

Adult Social Care and Health Scrutiny Committee

Informal meeting: 11 February 2021

Blackpool Fulfilling Lives Briefing

In attendance: Councillors Burdess (in the Chair), Hunter, Hutton, O'Hara, Mrs Scott and Wing.

Ian Treasure, Partnership Manager, Blackpool Fulfilling Lives Legacy Board

Nicola Plumb, Lived Experience Team Manager

Steven Brown, Lived Experience Team

James Devereux, Data and Evaluation Team Manager

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

Sharon Davis, Scrutiny Manager

Ian Treasure introduced the Blackpool Fulfilling Lives (BFL) Evaluation report and noted that 529 beneficiaries had been helped during the lifetime of the project. It had been estimated that significant cost savings (identified as an average of £10k per client) to the wider health economy had been made due to the impact of the project. The funding from the lottery had allowed those involved in project to become ambassadors for system change. Assessment of the success of the project had been based on speaking to those involved about the impact that project had had on their lives. The project would end on 31 March 2021 with all work with continuing clients wound up by end December 2021.

Mr Treasure considered that the project had been successful due to the way in which it had interacted with its beneficiaries. Instead of expecting them to access services in the same way as everyone else, Fulfilling Lives went to where they were. A rapport had been built with the clients slowly and by asking questions in a different way ('what matters to you?'). The key aspects of success had been identified as better outcomes for service users, system change, a co-ordinated approach to therapeutic activities and empowering service users.

With services due to close during the year, a close down plan had been written and it was being determined what services could continue in other forms. For example, the Lived Experience Team would be transferred to the new ADDER project for continuation.

Members discussed the system change in detail and noted that a wide range of organisations had been involved and many had altered their working practices based on the outcomes identified by the Fulfilling Lives project. It was recognised that many organisations had worked hard to effect such positive change, but that there were some organisations that had not participated and that ongoing pressure was required to maintain the system change.

It was reported that not all services provided by Fulfilling Lives had been taken up for continuation and that the end of the project would create gaps in provision. There was an ongoing dialogue with the Clinical Commissioning Group regarding potential funding. The service model had been recorded as a legacy of the BFL project and could be funded at any time to restart provision in the future. It

was noted that the costs savings identified for health services would provide a good return on investment.

The Academy Model was discussed in detail and Members noted its importance in giving people who might otherwise feel hopeless a future. The model provided funded training, the potential to gain qualifications such as the Drug and Alcohol National Occupational Standards and opportunities to work. Mr Treasure also highlighted the Princes Parade Crazy Golf (North Promenade) social enterprise and the positive impact on those involved.

It was noted that BFL had worked with people with multiple disadvantages, they might have experienced childhood poverty, abuse, neglect or trauma and there was a lot of learning from the impact of childhood experiences on adult life. Head Start and A Better Start were working to address and prevent such trauma in childhood, however, it was considered inevitable that not all negative experiences could be prevented.

The Lived Experience Team (LET) was identified as a significant positive of the scheme and it was positive that the Team would continue its work through the ADDER project. It was considered important that the views of the Lived Experience Team continued to be sought in all aspects moving forward and in the future co-production of services. The LET had broken down barriers by identifying required changes such as purchasing mobile phones for people without them, ensuring that the right worker was assigned to the right beneficiary resulting in high levels of retention and engagement and offering support to reduce substance misuse and offending to whatever level was possible for the individual.

In response to questions, it was noted that two people had been excluded from the project due to safety concerns and a further 93 had disengaged. All those involved in the programme had chaotic lifestyles, for some engagement might not have been the right time or the right circumstance. BFL had continued to try to re-engage with all beneficiaries.

Members were particularly interested in the 'stigma' work and queried the confidence levels that the system change had been truly effective. It was noted that there was confidence, however, it was important to ensure the change continued and individuals continued to be treated with the respect that they should be treated with. Previously the Horizon project had written to clients who had missed appointments to threaten them with prescription withdrawal if they did not contact the service. Working with BFL and the LET, the letter had been changed to one of concern for the client and asking them to contact the service for help. It was important to look at services through the eyes of the service user.

It was noted that through the ongoing Drug Related Deaths Scrutiny Review, Members had identified that regular reports should be received on the ADDER project to assess impact and progress and that this regular reporting could be expanded to include the ongoing work of the LET.

Another key area for discussion was the issues raised regarding data sharing. It was considered that when trying to work together for the best outcomes for individuals, there should be no concerns of data sharing and it was noted that during some forums such as the Drug Related Death Panel that individuals were discussed as a whole with all organisations contributing whatever information they had.

Conclusions and Next Steps

Members determined that they wished to follow up on the following areas:

1. Progress regarding the funding of the ongoing service model by the Clinical Commissioning Group.
2. System change and stigma, reframing communications in a positive way for all organisations.
3. Data sharing.
4. Following closure of BFL to track the impact of the closure and the gaps in service provision left by the closure.