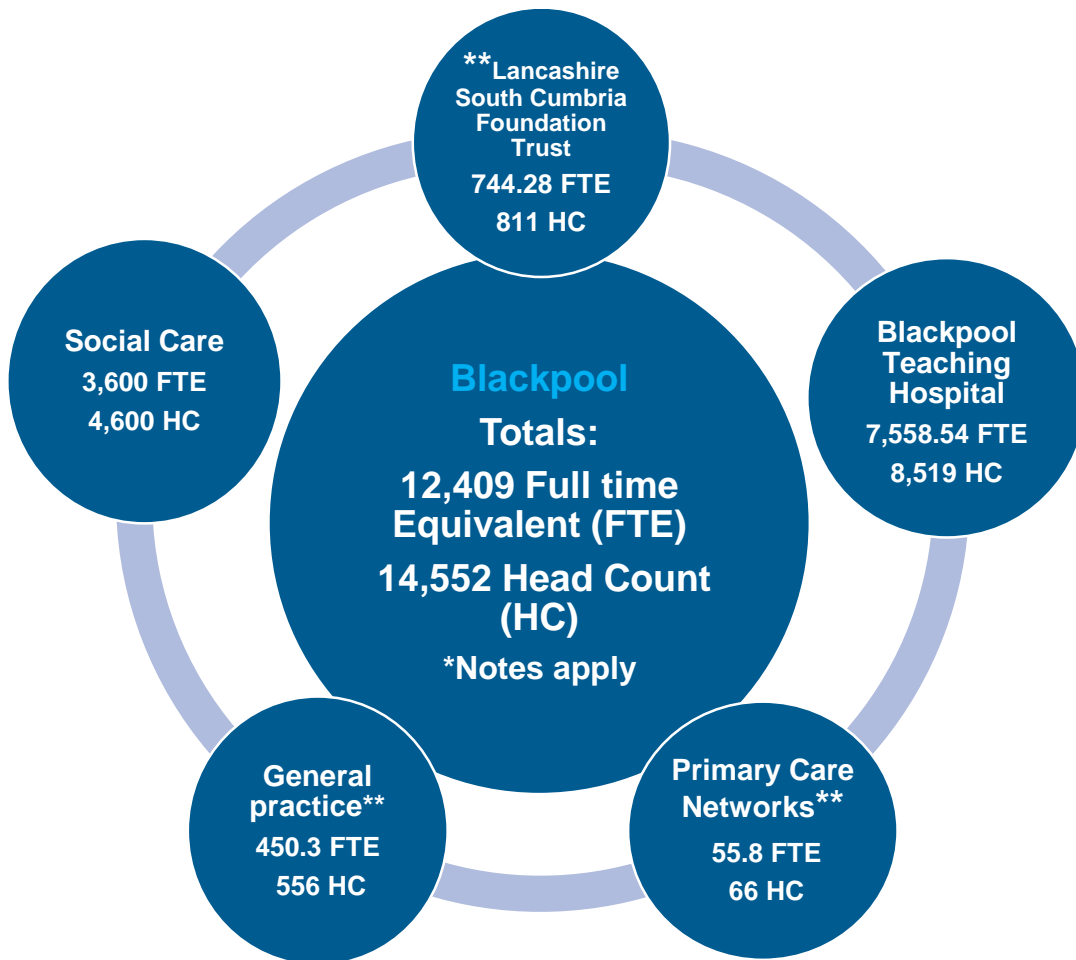
In developing this full team to support Blackpool place a development session was held in October 2023 with all staff that allocate all or some of their working time to Health and Care in Blackpool. This development day supported effective networking, Population data analysis and agreed models of working going forward; including regular huddles, shared office space, communications and further development days aligned to achieving the ambitions of Blackpool place.

The formation of the ICB from its predecessor organisations resulted in a significant journey of organisational change for many of the staff within the ICB and this has been recognised through the results of the staff survey. A supportive and positive culture at place is being built for the place-based teams.

The next development session will be held in January 2024 which focuses on the “one workforce” of Health and Care in Blackpool and how we work together for further integration and provision of quality health and care for all.

6.3 (ii) One Workforce for Health and Care in Blackpool

The below diagram represents the size and make-up of the “One Workforce within Blackpool



- The total “one workforce” for Blackpool across health and care is 12,409 FTE.
*Note: Data provided by LSC Foundation Trust shows some teams focused on Blackpool have coverage outside of the district. **Note: Data used for the analysis in this pack is taken from NHS Digital General Practice Workforce and NHS Digital Primary Care Network (PCN) Workforce – the original data extract includes Torentum PCN which have been excluded for the purposes of this document.

Table 1: One Workforce Summary by Staff groups

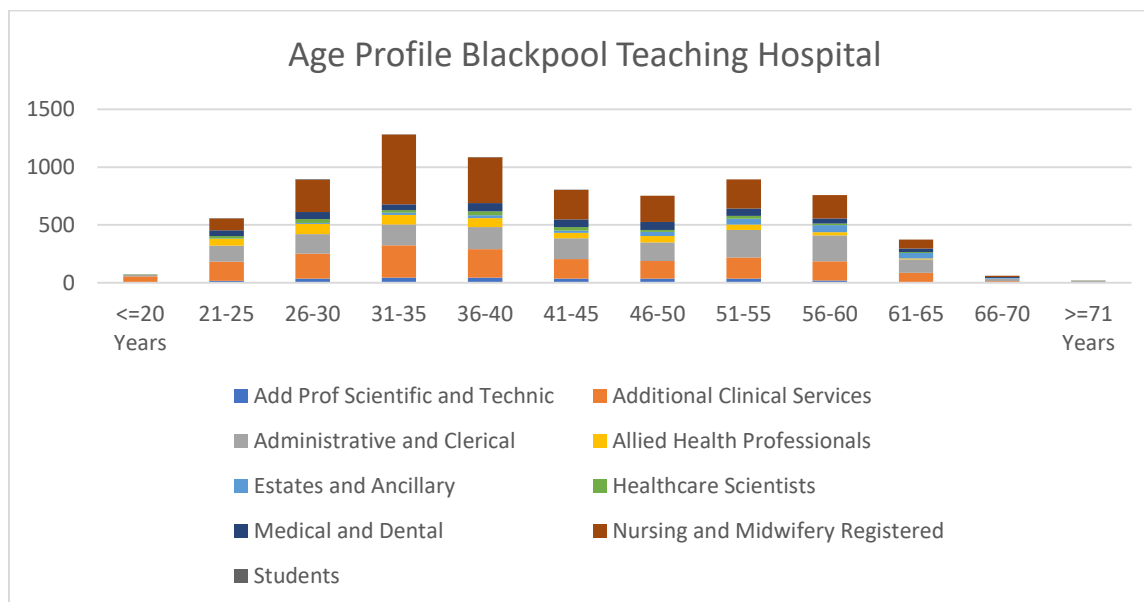
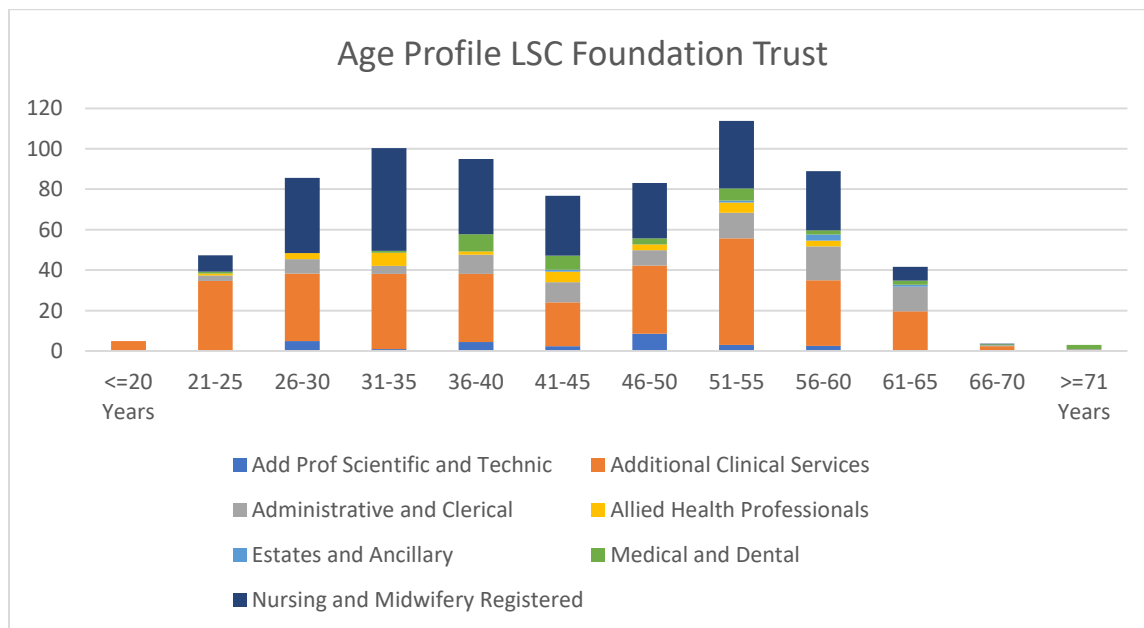
FTE by staff group	LSCFT	BTH	Social Care	General Practice	PCN
Additional clinical services	306.0	1,722.1			
Additional professional and scientific services	28.4	272.2			
Admin and clerical / non-clinical	83.0	1,657.5	325.0	229.1	6.3
Allied health professionals	28.1	492.4			
Care worker			1,900.0		
Direct patient care			125.0	58.7	47.0
Estates and ancillary	6.0	276.2			
GP				92.7	
Healthcare scientists	0.0	204.6			
Medical and dental	33.1	520.7			
Nursing and midwifery - registered	259.8	2,402.0	75.0	69.8	1.0
PCN Director					1.5
Other social care			550.0		
Senior care worker			250.0		
Senior management			50.0		
Social worker			100.0		
Support and outreach			225.0		
Totals	744.4	7,547.7	3,600.0	450.3	55.8

Sources: Skills for Care Adult Social Care Workforce Oct 23, NHS Digital General Practice Workforce Oct 23, NHS Digital PCN Workforce Oct 23, LSCFT ESR Nov 2023, BTH ESR Nov 2023.

- For both LSCFT and Blackpool Teaching Hospital (BTH) the top three staff groups are Nursing and Midwifery Registered, Additional Clinical Services and Administrative and Clerical.
- Admin/non-clinical is the largest workforce in **General Practice** representing 50% of the workforce.
- GPs make up 20%, nurses 15% and direct patient care makes up the remainder at 13%.
- Care worker is the largest staff group in **social care**, making up 73% of the entire workforce.

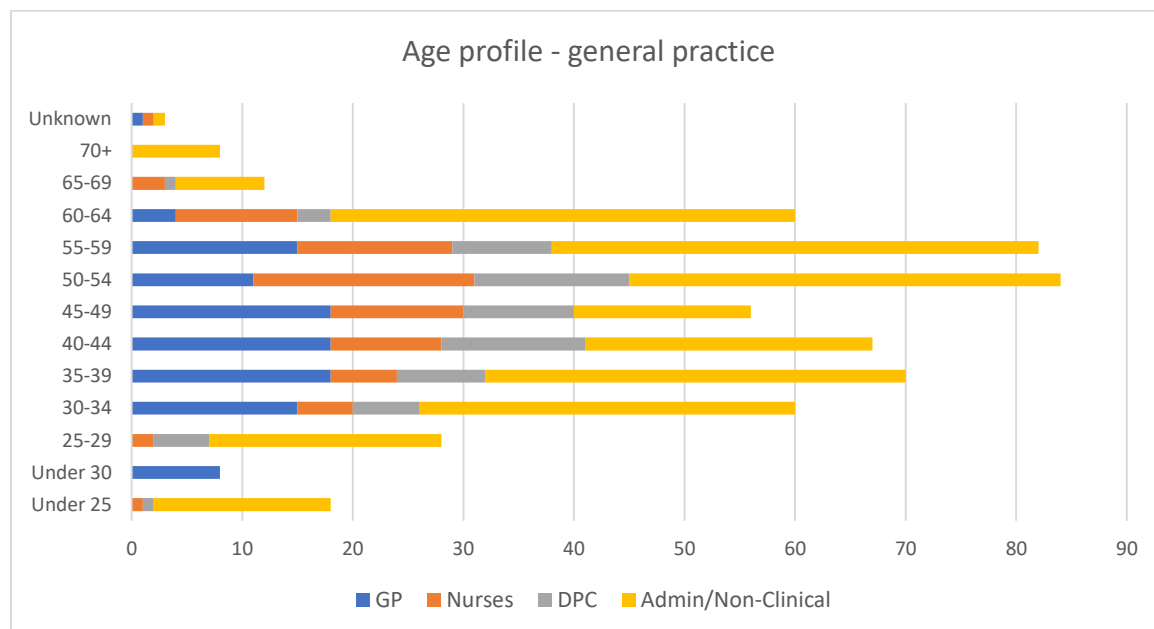
- Support and Outreach and Senior Care Worker are the next two biggest groups at 9% and 10% respectively.

