

Report to:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Relevant Officer:

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

Date of meeting:

Thursday 16 November 2023

LIVING WITH DEMENTIA – BLACKPOOL PLACE

1.0 Purpose of the report

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

1.2

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

2.0 Recommendation(s)

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

3.0 Reason for recommendation(s)

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

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

3.3 Is the recommendation in accordance with the Council's approved budget? No

4.0 Other alternative options to be considered

4.1 N/A

5.0 Council priority

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience

6.0 Background and key information

6.1 Blackpool – Population Health (Context):

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

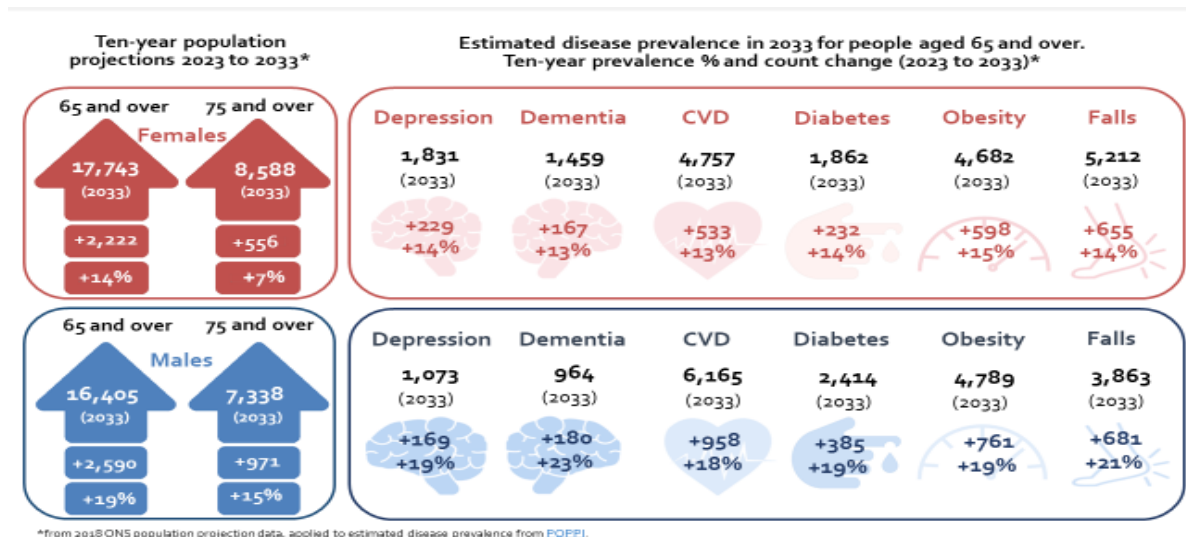
In the ten years to **2033**, Blackpool overall has a smaller increase in females aged 65 (14%) compared to the Lancashire and South Cumbria ICS and a similar increase for males (19%).

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

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

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

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



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

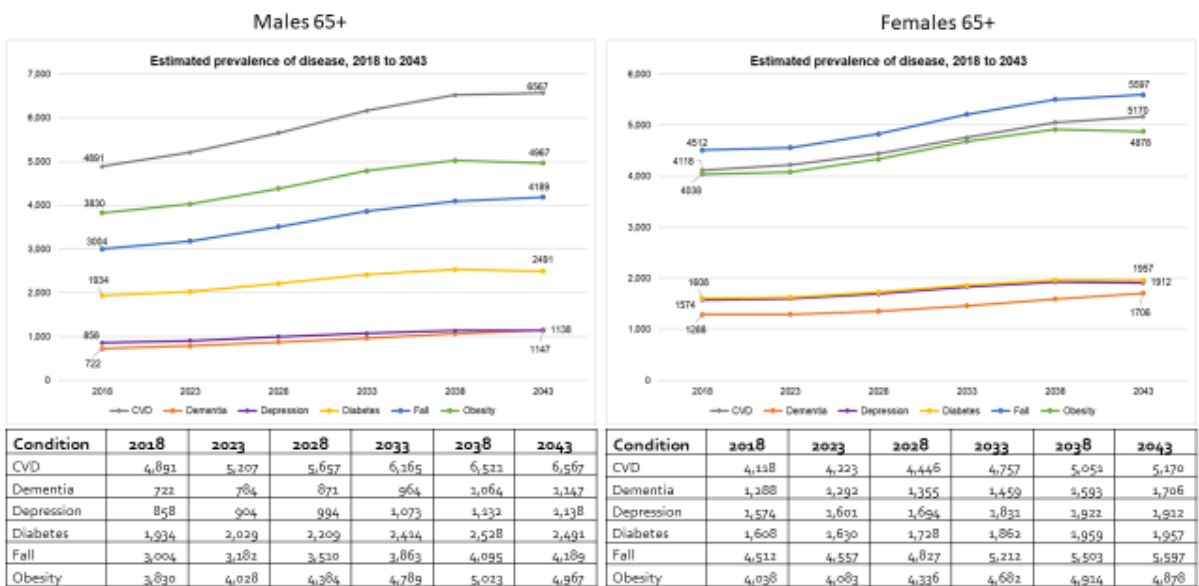
Looking at the projected figures, almost 6,600 males (65 and over) and 5,170 females (65 and over) are expected to have Cardiovascular Disease (CVD) by 2043. For falls this is almost 5,600 for females and almost 4,200 for males.

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

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

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

Estimated disease prevalence to 2043* Blackpool



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

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

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

Community:

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

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

Dementia Type Conditions Include:

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

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

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

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

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

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

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

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

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

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

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

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

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

Hospital (In-Patient):

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

Community Mental Health Team (Health Lancashire and South Cumbria NHS

Foundation Trust):

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

Specialist Support for Learning Disabled Adults:

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

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

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

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

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

6.3 Provision of Care and Support (Delivery):

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

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

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

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

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

The Harbour Hospital Blackpool - In-Patient Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.4 What People Tell Us (Testimonials/Feedback):

Family Testimonial:

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

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

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

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

Adult Social Care Testimonial:

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

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

Long may this service continue.

Family Testimonial:

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

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

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

Partnership Working:

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

Partnership Working:

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

*Always fantastic to work with * and the teams*

Family Testimonial:

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

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

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

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

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

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

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

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

6.5 Dementia in Blackpool – Quality and Outcomes Framework Analysis

What is the Quality and Outcomes Framework?

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

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

What is in the QOF regarding dementia?

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

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

What does the QOF tell us about dementia in Blackpool?

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

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

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

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

Opportunities

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

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

Limitations

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

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

References

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

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

6.6 **Partnership Working – The Future:**

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

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

Additional Contextual Information:

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

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

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

6.7 Does the information submitted include any exempt information? No

7.0 **List of appendices**

7.1 Appendix 6a – LSCFT Report – Living with Dementia

8.0 **Financial considerations**

8.1 None

9.0 Legal considerations

9.1 None

10.0 Risk management considerations

10.1 None

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

11.1 None

12.0 Sustainability, climate change and environmental considerations

12.1 None

13.0 Internal/external consultation undertaken

13.1 None

14.0 Background papers

14.1 None