The age profile of the anchor Blackpool Health Trusts is shown below, followed by the age profiles for general practice and social care.



- In the NHS trusts reported on, 28% of the workforce is aged 51 years and above.
- The staff groups with the highest proportion of staff aged 51 and above are estates and ancillary (60%), admin and clerical (38%), Medical and Dental (29%) and Additional Clinical Services (27%).

- Aged 60+ data shows that 19% of estates and ancillary, and 9% for administrative and clerical and 8% for Medical and Dental.
- 83% of Estates staff at LSCFT are aged 51 or over and 59% at BTH.
- 23% of nursing and midwifery registered staff at BHT are aged 51 and above. At LSCFT this figure is 27%.
- At Blackpool teaching Hospital 26% of the Additional Clinical Services workforce are aged 51 and above. At LSC Foundation Trust this figure is 36%.
- The medical and dental workforce has 29% of its staff aged 51 and above. At BHT this sits at 28% and at LSCFT it is 38%.



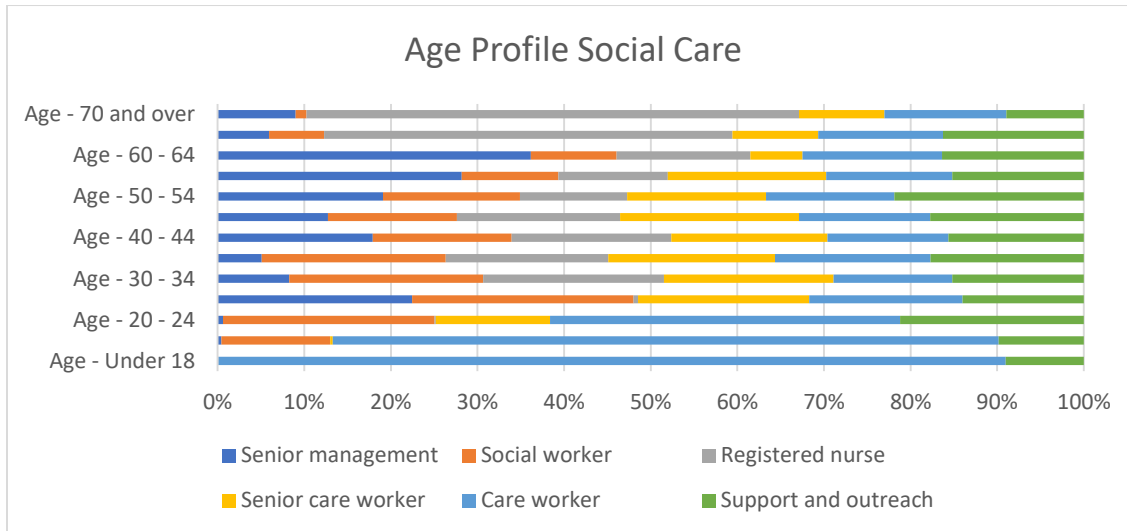
In Blackpool:

- There are 5 Primary Care Networks
 - Blackpool Central PCN
 - Blackpool Central West PCN
 - Blackpool North PCN
 - Blackpool South Central PCN
 - Blackpool South PCN
- There are 14 practices
- Caring for 157,661 patients

The workforce breakdown is as follows:

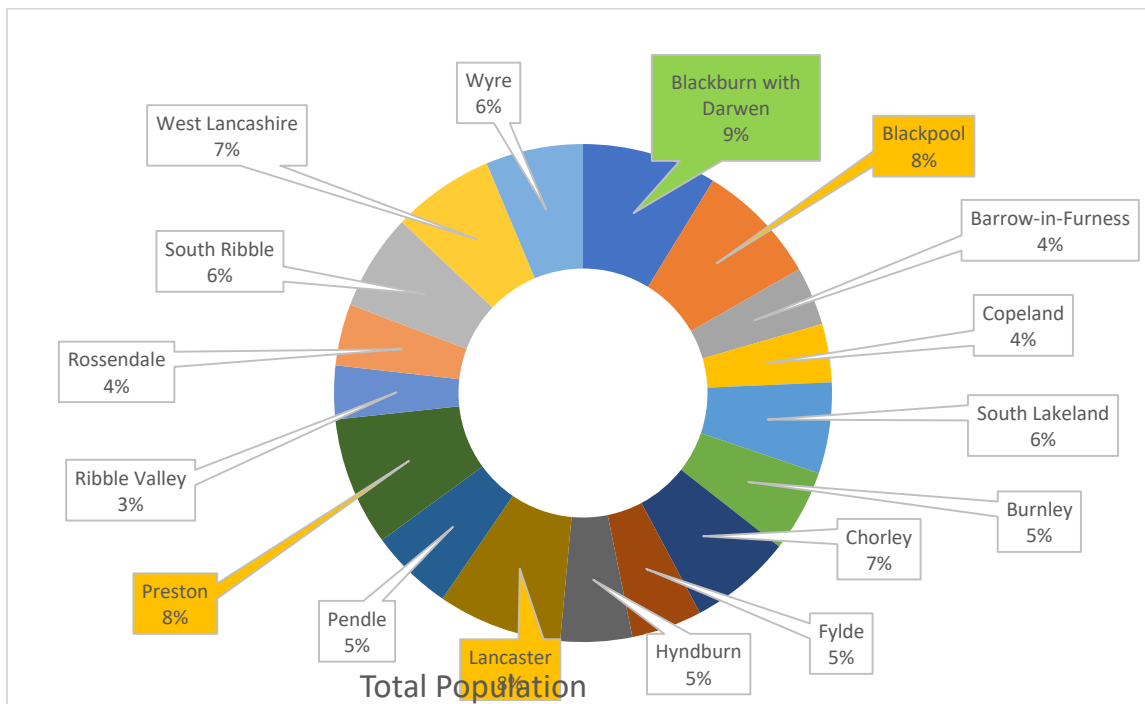
- 44% are aged 50+
- 29% are aged 55+
- 14% are aged 60+
- 4% are aged 65+
- The largest proportion general practice workforce are in age bands 50-54 and 55-59 years both at 15% of the total

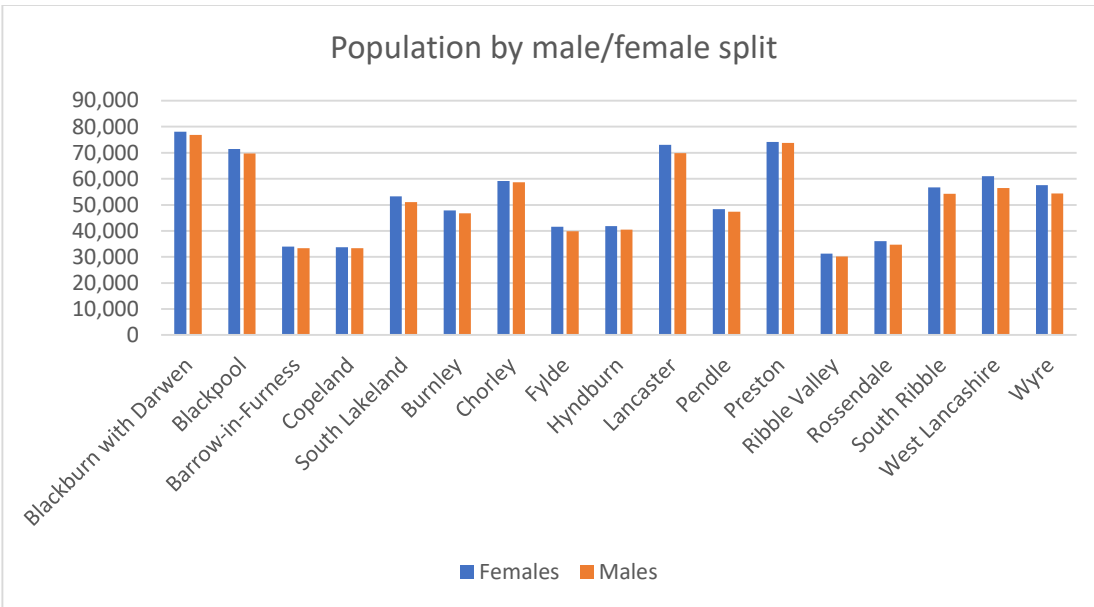
- 1% of the workforce is age 'unknown'/ unrecorded (3 people).



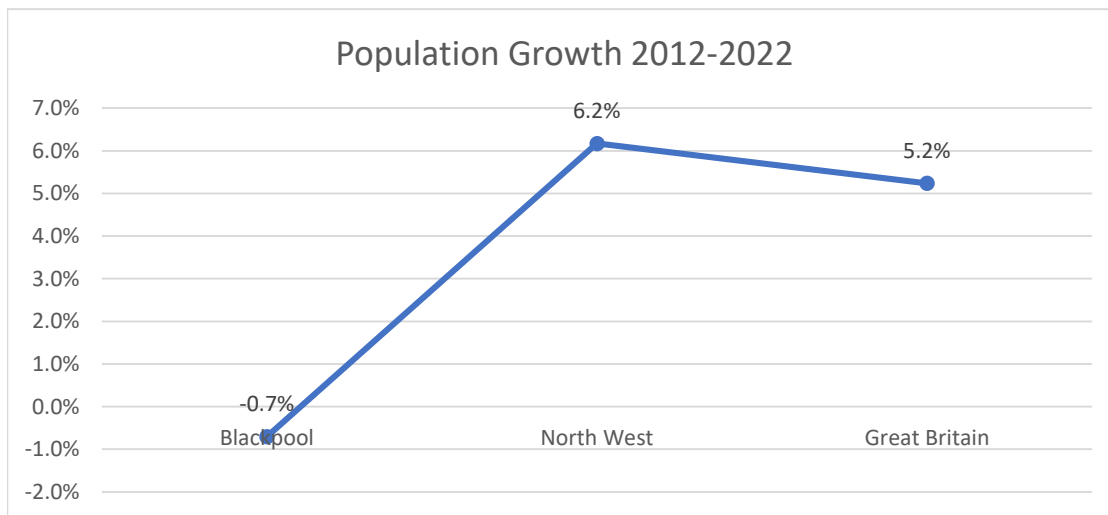
- In social care, 46% of registered nurses are aged 50+ with 29% of these aged 60 years and over.
- 56% of senior managers are aged 50+.
- 35% of care workers and senior care workers are aged 50+ with 15% of these aged 60+.

6.4 (iii) Population of Lancashire and South Cumbria- potential workforce/ labour market for Health and Care

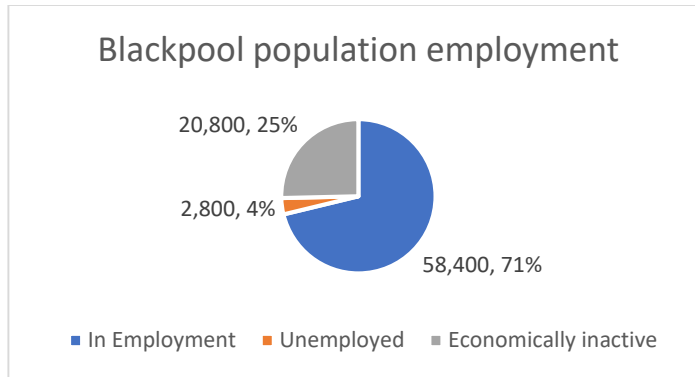




- Blackpool has equal 2nd largest population in Lancashire and South Cumbria at 8%.
- All areas have slightly more females than males in the population.



- Blackpool has the lowest population growth, being 6.9% lower than the North West average.
- Great Britain's population has grown 5.2% but still 1% less than the whole of North West.
- Data source - ONS



- The Blackpool area has a higher proportion of 16-64 year olds reporting as Economically Inactive.
- Blackpool has 5% less of its population employed than Great Britain and 3% less than the North West.
- Blackpool has the highest proportion of both unemployed and economically inactive compared to the wider areas.
- Data source – ONS

6.5 (iv) 5 Year Workforce Strategy

This will be the first time LSC have developed a strategy for how we will work together on workforce as a whole system comprising health, social care and our voluntary, charity, faith and social enterprise partners. There is excellent work already ongoing in Lancashire and South Cumbria to support our people and the Health and Care system is rightly proud of our progress. However, whilst many of the challenges faced are common across the whole health and care system, much of the work to date has been localised to specific sectors, geographies or organisations.

There is now the opportunity to develop and embed a co-ordinated, aligned and truly cross-sector approach involving health, social care and our voluntary, charity, faith and social enterprise partners to address our workforce challenges. Adopting this joined-up cross-sector ethos will benefit everyone who lives or works in Lancashire and South Cumbria and will help us to deliver our workforce ambitions as well as our system Joint Forward Plan.

We will deliver this step-change in our approach by:

- Working together to deliver a One Workforce ethos and approach
- Working as one to attract and retain a diverse and skilled workforce
- Working as one to train and grow our own workforce

Shifting our approach, our focus and our mind-set in this innovative way will require us to be brave and bold. We will not be able to deliver our priorities without changing the way we approach our work. We need to embrace new and innovative ways of working, breaking down traditional barriers and mind-sets, to achieve our common goals. This

Five-Year Workforce Strategy will outline how we will approach and implement this fundamental change.

In developing the draft and priorities within the strategy, a wide-ranging engagement strategy and series of workshops have been held. In November the Blackpool place workshop was attended by 31 staff from partner organisations across Health and Care.

The Strategy is currently will be finalised in the first quarter of 2024. Delivery of the Strategy will be developed through a place-based partnership approach. This will finalise work streams to benefit the “One workforce” of Blackpool such as initiatives around staff retention, resilience, and recruitment of hard to fill posts.

6.6 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:	Beth Martin, Healthwatch Blackpool Manager
Date of Meeting:	8 February 2024

HEALTHWATCH BLACKPOOL UPDATE REPORT

1.0 Purpose of the report:

- 1.1 To provide an update on the work of Healthwatch Blackpool and determine how it can be used to better influence the Scrutiny Committee's workplan and how work undertaken by Healthwatch can provide an evidence source for the Committee.

2.0 Recommendation(s):

- 2.1 To consider the report and its appendices and identify areas for further scrutiny work and engagement.

3.0 Reasons for recommendation(s):

- 3.1 To better inform members of the work of local Healthwatch.
- 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? No

4.0 Other alternative options to be considered:

- 4.1 None.

5.0 Council priority:

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

6.0 Background information

- 6.1 Healthwatch Blackpool is the public voice for health and social care in Blackpool and exists to make services work for the people who use them.

- 6.2 Our insights, intelligence and reports demonstrate the importance of the relationship with our local community, to shape, change and scrutinise local health and care services.
- 6.3 As stated in the Department of Health’s Local Health Scrutiny Guidance, local Healthwatch organisations and contractors have specific roles which complement those of health scrutiny bodies. For example, they can “enter and view” certain premises at which health and social care services are provided. This can enable local Healthwatch to act as the “eyes and ears” of patients and the public; to be a means for health scrutiny to supplement and triangulate information provided by service providers; and to gain an additional impression of quality of services, safety and issues of concern around specific services and provider institutions.
- 6.4 Health scrutiny bodies and local Healthwatch are likely each to benefit from regular contact and exchange of information about their work programmes. It may also be helpful in planning work programmes, to try to ensure that certain aspects are aligned. For example, if a health scrutiny body is planning a review of a certain service, it might be useful if local Healthwatch plans to visit the service in a timely way to inform the review.

6.5 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 6a - Healthwatch Blackpool Annual Report 2022-23

8.0 Financial considerations

8.1 None

9.0 Legal considerations:

9.1 The duties of health scrutiny and Healthwatch are set out in legislation.

10.0 Risk management considerations

10.1 None

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

11.1 None

12. Sustainability, climate change and environmental considerations

12.1 None

13. Internal/external consultation undertaken

13.1 None

14. Background papers

14.1 None

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Empowering Voices, Inspiring Change in Blackpool Annual Report 2022–23



A year of impact and inclusive engagement

We are delighted to present our annual report, showcasing the achievements of Healthwatch Blackpool over the past year. Through our dedicated efforts, we have made an impact on the lives of individuals accessing health and social care services in our community.

We have embraced innovative new approaches, such as door knocking, to fulfill our mission of reaching out to those who have been consistently overlooked – the "never heard". By directly connecting with individuals at their doorsteps, we have been able to understand and explore the stark health inequalities within our town.

This year, our achievements are a testament to the passion and commitment of our growing team. We have worked tirelessly to establish Healthwatch Blackpool as a trusted and respected organisation, building strong relationships with our community, statutory sector stakeholders, and VCFSE colleagues.

We feel our greatest strength lies in our ability to protect our independence, while actively seeking opportunities for collaboration. We firmly believe that by working together, we can achieve far-reaching impact and sustainable improvements in our local health and care system.

Our shared vision unites us, igniting a determination to make a meaningful difference in the lives of local people.

This report hopes to showcase our impact this year, something that we are incredibly proud of. Together, we will continue to push boundaries, embrace innovation, and create positive change in the realm of health and social care in Blackpool.



Beth Martin
Healthwatch
Blackpool Manager

About us

Healthwatch Blackpool is your local health and social care champion.

We make sure National Health Service (NHS) leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

We want the people of Blackpool to stay well and get the best out of our health and care services locally.



Our vision:

A world where we can all get the health and care we need.



Our mission:

To make sure people's experiences help make health and care better.

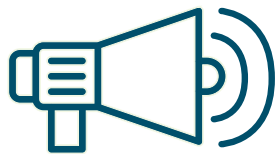


Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Our year in 2022–23

Reaching out



6,198 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

361 people

came to us for clear advice and information about topics such as how to access dentistry or make a health complaint..

Making a difference to care

Our most popular report was

Emergency departments

which highlighted the experiences people face accessing health and care. In our area.



Health and care that works for you



We're lucky to have

18

outstanding volunteers who make care better for our community.

We're funded by our local authority. In 2022–23 we received

£61,089.63

We currently employ

5 staff

who help us carry out our work.

Highlights

Spring

Dare to care

We worked with partners to develop and run a successful volunteer pathway, supporting our local care homes and helping build the reputation of the care home sector as a career of choice. We recruited and trained local people who could gain valuable insight into the roles available within regulated care.

Impact: Stronger relationships with local care homes, with two volunteers now in full-time employment within the sector.



Self-harm project

Healthwatch Blackpool worked with Public Health, supported by the 'Better Mental Health Fund', to gain a greater understanding of experiences and presentation of self-harm in Blackpool. We engaged with 33 people locally on the sensitive topic which provided valuable insight on accessing self-harm support locally.

Impact: Feedback suggested that more lived experience representation in services is needed, along with the want for more accessible services prior to crisis.



Summer

Healthwatch Together project: Understanding experiences of the Covid-19 vaccination programme

We worked in partnership with other Healthwatch colleagues across Lancashire and South Cumbria to understand views and experience of the Covid vaccination programme in our area.

Impact: We spoke to 1,216 residents across the Lancashire and South Cumbria footprint to evidence experience and influence vaccination programme delivery for the future.

Young people directly influencing our Public Health 'Healthier Blackpool' website

We worked with our Public Health colleagues to ensure that young people had the opportunity to have their say on useful content and information on the Healthier Blackpool website.

Impact: We facilitated an online focus group, where local children and young people engaged with public health to share what topics they believe to be important.



Autumn

Ensuring that local feedback influences the Fuller developments

Healthwatch Blackpool supported the Lancashire and South Cumbria Fuller review workshops for integrated urgent same-day care.

Impact: We ensured that feedback and experiences from our engagement within emergency departments and walk-in centres shaped recommendations and developments.

Influencing our local 'End of Life' strategy

We worked with local partners including Trinity Hospice, Blackpool Teaching Hospitals and our Integrated Care Board to ensure that local people's experiences shaped the new and upcoming 5 year strategy for end of life care. We spoke to 35 residents who shared their experiences.

Impact: Insight from local people shaped our recommendations and priorities for attention. We ensured that feedback themes were shared and discussed at two professional strategy workshops.



Winter

Young people shaping our sexual health strategy

Young people, Healthwatch Blackpool and Public Health have worked together to inform the development of the new sexual health strategy. Young people shared priorities and actions that were most important to them to help shape local sexual health services. This feedback was subsequently shared with the local PSHE teacher forum, using young people's voices to influence views and opinions on PHSE sessions in schools.

Impact: Public Health Blackpool and service providers are keen to hear about young people's experiences. They have committed to use these to shape decision making.

Healthwatch Together project: Emergency Departments

We completed a follow up series of engagements across Lancashire and South Cumbria, 12 months after our engagement of 565 residents, to better understand current presentation and experiences at our local emergency departments.

Impact: Key themes and feedback has shaped local PLACE based discussions and a co-production project in our local area.





Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Project spotlight

Children and young people's vaping report

Anecdotal feedback suggested that vaping amongst children and young people in Blackpool was on the rise. We wanted to understand the true picture directly from our local community.

We were commissioned by Public Health Blackpool to gather local insight on the topic. We wanted to learn about:

- Awareness and usage
- Attitudes and why
- Access, safety and availability

From the perspectives of:

- Children and young people
- Teachers and professionals
- Parents and carers

We created a survey and conducted subsequent focus groups, aiming to better understand the relationship young people have with vaping.

Our project heard feedback from:

4170

Local children and young people

297

Local parents and carers

138

Teachers and professionals

Survey Spotlight

Awareness and usage

Our survey highlighted that **31%** of those who responded vape or sometimes vape.

42% of those who vape or sometimes vape have done so for 1-2 years.

20% have vaped for 6-12 months.

40% of those who vape do so daily.

75% of those who vape use disposables vapes.

Attitudes and why



22% of children and young people use disposables for convenience of purchase.



14% choose their vape based on the cost.



12% of children and young people believe their choice of vape relieves stress and helps to cope with mental health struggles.



30% of young people do not know the reason why themselves or their peers vape.



56% of children and young people choose not to vape to protect their health.



What's next?

As we move forward, Healthwatch Blackpool is committed to taking concrete steps to address the challenges identified in our vaping insight project. We are excited to share our plans for the future:

- Liaising with Public Health partners: We will continue to collaborate closely with Public Health Blackpool to develop and shape conversations based on the feedback.
- Sharing insights at the "Smoking Cessation and Health (SCAH) Conference 2023": We have been invited to present our findings at the upcoming SCAH Conference, where we will share our insights with healthcare professionals, researchers, and stakeholders.
- Raising the profile nationally through the call for evidence: We will actively participate in national initiatives, such as the ongoing call for evidence on vaping, to contribute our findings, raising awareness on a broader scale and influencing policy discussions.
- Sharing with health and care: We are committed to disseminating our final report to local health and care providers. By sharing our insights, we aim to encourage collaboration and collective action to address the challenges posed by vaping in our community.

Project spotlight



Co-producing health equity

At Healthwatch Blackpool, we recognise the importance of co-production in shaping effective and inclusive health and care services. By actively involving individuals, communities, and professionals in the decision-making processes, we can collectively generate innovative solutions.

Our most recent project: Right care, right place, right time

Thanks to funding from Blackpool Council, our team successfully recruited and supported three local residents with lived experience of accessing urgent care, to be part of the co-production project, 'Right care, right place, right time'.

We worked alongside partners from Blackpool Council, the NHS and Fylde Coast Medical Services to identify areas within the system where people are not currently receiving support as effectively or timely as they could be, and co-produce solutions to enhance local healthcare provision.

Our three Healthwatch Blackpool co-production workers provided vital patient perspectives and highlighted challenges to the system, whilst building their knowledge and skills.

The co-production project ran for 10 weeks and was sponsored by our Director of Health and Care Integration. We are soon to be delivering a presentation to our local PLACE based partnership board, based on this work.

We are extremely proud of the achievements, and look forward to the measurable changes that are to be implemented as a result of the sessions.

"We want to ensure that services in Blackpool reflect the valuable insights and expertise of those who use and deliver them."

"I have learnt so much, and feel our work may change a few things for the better, also meeting lovely people."

Project spotlight

Understanding health inequalities in priority wards

In 2020, the NHS in England closely examined unplanned hospitalisations that could have been prevented with earlier intervention. They discovered areas with higher socio-economic deprivation experienced higher rates of unplanned hospital visits. These are known as priority wards.

With support from the Integrated Care Board (ICB), we embarked on a door knocking initiative in the priority wards of Blackpool to explore this further. Our aim was to engage with local residents and gain insights into their lifestyle, including health and care experiences, truly listening to voices that may have previously been unheard.

During phase one of this engagement, our team focused on the wards of Park, Talbot, and Tyldesley. Through door-to-door conversations, we connected with individuals, allowing them to express their feelings and share their experiences from their local community.

The insights gathered during this initial phase have been overwhelming, highlighting the urgent need to understand the underlying factors driving these poorer health outcomes and subsequent hospital admissions.

In response to these findings, we are excited to announce that the project will extend to a second phase. The aim of this is to better understand the experiences shared by the residents of Blackpool's priority wards.



Dear resident,

We hope you are safe and well!

We are writing to you from Healthwatch Blackpool, the independent voice for health and care.

We are working alongside the NHS to understand experiences leading to unplanned hospital admissions in our area. We are calling door to door over the coming months and we hope to chat with you if you have a spare 5 minutes! You will be able to enter a prize draw for a £50 Love2Shop voucher.

We also have a live survey that we would appreciate your support with. Please scan the QR code on this postcard.

If you would like to speak to us via telephone, please call on 0300 32 32 100 (option 4).

Take care and we hope to see you soon,

The Healthwatch Blackpool Team.

Scan the QR code for the live survey



Enter a prize draw for a £50 voucher



LOVE2SHOP



Project spotlight

Activist in residence project

The Activist in Residence project was an opportunity for young people in Blackpool to collaborate with a 'host' organisation, supporting them to fully develop and deliver an activist campaign that promotes change.

BoingBoing Foundation's Activist in Residence project focused on exploring the potential of activism to promote good mental health through positive action, as well as fighting injustice and issues in society that can impact negatively on a person's mental health. Healthwatch Blackpool were lucky enough to host Caitlan.



Exploring mental health and young people in Blackpool

"Having attended two different secondary schools in the local area, I have experienced first-hand the challenges of signposting young people to mental health services and the fear that young people have in seeking help.

From my experience, this is due to stigma surrounding mental health and anxiety of the healthcare professionals dismissing their issues.

Everyone, no matter your age, gender, race, sexuality, or ability, deserves the right to obtain supportive help, when and, if they would like it.

During the Activist in Residence project, I strived to engage with young people and allow them to have the opportunity to have their say, in order to gain their perception, and understanding of local mental health services. As well as this, I wanted to establish if they knew when and where support could be provided."

We engaged with **161 young people** in our area.

Caitlan has:

- Engaged with professionals in Blackpool.
- Designed a survey.
- Carried out engagement activities.
- Written a comprehensive report with key messages and recommendations.

What next?

Caitlan's report has been shared with our ICB and we hope to continue to share insights, feedback and recommendations to shape meaningful change in Blackpool.



Project spotlight

Young people and sexual health

Healthwatch Blackpool and Streetlife identified the need to gather young people's experiences of sexual health services, particularly as the COVID-19 pandemic limited their access to face-to-face appointments.

Through a commissioned project in 2021, Healthwatch Blackpool engaged with 259 young people, highlighting a strong need for local prioritisation of sexual health services.

Anecdotal feedback from college visits indicated that the current opening and closing times of sexual health services did not suit young people, particularly those outside of educational hours.

Additionally, Public Health Blackpool reported a decrease in the number of young people accessing sexual health services due to the pandemic, resulting in lower attendance compared to pre-COVID levels.

What we found

- 40% of the young people we spoke to used sexual health services.
- Young people who did access sexual health services noted a preference for weekends, afternoon appointments or appointments after educational hours.
- Young people most commonly accessed condoms via the supermarket. Reasons for this included convenience and easy access.
- 51% of young people were unaware that postal STI kits are available to local residents free of charge.
- Incorporating accurate information relating to gay and lesbian sex, self-esteem after intercourse, the risk of pregnancy and information relating to consent via outreach sessions or within sexual health education in school would be useful.
- Suggested areas for improvement focused on raising awareness of what sexual health services offer and how people can access them.

STREET
LIFE



What we did?

We engaged with **142 young people** through an online survey and focus groups.

Impact:

- Young people, Healthwatch Blackpool and Public Health have worked together to inform the development of the new sexual health strategy. Young people shared priorities and actions.
- Local sexual health service opening hours have been adjusted to suit young people.
- A young person's forum for sexual health services has been created, working alongside influential partners.

Project spotlight

Our collaborative work with the NIHR and partners

In Autumn 2021, the National Institute for Health & Social Care Research (NIHR) launched their Research Ready Communities pilot as part of a wider strategy within their Underserved Communities programme. This has been established to increase representation and diversity in research by giving local communities the skills required to undertake health research locally. Blackpool was selected as one of the pilot areas.

Phase 1 of the Research Ready Communities pilot took place from September 2021 to May 2022. Thirteen young professionals were involved, from Youthwatch, BoingBoing, Blackpool Council and Citizens Advice Blackpool.

We divided the group into the following subgroups:

- Community Asset Mapping
- Communication and Marketing
- Co-Production/Systems Change
- Understanding Disease and Data



The Community Asset Mapping group engaged with the community and identified what needs to be done to make Blackpool residents comfortable with involving themselves in health research. The core finding was the need for trust to be built in communities by researchers. The three other sub-groups took part in “Research Ready” days, where they were invited to visit the NIHR and taught skills relevant to their sub-group area, developed through active learning.

Significant learning from Blackpool's approach to the pilot has been taken into consideration by the NIHR Coordinating Centre and has shaped the rollout nationally of the Research Ready Communities programme. Additionally, young professionals from Blackpool have been asked to sit on the Underserved Communities Board after presenting at the NIHR Clinical Research Network's strategic leadership conference.

Due to these successes, a second phase of the project is now in operation since June 2022, with members of the community coming together to co-produce a research project, alongside a research professional. The group is currently working together and sharing their learned expertise to develop research questions and ideas to share with researchers. The aim is to recruit an academic researcher to the team so that a research project can be co-produced between the group and the appointed researcher.

To achieve this, the group has been currently working on the following:

- Creating a blurb to explain why the community is attractive to researchers.
- Creating a blurb as to what the group would like to see in a researcher.
- A collection of potential research questions.

The overall lesson is that Research Ready Communities are not what is needed, but rather, we need community ready researchers. Phase 2 will build on that and demonstrate the richness of a community-led research project.

Three ways we have made a difference for the community

Healthwatch exists to ensure that everyone's voice is heard when it comes to health and social care. We strive to empower individuals and communities, champion their rights, and drive positive changes in the health and care system.

Advocating for fairer NHS dentistry

NHS dentistry is in desperate need of reform and this year we have successfully moved NHS dentistry up the political agenda, making it easier for people to find a dentist taking on NHS patients.

We have seen a shortage of NHS appointments, which has affected people on the lowest incomes the most, meaning they were less likely to have dental treatment than those on higher incomes.

We made renewed calls on NHS England and the Department of Health and Social care to put a reformed dental contract in place. Through our information and signposting function, we have supported and advised many Blackpool residents with regards to the provision of NHS dentistry.

We have instigated an NHS roundtable on the topic and have also attended two workshop events where we have shared resident concern.

Including local people in our 'End of Life' strategy 2022-2025

Healthwatch Blackpool provided an independent opportunity for local residents to share their experience of End of Life care on the Fylde Coast.

The nature of end-of-life care is broad, bringing together numerous services and pathways. Healthwatch Blackpool worked alongside partners to highlight patient stories and what matters to local people.

Thirty five residents shared their experiences with Healthwatch Blackpool. The experiences and insight shared have been used to shape and influence our strategy. We presented themes and insight in professional focus groups, sharing the voices of local residents.

Ensuring local people's views are included in commissioning decisions

Healthwatch Blackpool supported user engagements for retendering, ensuring future care meets local needs.

Healthwatch Blackpool and Blackpool Council collaborated to hear views on Day Care Provision (Warren Manor and Warren Hub) and Peace of Mind Service (Elk View and Tulloch Court).

Our engagement allowed users and families to shape service retendering, showcasing good care and addressing local resident's improvement suggestions.



Speak Out self advocacy forum

Healthwatch Blackpool have been hosting 'Speak Out', a self-advocacy forum for adults with learning disabilities. The group meets every second Tuesday of the month at 1st Bispham Scout Hut.

Key themes and feedback discussed are raised at Blackpool's Learning Disability Partnership Board.

Special care dentistry waits have been highlighted via this group, along with hospital passports.



Our National influence

We were honoured to have the National Director, Louise Ansari, alongside Pav Akhtar, Healthwatch England committee member and Chief Diversity and Inclusion Officer at NHS Blood and Transplant, visit Healthwatch Blackpool.

We shared and showcased our efforts, including addressing health inequalities and involving local people in decision making. Louise Ansari attended a local engagement, whilst Pav Akhtar attended a dentistry round table discussion.

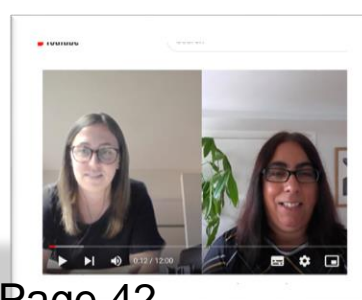
Furthermore, we were thrilled to learn that we were shortlisted for an award, recognising our commitment to improving healthcare outcomes.

We were invited to present at the Annual Healthwatch Conference, where we shed light on the pressing issue of health inequalities and shared our insights and strategies for creating positive change.

Alongside this, Beth took part in a CEO interview which is available on Youtube, discussing health inequalities and reflecting on Louise's visit.

We believe that we have provided lots of valuable insight this year which will help Healthwatch England to advocate for National improvements.

healthwatch



Our partnership work: Healthwatch Together

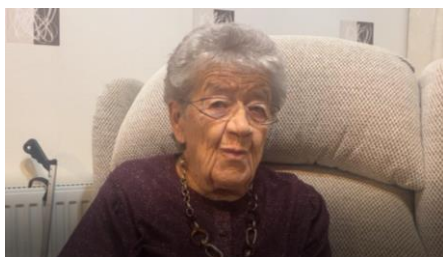


Healthwatch Together is a partnership that unites four local Healthwatch organisations in Blackburn with Darwen, Blackpool, Lancashire, and South Cumbria. Through this partnership, Healthwatch Together strives to broaden the scope and influence of Healthwatch in the region, forging connections with a greater number of communities, actively listening to diverse experiences, and directing improvements in health and care.

Over the course of the past year, Healthwatch Together has engaged across the Lancashire and South Cumbria footprint, while working collaboratively. This page showcases the projects carried out together during this period.

Our partnership projects this year:

- Understanding local peoples experiences of the Covid-19 vaccination programme.
- Engaging with residents in Emergency Departments across Lancashire and South Cumbria to understand presentation and patient experience.
- Engaging with residents across Lancashire and South Cumbria to gain feedback on the Integrated Care strategy.
- Collected patient insight videos to support the Integrated Care Partnership (ICP) priorities.



Our partnership work

HDRC



Health Determinants Research Collaborative Co-production and Co Research at the heart of our work

Healthwatch Blackpool and partners have 5 years of funding for a health inequalities research project (HDRC) from the National Institute for Health & Care Research (NIHR).

The Blackpool health determinants research collaborative is a unique opportunity to address the challenges of health inequalities in Blackpool. By co-producing the research with local people, the project will ensure that it is relevant and meaningful to the community. Ensuring that the project has a positive impact on the health and well-being of people in Blackpool.

The priority areas are:

- Mental health
- Housing
- Education, employment and skills
- Conception until 2 years

The goals of the project are:

- Understand the causes of health inequalities in Blackpool.
- Develop solutions that will make a difference to people's lives.
- Empower the community to take action to address health inequalities.

The project will be co-produced with the Blackpool community, ensuring that people's lived experiences of facing health inequalities drive the work.

Our partners include:

- National Institute for Health Research
- Blackpool Council
- Lancaster University
- Boing Boing Foundation

We believe that this project has the potential to make a real difference to the lives of people in Blackpool. By understanding the causes of health inequalities, we can develop solutions that will make a difference to people's lives. We also believe that by empowering the community to take action, we can create a more just and equitable society.

We are grateful for the opportunity and look forward to the next 5 years!



Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Acted as a critical friend through our Volunteer Advisory Board.
- Visited communities to promote their local Healthwatch and what we have to offer.
- Collected experiences and supported local residents to share their views.
- Collected the most up-to-date information on changes to services, such as whether NHS dental appointments were available at a practice.
- Carried out Enter and View visits to local services, helping them to improve.
- Supported our care homes through 'Dare to Care'.

Volunteering

Meet our new volunteer coordinator

Alex joined the Healthwatch Blackpool team in December 2022. She brings fresh perspective and expertise to the team. As the Volunteer Coordinator, Alex plays a vital role in managing and organising volunteers, ensuring our wonderful volunteers feel supported.

"Healthwatch Blackpool have been supported throughout the year by wonderful volunteers, both long serving and new to the role, on a variety of engagements and projects. We have also collaborated with other organisations, such as The Prince's Trust, Blackpool and the Fylde College and Blackpool Sixth Form to provide valuable volunteer experiences for young people. Healthwatch Blackpool continued their involvement in the pilot volunteer befriending scheme "Dare to Care".

We could not function without our dedicated volunteers.

I really look forward to the year ahead!"

Alex Lever



Volunteering

Youthwatch reflections



Alice Higginson

"Since volunteering at Healthwatch, I am now studying mental health nursing at Manchester Metropolitan University. Healthwatch has provided me with lots of work experience opportunities that helped make my university application stand out. It has also given me the opportunity to join focus groups with NHS staff which gave me an insight into the healthcare industry."



Aimee Kerr

"Since volunteering at Healthwatch, I am now studying medicine at Keele University and very much enjoying it. Volunteering at Youthwatch gave me opportunities to gain the work experience I needed to gain my place on this course by helping me improve my communication skills, doing work in the community and it also gave me the opportunity to take part in work with the NIHR. This was a great piece of work experience that I was able to talk about at my interview. I very much enjoyed my time volunteering at Healthwatch and am grateful for the experiences gained for helping me get to where I am now."



Heather Lewis

"Since volunteering at Healthwatch Blackpool, I started studying nursing at University and then changed courses to Education. For me, this change took a lot of confidence which I think I definitely lacked before starting volunteering – it is fair to say that Healthwatch built my confidence massively! Through its opportunities such as the research project for NIHR and meetings with regular discussions and other projects, it helped me to speak to so many new people and this undoubtedly has helped form me into the more confident person I am now, in my second term at Uni. I am so grateful for Healthwatch helping me get to where I am now and providing me with experience in volunteering."

Volunteering

Katie's reflections on 'Dare 2 Care'

What has been your experience with Healthwatch?

"Healthwatch has been really welcoming and the way they communicate with me is really good. If I didn't have that communication with the team I wouldn't have got as involved with the project."

What has been your experience within the home?

"It has helped boost my confidence with meeting new people as I have social anxiety. The way Healthwatch and the care home have helped me to feel comfortable quite quickly in my role has been amazing. It was helpful to have Healthwatch there in the first meeting with the home as a familiar face to make me feel more comfortable. It also helps me to practise and build communication skills and I find it really rewarding to give back to the community, especially those who are more isolated and don't have visitors."

Has it given you more confidence to apply for jobs?

"Yes, by having work experience it has given me more confidence. I have approached the home about potential upcoming jobs."

Has it worked well alongside your studying?

"Yes, we were doing about feet the other day and dementia/diabetes and I am seeing people living with these issues so it helps me to put it into context. When we were talking about dementia I felt I could understand it more as other students didn't know what to do in those situations, where as I felt more equipped."

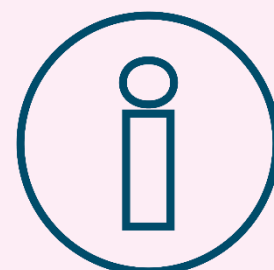


Want to know more about our volunteering opportunities?

Email: enquiries@healthwatchblackpool.co.uk

Call: 0300 32 32 100 (option 4)

Visit: www.healthwatchblackpool.co.uk





Thank you!

We are incredibly proud of our achievements this year and the role that we continue to have in ensuring that local peoples experience is at the heart of decision making in Blackpool.

Thank you to:

- Thousands of Blackpool residents who shared their personal experiences across our varied engagement projects.
- Community groups and voluntary organisations for supporting us and connecting us with the community to shape change for the future.
- Our staff and volunteers for their dedication and continued passion

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual funding received from local authority	£61,089.63	Staffing costs	£103377.92
Additional income	£88,537	Support and administration	£19757.21
		Operational costs	£19325.46
Total income	£149,626.63	Total expenditure	£142460.59

Next steps

In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless whether that is because of where you live, income or race.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Board consists of eight members who work with the CEO to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

We ensure wider public involvement in deciding our work priorities and also host a volunteer advisory board monthly which acts as our critical friend.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available by phone, email, provided a webform on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and will share widely with our partners

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us. We have taken insight and experiences to decision makers including:

- Blackpool Council quality monitoring team
- PLACE Based Partnership Board
- Blackpool overview and scrutiny committee
- Health and wellbeing board
- Blackpool director of adult social care
- Blackpool Teaching hospitals patient experience team
- LSCFT patient experience team
- Integrated Care Board
- Director of Public Health
- Blackpool Health and Wellbeing Board
- National calls for evidence
- Chief medical officer
- Healthwatch England
- Lancashire and South Cumbria Population Health Team



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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:	8 February 2024

ADULT SERVICES OVERVIEW

1.0 Purpose of the report

- 1.1 To provide Scrutiny Members with an overview of the Winter Resilience arrangements for Blackpool Place and an updates on key areas of work.

2.0 Recommendation(s)

- 2.1 The Committee is asked to consider the content of the report and highlight any areas for further consideration.
- 2.2 To consider the presentation on 3 Conversations and identify any areas requiring 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 Adult Social Care Update:

Statutory Adult Social Care responsibility in both community and in health linked service areas is to support and promote the wellbeing of vulnerable adults across Blackpool; whatever the cause of their problems, in line with local and national policy requirements.

For the 18 years plus population we work with those who have long term health or disability related needs, mild/moderate learning difficulties, mild/moderate mental health issues, drug and/or alcohol related problems or issues associated with older age including dementia. This includes safeguarding work, which covers concerns like poor care or negligence within the regulated care sector but also abuse of individuals. This work involves multi-disciplinary working with all relevant agencies.

Statutory responsibilities are those covered by The Care Act (2014) including prevention, assessment, care planning, the commissioning of services and undertaking reviews. Safeguarding work also falls within S42 of this legal framework. The Mental Capacity Act (2005), which includes work around mental capacity assessments, also linked BIA and best Interest work, Deprivation of Liberty Safeguards, Court of protection work and Section 21A challenges. The Domestic Abuse Act (2021) placing new responsibilities on local authorities around accommodation and support. The Health and Social Care Act (2022) with an emphasis on integrated working. Also the Human Rights Act sitting alongside other universal legal responsibilities falling under Equality and Diversity/Equal Rights.

3 Conversations – Adult Social Care is now underway with embedding the ‘3 Conversations’ approach into our teams across different areas of the department. This is a nationally recognised, way of working that engages the workforce to change how we work with people to meet their needs at the earliest stage; and as a result also makes our response more person centred, time-efficient and cost-efficient.

Then initial pilot has been evaluated as ‘successful’ in terms of delivering better outcomes for people and being less reliant on traditional service responses. On that basis we are now going to expand this way of working to further areas of adult social care and are monitoring progress and impact at weekly meetings.

Teams who have been working in this way are reporting better outcomes for people and on a personal and professional level, a higher level of job satisfaction, with all wanting to continue with the new way of working rather than old ways of working.

Newer team members are continuing to make adjustments but early feedback is positive and they are getting to understand the new way of working and therefore, the intention is to start our third frontline team working in this way early in 2024 which will mean that our whole front line community adult social care function will be using the '3 conversations' way of working.

Below is an example that illustrates the positive impact of the new way of working is having on people who need are support but also our practitioners who are building a relationship with the person and 'making a difference'.

Reason the Person Contacted Adult Social Care (ASC) – *X partner had contacted social care for support over the weekend as X was unwell and unable to get out of bed. Emergency care was arranged for over the weekend by the Emergency Duty Team (EDT) and ASC had been asked to make contact with X and their partner following this to offer further support.*

X and their partner were not previously known to social care services and had always lived independently, supporting each other, although X had a diagnosis of cancer.

What ASC Did - *We visited X and their partner at home and spent time talking to them about what was important to them. Although X did not focus on their diagnosis of cancer during the conversation- so neither did we. Instead, they enjoyed telling us about their life and their time living abroad where they and their partner 'lived life to the full'.*

They spoke about their support and love for each other and how they had always been 'fiercely independent'. We listened and respected their views, thoughts and feelings and gave them time to discuss and consider options of further support and help. X's partner decided that they would like to try and care for their partner and although we were concerned about how they would manage, we respected their decision and left the channel of communication open. A few days later X's health deteriorated and they contacted us to explain things had changed and they needed help. We again visited them and provided a short term care package which was flexible, non-intrusive and strengths based. We supported X set his own goals and plan out what he felt he needed from carers.

Making a Difference - *Prior to using the new way of working, our focus would have typically been to complete an assessment and to get services in place as quickly as possible. We would have previously regarded ourselves as quite person centred however by using the '3 conversations' way of working we now realise that we were actually led by my assessments instead of being led by the person, their wants and wishes.*

Practitioners Experience - *Shortly after our involvement with X , they sadly passed away. However, they passed away in their own home, with their partner by their side which is what X wanted. X's partner felt supported at the time they needed it and was grateful*

for my input.

This way of working has really made us stop and think about our social work practice and we have been able to reflect on how this has improved throughout the 3 conversations journey. What we have remembered from this piece of work was not the services and interventions we put in place, but the people we connected with and the conversations we had.

It wasn't about 'what we did', it was about 'what they said'.

Resilience and Response over the Christmas Period - Over the Christmas and New Year holiday period the Adult Social Care Community Team transferred to a 'one team duty model' leading up to, during and following the holiday period. This way of working ensured that an immediate response to emerging or new crisis requests were dealt with safely. The team were split into different functional areas to ensure all aspects of requests coming through received the appropriate and proportionate response, including safeguarding enquiries and concerns for welfare. This way of working during the holiday period enabled the team to keep in control of the requests and responses, this included new requests for support needing processing in a day, carrying out welfare visits to deliver urgent care, food parcels, as well as more traditional requests for help resulting in short term care placements and the commissioning of care packages. Typically demand for adult social care is high during the holiday period and 2023 was not different. The volume of requests for support that needed a response was high and the team worked hard really hard on the reduced working days during the period to ensure people that needed support, received this and that they were safe. Below are examples of the responses and volumes of requests the team responded to between 21 December 23 – 3 January 2024 (7 actual working days):

Response Type	Description	Volume
Adult Social Care Contact	Where someone has telephoned and made an on-line referral to adult social care requesting support and/or reporting a concern about a vulnerable person which requires a follow up	206 - general adult social care contacts
Welfare Visits	Where a social worker/practitioner needs to physically visit the person and complete a Welfare Check and arrange any follow up support and services if required	52 – Welfare Visits conducted and follow up actions taken
Safeguarding Concern	Where a social worker/practitioner needs to make contact, consider the situation and follow up with support	70 – Safeguarding Concerns responded to

	and/or services and/or ensure the person is safe through an agreed Safeguarding Safety Plan	and a Safeguarding Safety Plan developed
Discretionary Support Requests	Where Blackpool people request urgent financial or other assistance at times of crisis	£700 circa – Of financial assistance provided to people to assist with Gas, Electricity, Food and other essential living items/costs

Adult Social Care Hospital and Health-Based Teams – Over the Christmas holiday period the team have worked hard to flex with demand surges, in particular 2023 due to the increased operational pressures in the Acute Hospital. The hospital has been under tremendous pressure and operating at OPEL 4 (Operational Pressures Escalation Levels) almost throughout the holiday period.

Adult Social Care has supported the overall response to the increased pressures by ensuring discharges from hospital prior to Christmas were in place and care arranged. Also, over the typical non-work days, the department deployed social workers who volunteered to work additional hours to ensure as many people who wanted to be at home for Christmas were able to be.

Below are the numbers of referrals and discharges for specific periods over the Christmas holiday period:

Time Period	Number of Referrals and Discharges
Week Commencing Mon 18 December <ul style="list-style-type: none"> • Pre-Christmas planning • Significant operational pressures 	93 Referrals into the team (including non-discharge related work) 75 Discharges from hospital
Week Commencing Mon 25 December <ul style="list-style-type: none"> • 5 days of working • Christmas and Bank Holidays 	70 Referrals into the team (including non-discharge related work) 42 Discharges from hospital
Week Commencing Mon 1 January <ul style="list-style-type: none"> • 4 days of full working (limited weekend cover) • Significant operational pressures 	89 Referrals into the team (including non-discharge related work) 33 Discharges from hospital

6.2 Adult Mental Health Update:

Transformation - Lancashire and South Cumbria Health and Care Partnership - Community Mental Health Transformation - Seeking to address the challenges by

transforming the way mental health care for adults and older adults with severe mental illnesses are delivered across communities.

The new community-based offer is the devolvement for each PLACE with the creation of enhanced and integrated community mental health multi-disciplinary teams, supported by investment into new Primary Care Mental Health Practitioners and voluntary sector commissioned services. The aim is to establish a 'one stop access point' to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use. Adopting a 'one-team' approach that ensure the person needing our support remains at the center and they receive 'wrap around' personalised support.

The Service Manager for Adult Mental Health Services for Blackpool Council is our representative and is fully committed and a member of the Mental Health Transformational working Groups. They have regular attendance at meetings and is actively involved in the mobilisation meetings for Blackpool Place.

The Transformation will be a phased approach to implementation, which started with Central and West Lancashire on 16th October 2023. The roll out across other Place's is to be agreed through the Governance Structure. However, it is anticipated Blackpool Place will go live in February 2024.

As part of the work supporting mobilisation and implementation, a 'perfect week' has been tailored, which Blackpool Council and other partners were part of. The joint working with Crisis Home Based Treatment and the Initial Response Service (IRS) teams demonstrated through the 'perfect week' what could be achieved from a 'one team' approach and proactively working through some of the traditional barriers to joint working in this complex area.

A further feature of the 'one team' approach is the Enhanced Multi-Disciplinary Team (EMDT) which will convene weekly and will have significant benefit and improve the overall access to mental health support for Blackpool people.

There continues to be a considerable amount of work underway and to be done as part of the transformation journey which is being undertaken by the mobilisation teams, including full inductions and training to the teams here in Blackpool Place, which is planned for January and February 2024. The initial feedback from the Service Manager for Adult Mental Health Blackpool, suggests that the transformation and model that will be implemented and embedded in our new way of working here in Blackpool Place, will make a significant and positive difference for the people of Blackpool. Further updates will be provided to Scrutiny Committee as the transformation journey continues past implementation and we begin to see the evidence of the positive impact.

Winter and Christmas Resilience and Operational Response - The Adult Social Care Mental Health Service continues to experience increasing pressure and demand for Mental Health Act Assessments. The complexity and severity of people's poor mental health has a compounding impact on Blackpool Council's Approved Mental Health Professional (AMHP) service, in that Mental Health Act Assessments are understandably taking longer to complete with people.

Nationally there has been a reduction in community based support services for people experiencing mental ill health. The move away from traditional models of Care Coordination to Intervention Based Approaches by mental health services has led to vulnerable people with serious mental illness, dual diagnosis, and forensic histories, not being able to access support or this being available in the early stages of mental ill health deterioration and only coming to the attention of mental health services in times of crisis.

The establishment of the Initial Response Service (IRS) and the ongoing Transformation work underway, will go some way towards a more preventative model of support where people will receive support earlier and therefore reduce the number and maybe level of mental health crisis in the future.

Below is an illustration of the response to the current pressure and resilience within the service. On Friday 22 Dec 2023 there were **12** people awaiting a Mental Health Act Assessment or waiting for beds following a Mental Health Act Assessment and liable for detention due to mental ill health, all receiving support in the community and/or in settings with support. The Council's AMHP Service had **3** duty AMHP's deployed and undertaking Statutory Mental Health Act Assessments. This included a young person on the children's ward at Blackpool Victoria Hospital. The focus of AMHP Service was to complete the urgent assessments required and agree the plans for those people who needed support in the community whilst awaiting a specialist mental health hospital bed. This work continued up to 20.00hrs to ensure continuity and the Council's Out of Hours Serviced (EDT) then picked up the ongoing work throughout the Christmas period up to 27 December 23.

6.3 Adult Learning Disability and Autism Update:

Making a Difference - Beginning in October 2023, The Autism Team began working with the "3 Conversations" model of practice and service delivery. This dynamic approach has enabled the team to effectively manage its staffing resources whilst meeting the immediate needs of people referred to the team. Thus far, the approach has already reduced the traditional commissioning of longer term services. People have received the support they need, when they need it and in many different ways. It has proven to be a flexible, strength-based and relationship based approach which has moved more of the focus from what people 'cannot do' and need services to support with, to what they can

achieve themselves, building on their own strengths and assets.

The example below illustrates the positive impact the new focus in approach is having on the people we support.

X is a person who was diagnosed as being autistic later in their life. Prior to this they had experienced lots of difficulty in their life, including a high level of vulnerability, mental health challenges, difficulties around alcohol and substances and a forensic history including a conviction of a sexual offence.

Following a diagnosis X has been supported by the autism team for a numbers of years. Throughout this time they have experienced difficulty in having an acceptable standard of accommodation and has been very vulnerable to exploitation from other people who have sought to financially and materially abuse them as well as using their property against their wishes. They have struggled to establish and maintain positive personal relationships and they have been victim of domestic abuse.

Throughout this period, X has received support from many members of the autism team, and approximately 12 months ago a decision was made that they should remain allocated to a social worker and support worker on the team on a long-term basis.

In recent months and over the festive period, X has been subject to renewed abuse and exploitation in the community. They have been targeted on a consistent basis by a local group who are well known to the criminal justice system, who took their money, encouraged them to fraudulently borrow money from their bank and began living in and using their property.

Due to the positive relationship with their social worker and support worker, X was able to disclose what was happening to them and seek support. They had two short term emergency stays in one of the Council's Respite Services, and from this experience was encouraged to accept a higher level of support in the community.

X has now moved into a sheltered housing scheme provided by one of our mental health providers, where they will receive background support and some additional 1:1 hours to ensure they remain safe and are able to build positive relationships in order to hopefully prevent a recurrence of these issues.

6.4 Care and Support (All Age Provider Update):

The Council's internal provider services have supported winter resilience planning across the health and care system. In particular working with social care colleagues across the department to provide robust contingency arrangements anticipating increased demand for an urgent response. Highlighted below are some examples of the

advance arrangements in place and how these have been utilised, supported families and/or supported the overall health and social care response for the system.

Vitaline – The Council’s 24hr technology enabled care service is operational 365 days a year. When compared with previous years, the service experienced increased demand at particular points throughout the festive period.

For the period between 23 December 2023 – 1 January 2024 the Vitaline Service responded as per below:

Response	Impact
6,714 alerts from equipment in people’s homes all needing a response (telephone or physical)	<ul style="list-style-type: none"> • Peace of mind for person and families • Prevent more serious harm or deterioration
4,049 telephoned calls coming into and answered by Vitaline (Council 24hr telephone line)	<ul style="list-style-type: none"> • Responded to queries from Blackpool residents • Signposted or arranged follow up services
1,274 Welfare Calls, Visits and Medication Prompts	<ul style="list-style-type: none"> • Ensured the person was safe • Prevented deterioration of health and wellbeing • Ensure medication taken at right time
Falls Pick Ups (in own home) – Total of 54 requests of which 48 people were successfully lifted and remained at home.	<ul style="list-style-type: none"> • No ambulance required • No potential conveyance to hospital and/or admission • People remain at home • People received a response in less than 40 minutes in each case
NWAS Ambulance Diverts for Falls Pick Up – 3 falls successfully lifted on behalf of NWAS	<ul style="list-style-type: none"> • Ambulance stood down and did not need to respond • People received a response in less than 40 minutes in each case (may have been several hours for ambulance)
Installed 34 Telecare Units for people living in their own home	<ul style="list-style-type: none"> • At the point of installation, person receives falls pick up and physical welfare service • Early intervention to prevent deterioration and help manage risk and concerns within the home

28 referrals received with a planned installation date due to additional equipment required	<ul style="list-style-type: none"> • Anticipatory care response to help manage risks and concerns • Falls pick up and welfare available
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Care at Home and Reablement Service – The Council’s internal homecare service is operational 365 days per year and available 24hrs. At Christmas it is not unusual for care to be disrupted as people like to spend time with their families and they cancel care visits. This provides the service with some additional ad hoc capacity at key points during the festive period. As a result the service is able to deploy staff to people for longer visits at key times during the day, in particular for those people who may not have family or friends visiting. The carers may be the only people they see over Christmas, so the service does what it can to make it special for those people.

For the period between 24 December 2023– 1 January 2024 the Homecare Service provided URGENT responses as per below (in addition to providing 1,400hrs of planned care):

Response	Impact
5 requests from Rapid Response equating to 80hrs of care	<ul style="list-style-type: none"> • Directly prevented a hospital admission • Person remained at home
5 D2A (Discharge to Assess) requests from the Hospital equating to 59hrs of care	<ul style="list-style-type: none"> • People discharged from hospital at the right time • Supported flow and bed capacity at the hospital • People returned home with care and support
2 requests for Home’s Best support equating to 31hrs of care	<ul style="list-style-type: none"> • People remained at home • Short term support with no ongoing need
40hrs of staff deployed to other services to support provision	<ul style="list-style-type: none"> • Stabilised provision • Maintained safe levels of care

ARC Bed Based Intermediate Care Service – This service is delivered jointly between the Council and Blackpool Teaching Hospitals as an integrated model of care. Advance planning occurred in the week leading up to Christmas. In part due to the anticipated surge of requests for beds prior to the industrial action across health but as part of the normal planning for Christmas as people want to be at home with their families and loved ones at this time of the year.

For the period between 20 December 2023 – 2 January 2024 The ARC responses as per below:

Response	Impact
17 admissions to ARC from Hospital	<ul style="list-style-type: none"> • Ensured people were not in hospital longer than they needed to be • Supported flow and capacity at the hospital
7 Community Step Up admissions (Emergencies via Rapid and Community Social Care)	<ul style="list-style-type: none"> • Directly prevented admission to Hospital • Potential rehabilitation then home
5 Step Up to Clinical bed at ARC (deteriorating health)	<ul style="list-style-type: none"> • Directly prevented admission to hospital • Supported capacity in hospital
3 people admitted to Hospital from ARC due to ill health	<ul style="list-style-type: none"> • Only people needing hospital treatment admitted

Supporting Recruitment and Retention – The Council and the Health and Social Care Career Academy jointly facilitate a Recruitment and Retention Sub Group which is made up of different social care providers across the Blackpool Place.

The regular meetings provide an opportunity to explore the training opportunities available via the Blackpool and Fylde College, including the programmes that are specifically tailored to social care and supporting people to enter the field with very little experience.

Providers across Blackpool have experienced significant challenges around recruitment and retention over recent years. To assist providers the Council has made available to them the Council's I-Pool (e-learning) system so that their staff can receive training in a number of different areas. This has helped providers meet a training and development need that can be difficult to meet due to limited finance resources for training.

A further request from Providers to the Council was around the health and wellbeing of the broader social care workforce in Blackpool and if the whole social care workforce could be considered the same as Council employees in regards to Sport and Leisure Concessionary Memberships. Leisure Services have supported this initiative and the Active Blackpool Corporate membership will be made available to the wider social care workforce from January 2024 and at the same cost as it is for Council employees and associated partners of the Council, which is £19.99 per month or £39.99 for a joint membership.

This is a really positive step towards improving the health and wellbeing of our population but also the workforce that is supporting some of our most vulnerable residents in the Town. We need to continue to support a healthy workforce and this new initiative will ensure affordable membership of Blackpool's leisure facilities.

6.5 Adult Finance Update:

At Month 7 the Adults Department is reporting a forecast £2.4m overspend.

Both Adult Social Care and Care and Support are reporting operational underspends (£141k combined) due to a significant number of vacant posts within these divisions.

The Commissioning Budget is forecasting a £2.56m overspend due to pressures across various areas of the service, primarily Short Term Care, Supported Living, Residential and Nursing placements, Homecare, Daycare and Direct Payments. A proportion of these pressures have been offset through additional client income and the Market Sustainability and Improvement Fund which is being used to offset the residential/nursing top-ups and Out of Area fee rates.

There is also a savings shortfalls of £1.01m from the proposal in which the Integrated Care Board (ICB) were expected to provide additional income of £1.6m into the Better Care Fund (BCF).

6.6 Does the information submitted include any exempt information? No

7.0 List of appendices

7.1 None

8.0 Financial considerations

8.1 None

9.0 Legal considerations

9.1 None

10.0 Risk management considerations

10.1 None

11.0 Equalities considerations 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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3 Conversations in Adult Social Care

February 2023

Using the 3 Conversations approach we will:

- Work on the basis of building good relationships.
- Listen hard to what really matters to people.
- Have meaningful conversations with people and their families based on what they want to talk to us about.
- Bring more humanity, curiosity and kindness to our work.
- Learn how to record our work proportionately.
- Significantly cut bureaucracy.

Our New Approach

1 Conversation 1 : Listen & Connect

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



2 Conversation 2 : Work intensively with people in crisis

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



3 Conversation 3 : Build a good life

For some people, support in building a good life will be required.

What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



Rules of the 3 Conversations Approach

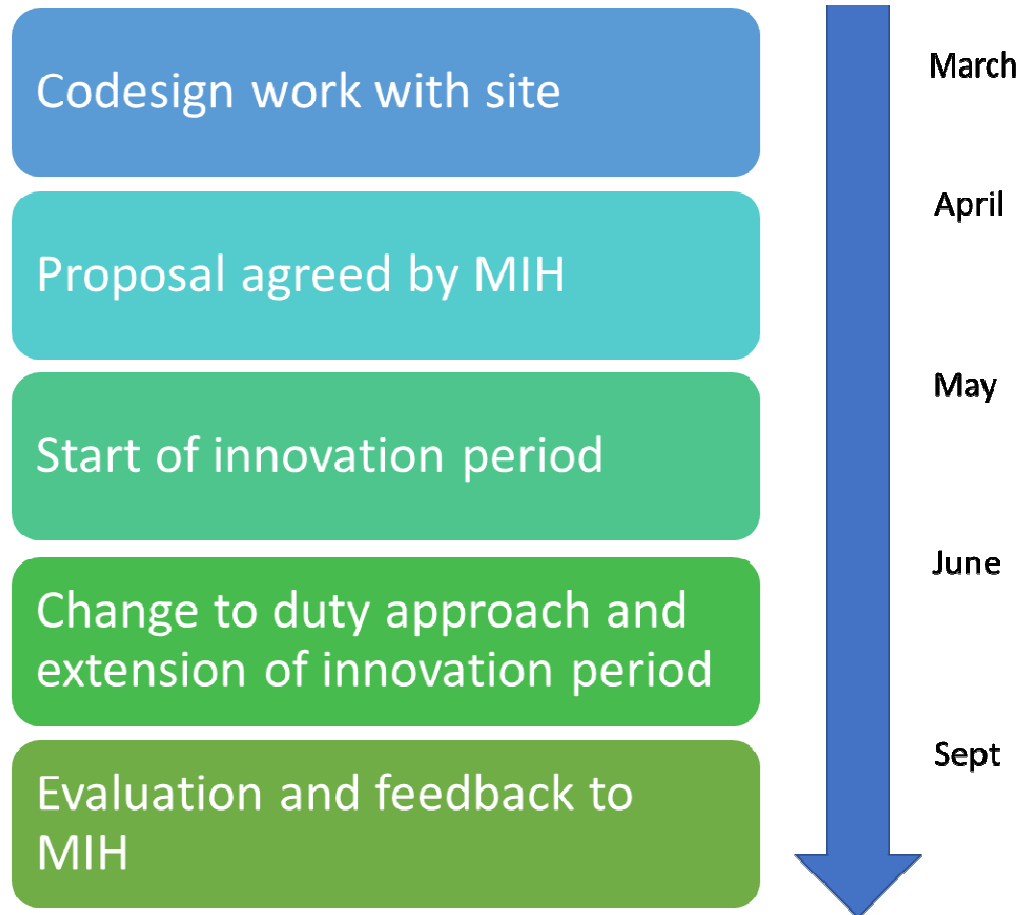
- Stop 'assessing people for services'.
- Always start conversation with the assets and strengths of people, families and communities.
- Always exhaust conversations 1 and 2 before having conversation 3 and test this out with colleagues.
- Never plan long term in a crisis.
- Stick to people like glue during conversation 2 – there is nothing more important than supporting someone to regain control of their life.
 - No hand-offs or transfers, no referrals, no triage or screening, no allocation, no waiting lists.
- We are not the experts – people and families are.
- Know about the neighbourhoods and communities that people and their families are living in.
- Always work collaboratively with other members of the health and social care and wider support system.

How Are We Going to Make The Change?

We will create Innovation Sites where:

- We will work really differently using the 3 Conversations approach.
- We will respond to people quickly, listen hard, and understand what matters.
- Innovation sites will last for 13 weeks.
- They are co-designed with the innovators who step forward to work in them.
- We will lift some work out of our current system and liberate you to work as you have wanted to – using the Three Conversations rules.
- We will collect evidence every day about what the impact of this way of working really is for people and their families, for staff and for our resources.

Innovation Site 1 Timeline



The Cohort Agreed

- We cover 1.5 days of the existing weekly duty rota, initially all day Monday and Tuesday mornings.
- Any contact received about people who are already being worked with by colleagues outside of the innovation site will be sent on to them (as happens now). If that worker is not available and the matter is urgent we will respond using a Conversation 2 initially and use a huddle to decide what happens when the person's assigned worker returns.
- Any contact about people who do not have an assigned worker will be picked up and responded to using the 3 Conversations approach. This will mean working with that person using the 3C approach from that point onwards on our non-duty days.

The Intended Innovation

- Making better use of funds by making more use of community connections in conversations 1 & 2
- Making it easier for the people we work with to access the support they would find helpful.
- Making it easier for us to support people without unnecessarily complicated processes and paperwork – eg not completing additional forms or sending workflow outside of the site if we need approval for spending.
- Quicker links to colleagues where we need their support (eg finances)
- Explore the use of different conversations to help manage our work and to feel less rushed.
- Feel less pressured to complete work in accordance with predetermined timescales – being proportionate and making it more about the person.
- Simpler paperwork, and less of it, so we can spend more quality time doing '**real social work**'
- Help teams feel more supported and to hear a bit of laughter around the offices once more.
- Be able to start work with people sooner and remain involved as long as needed.
- Making sure people have more of a say in any plans to support them.

How many people have we worked with?

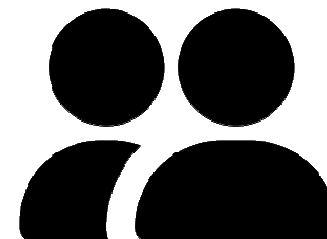
Number of people up to 17/09/2023



Starting conversations

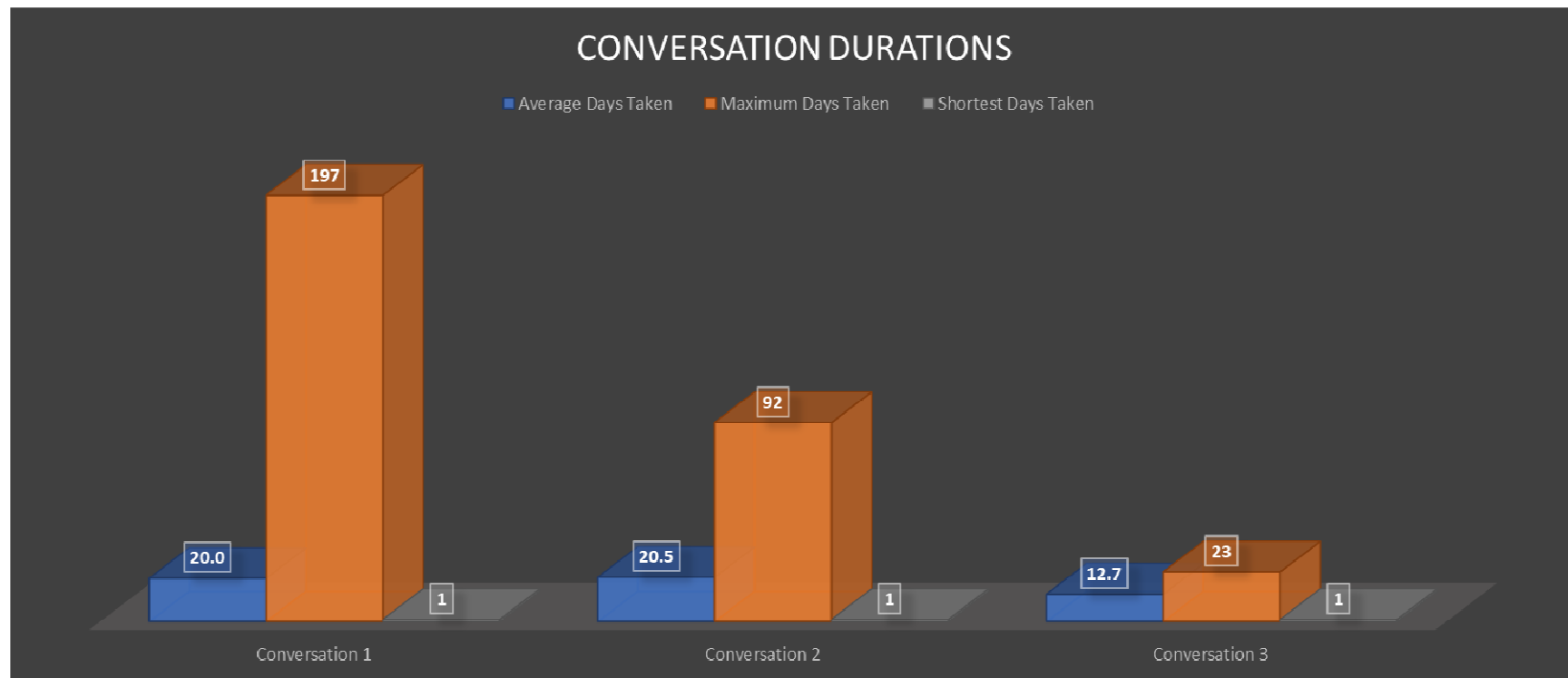


84% at
Conversation 1



16% at
Conversation 2

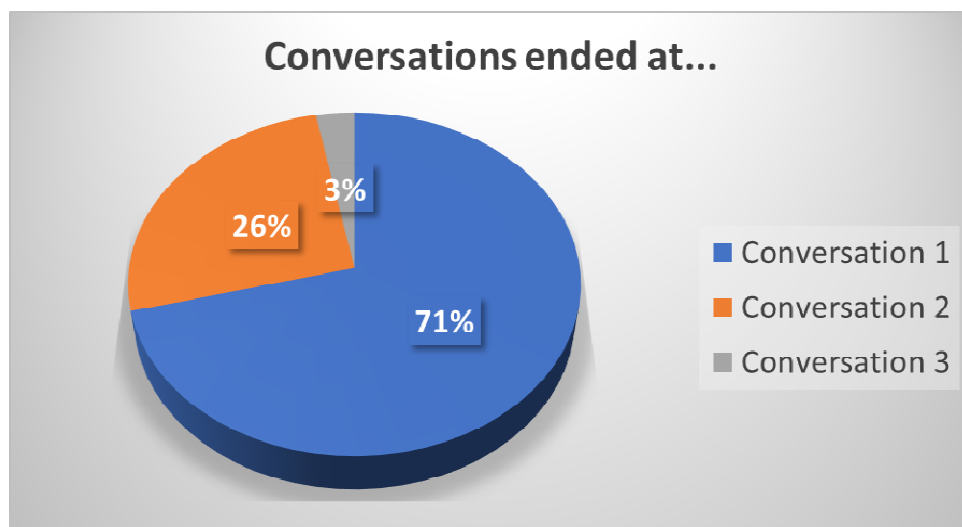
How long are conversations lasting?



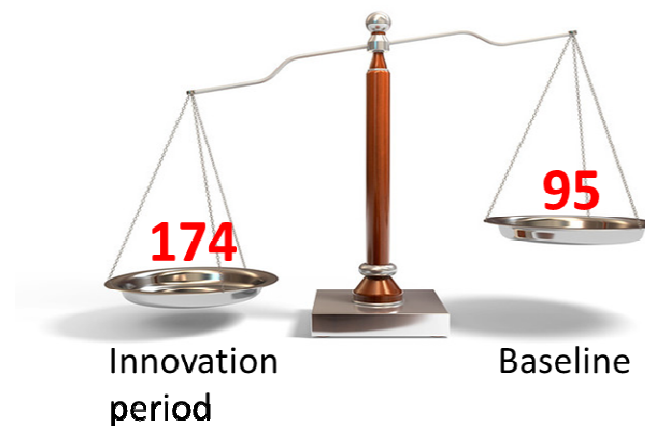
Note: 29% of Conversation 1's were completed on the same day as they started

How did our conversations end?

Total number of Conversations completed with people during the period - **254**

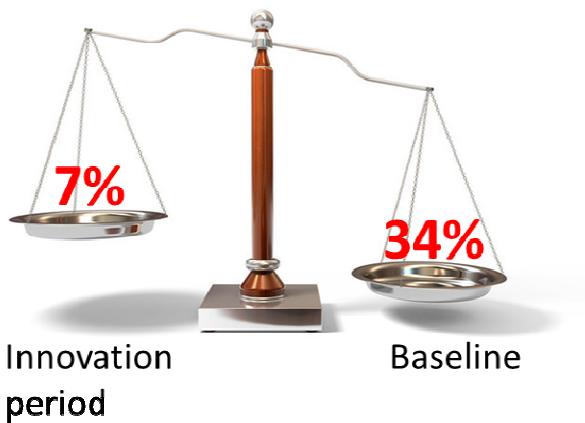


Completed Conversation work for “new” people compared with Assessments & Reviews over the same length of time



What our conversations led to

Conversion rate for “new” people



	Innovation Site	Comparison**
Total Short Term Residential Care placements	3	7
Total Bednights	85	457
Total Gross Cost	£7,208.17	£40,715.14
Average length of commissioned stay (bednights)	28	65

Connecting with our community

Some of the events we have been to are:

- Active into Autumn
- Breakfast with the Lions (Forces network)
- Scott Benton MP Older Persons Fair
- The Ibbison Court Roadshow
- The Armed Forces Covenant



We have made many new connections since starting on 3 Conversations and built stronger relationships that we may never have necessarily had previously. Some of these connections are with:

- The Grange – Community Hub
 - Rideability
 - The Volunteers Centre
 - The MS Society
 - Housing Options
 - ROC Gardening Services
 - SSAFA
 - Blackpool Football Club Community Trust
 - The Salvation Army
 - And many more.....
-
- All of these are services we either had little or no relationships with previously and now we have named contacts for each service that we can go to directly if needed. They are also very enthusiastic about our new approach and are happy to offer any assistance when needed.

A story of difference

Reason for contact	The difference & my experience
<p>The Learning Disability Team contacted duty to say they had helped Pete's son move into supported accommodation but were concerned that they had noticed some deterioration in Pete's health and were concerned for him as there would soon be nobody else in the house with him. The LD worker asked if we could go out on a joint visit which I did on the same day.</p> <p>When I got there I noticed Pete placed a ball behind his back as he sat down. The LD worker introduced me and explained about her concerns when Pete's son was due to move out. Pete was happy his son would be looked after well as he had been his sole support for the last 7 years since his wife died.</p>	<p>I felt supported to have the time needed to work with this person.</p> <p>It was about Pete, not about assessments.</p> <p>Getting to know him was a wonderful experience and I learned a lot about him in a relatively short period of time.</p>
Action taken	
<p>I asked about the ball and he told me that he thought he had a shattered disc in his back and this helped with the severe pain. He also told me he had been constipated for 14 weeks and had been coughing up what looked like coffee grounds. I was worried about these symptoms and when I asked if he'd seen a GP he said he hadn't for the last 13 years. I asked if he'd like to go to one now but he said no and I didn't push the point. I asked if he'd like me to go to the walk in centre with him but he was worried about his son. I suggested we made arrangements for his son to go into respite support pending his move and offered to go with him to the walk in centre which we did two days later when his son went into respite.</p> <p>We went early in the morning to avoid any crowds and as I drove him there in the car we talked more about the things he liked. He was really interested in calligraphy and sold some of his work in an online shop. When we got there he asked me to go in with him.</p>	
<p>The health staff examined him and ran tests which immediately suggested he had cancer at quite an advanced stage. They asked him to go to the Hospital to confirm this but he was not happy with that. After discussing options with him and the nurse I suggested that I take him there just to get his bloods checked and see what that showed, he agreed and we went straight there. We waited in A&E for most of the day and I took him to Costa to get a meal deal and some cakes – he liked Mr Kipling! We talked a lot about his life while we were waiting and I really feel I got to know him. After the tests they wanted to admit him and I stayed with him while they waited to find a bed (he hadn't slept in a proper bed for 3 years). I helped make him comfortable and said I'd be in contact on Monday before finally leaving the hospital at 8.45pm.</p>	
<p>I phoned him on Saturday to check he was OK and on Monday I went to see him again. He said he'd had enough and was going home but was clearly not well. The nursing staff weren't happy with this so I negotiated that I'd take him back home to get some clothes and things he needed and bring him back. I think he just wanted to see his house one last time. I saw him again on Tuesday and he asked for my help making a will. I phoned a solicitor and arranged that. I saw him again several times that week and on the Friday brought him some of the cakes he liked. He'd left a letter for me with one of the nurses which said "I think you've saved a life and I'm glad you have. You got me this far and no one in my life has cared for me like this". Sadly, I had a phone call in the night from the hospital telling me he had died.</p>	

Innovator feedback

- We are spending more time with people and doing more with them e.g., waiting with them to meet with GP.
- The people I'm working with will call me regularly because they know I'm happy to spend time with them.
- I spoke to someone on duty on the 21st, discussed her with colleagues in a huddle, saw her on the 25th and began working with her by the following Friday. That would never have happened in the old world.
- I don't feel pressured to make a decision or come up with a plan too early and can work with the person at their pace.
- I feel more involved with the person – focused on what's important to them.
- When we started, I said I was person centred but I think I'm much more like that now as the old assessment process used to lead. Now I'm more led by the person and not just going through the motions.
- It's a much better way of working and I have lots more links with other services and activities which I can use when working with people. Huddles help us respond more quickly and the paperwork isn't overwhelming.
- It's made a real difference to people who feel the system had failed them.

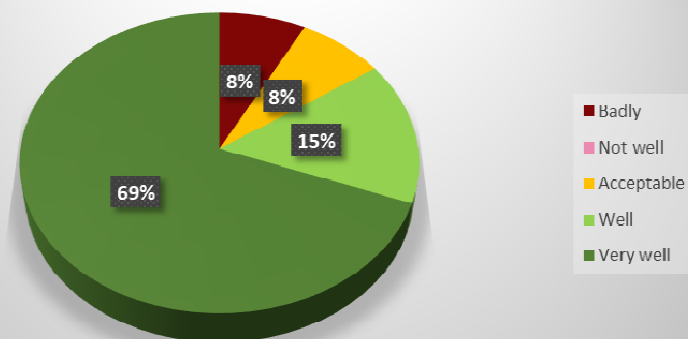
How the public rated us

Based on a sample of 13 people

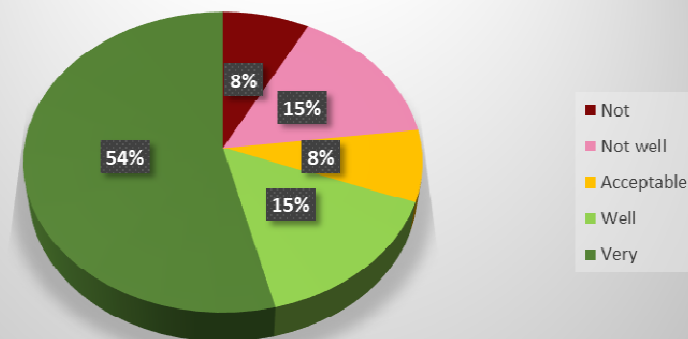
Average score of 4 out of 5 for each question

Note that 8% = 1 person

How well did we listen to you?



How satisfied were you with our help?



Note: It's thought that the 1 person who scored the team as performing badly seems to have been influenced by their experience with an OT but has not differentiated between the roles.

What next?

We currently have 3 further innovation sites running across the department:

- Adult Social Care Community Team "Innov8"
- Autism Team "The A Team"
- Adult Social Care Community Mental Health Team "The Go Getters Together"

With a fourth planned to start in February

The A Team

The A team works with people who are diagnosed as Autistic or are waiting for a diagnostic assessment. These are mainly adults over 18 but the team also do some work with those under 18 who need to transition into adult services. The team has a deputy manager, 5 social worker, a case assessor and 4 support workers.

The A team started using three conversations in late October and the latest Data we have is from week 8 of our period using 3 conversations.

So Far, the team has started 30 conversations, and has completed 13 of these. In the past, the team has often worked with people for a long time so this is a good proportion, and demonstrates the focus that 3 conversations as an approach has given us.

The team has only needed to complete 1 “conversation 3” and for this person we increased their existing package of support in the community. This demonstrates a reduction in commissioning for the team and shows that we are helping people with what they need, when they need it and maintaining their independence.

The A Team

The team does quite a lot of statutory work such as making applications to the court of protection, so far we haven't had the opportunity to submit any conversation records but hopefully this opportunity will arise.

The team has addressed all "new" work which has arrived during the last 8 weeks using the 3 conversations approach. The team did have a waiting list prior to starting to use the approach and this waiting list has also been reduced by 4-5 people.

A story of change

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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Sharon Davis, Scrutiny Manager
Date of meeting:	8 February 2024

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.

2.0 Recommendations:

- 2.1 To approve the Committee Workplan, taking into account any suggestions for amendment or addition.
- 2.2 To monitor the implementation of the Committee's recommendations/actions.

3.0 Reasons for recommendations:

- 3.1 To ensure the Committee is carrying out its work efficiently and effectively.
- 3.2 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 8a and was developed following a workplanning workshop with the Committee in July 2023. 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

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	
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. To include Suicide prevention and awareness update on ongoing work 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. 5. NHS Update - <i>improvements made following new work streams identified and implemented, long Covid treatment and current pressures. Staff retention / Staff conditions / Bank staff cost and implications to the quality of service</i>
11 th July 2024	<ol style="list-style-type: none"> 1. Adult Services update / Adult Services Care packages – costs and procedure with regards to remodelling packages when health 2. Population Health Team – requested 16/11/23 – to understand how the projection data was collated 3. Access to dentists – an update from NHS England following the Committee’s review of access to dentistry in Blackpool 4. Initial Response Service update on the development of the service. <i>(ADO for urgent and access who will present)</i> 5. LSCFT – CQC inspection outcome <i>(Tracey C)</i>
September / October 2024	<ol style="list-style-type: none"> 1. Carers Strategy 2. Annual Complaints Report (annual item) 3. Maternity Services progress update and overview of patient feedback. 4. NWAS Update 5. ICB Update <i>(Alternate meetings with Adults Services)</i> 6. Blackpool Safeguarding Adults Annual Report 2023/24
November / December 2024	<ol style="list-style-type: none"> 1. Adult Services update 2. Living with Dementia Service Update – 12 mth update requested 16/11/23(Andy Williams LSCFT and KS) 3. LSCFT – Mental Health Services Provision 4. Blackpool Teaching Hospitals National Health Service Foundation Trust Finance Report - 12 mth update requested 16/11/23 (Mark Brearley) 5. Annual KPI / Performance data (Ruth Henshaw)

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)
TBC 2024	Scrutiny review of population health management to also include long covid.
Strategy Development Work	
TBC	Joint Local Health and Wellbeing Strategy

**** Standard Items:**

Adult Services Update (every other meeting / alternate with ICB)

ICB Update (every other meeting / alternate with Adult Services)

Annual KPI Report (Annual Sept / Oct)

Annual Complaints Report (Annual Sept / Oct)

Health Watch (Annual Feb / March)

Initial Response Service (Annual April)

NWAS (Annual

Blackpool Safeguarding Adults Annual Report (Annual Sept / Oct)

Monitoring the Implementation of Scrutiny Recommendations

Adult Social Care and Health Scrutiny Committee

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
3	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
4	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 An additional request received at 28.09.23 meeting to receive the final evaluation of the '3 conversations' work.	On Agenda
5	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
6	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

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
7	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
8	28/09/23	To receive the 13 areas for improvement 'Must and Should Do' performance monitoring relating to Maternity Services outside of the meeting.	TBC	Janet Barnsley		Ongoing
9	16/11/23	To receive future updates as appropriate with regards to the impact of the changes within the ICB.	March 2024	Karen Smith	A further update is scheduled to be presented to the Committee in March 2024.	Not yet due
10	16/11/23	To receive a further Dementia update in 12 months' time	November 2024	Karen Smith	Added to workplan.	Not yet due
11	16/11/23	To invite the Population Health Team to a future meeting, to understand how projection data was generated.	TBC	TBC		Not yet due
12	16/11/23	To receive a further report from Blackpool Teaching Hospitals NHS Foundation Trust on the financial pressures and progress on the recovery plan in 12 months' time.	November 2024	Mark Brearley	Added to workplan.	Not yet due
13	16/11/23	To receive additional information in future reports with regards to Blackpool's performance against other local authorities.	TBC	Ruth Henshaw/ Karen Smith	To be added into future reporting.	Not yet due