

# Blackpool Council

12 March 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, 21 March 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 MINUTES OF THE LAST MEETING HELD ON 8 FEBRUARY 2024** (Pages 1 - 6)

To agree the minutes of the last meeting held on 8 February 2024 as a true and correct record.

#### **3 PUBLIC SPEAKING**

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

**4 STROKE SERVICES UPDATE** (Pages 7 - 16)

To advise the Adult Social Care and Health Scrutiny Committee about the current position with the Stroke Service in Blackpool Teaching Hospitals NHS Foundation Trust (BTH).

**5 BLACKPOOL TEACHING HOSPITALS - OBJECTIVES AND UPDATE ON KEY WORK STREAMS** (Pages 17 - 60)

To advise the Committee on the progress against the Five-Year Strategy, associated 2024 / 25 objectives and work streams for Blackpool Teaching Hospitals NHS Foundation Trust (BTH).

**6 MENTAL HEALTH PROVISION FOR YOUNG MEN AND SUICIDE PREVENTION** (Pages 61 - 76)

To provide an update to the Committee on recommendations made in the Mental Health Provision for Young Men scrutiny report.

To provide an update to the Committee on suicide prevention awareness and ongoing work, including national and local data and crisis service provision.

**7 INTEGRATED CARE BOARD UPDATE** (Pages 77 - 94)

To provide a summary of the key updates and decisions made since the last ICB update at the scrutiny meeting in November 2023, including an update on recovery and transformation. The report also includes a summary of the most recent integrated performance report for the ICB.

**8 SCRUTINY WORKPLAN** (Pages 95 - 104)

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, 11 July 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](mailto:jodie.stephenson@blackpool.gov.uk)

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# Agenda Item 2

## MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING - THURSDAY, 8 FEBRUARY 2024

### Present:

Councillor Critchley (in the Chair)

Councillors

Bamborough	Hunter	Marshall	Roe
Cooper	Jackson	D Mitchell	Mrs Scott

### In Attendance:

Councillor Neal Brookes, Cabinet Member for Adult Social Care (ASC)

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 Gill Nixon-Smith, Head of Adult Social Care (ASC) Community and Health Linked Services

Ms Liz Russell, Head of Adult Social Care (ASC) Autism Learning Disability and Mental Health

Ms Samantha Wake, Deputy Team Manager (ASC)

Ms Lucia Plant, Deputy Team Manager (ASC)

Mr Mark Bairstow, Social Worker (ASC)

Mr Harrison Mottram, Student Social Worker (ASC)

Ms Zarna Choudhury, Case Assessor (ASC)

Ms Andrea Anderson, Director of People – Place and Programmes (ICB)

### 1 DECLARATIONS OF INTEREST

Councillor Laura Marshall declared a personal interest in respect of item 5 – ICB Workforce Update, the nature of the interest that she worked in Unison Health Branch.

### 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 16 NOVEMBER 2023

The Committee agreed that the minutes of the last meeting held on 16 November 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 February 2024 to May 2024, relating to the portfolios of the Cabinet Members whose responsibilities fell within its remit and noted the upcoming items.

**MINUTES OF ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
THURSDAY, 8 FEBRUARY 2024**

## **5 ICB WORKFORCE UPDATE**

Ms Andrea Anderson, Director of People – Place and Programmes, and Ms Karen Smith, as Director of Health and Care Integration (Blackpool), Lancashire and South Cumbria (ICB) provided an extensive report with regards to the ICB workforce. Members praised the content and appearance of the data within the report.

A Place-Based Partnership had been developed for Lancashire and South Cumbria to promote and enable deeper integration and collaboration with health and social care in order to improve population health, hospital flow and discharges into the community. A development day would be delivered to staff with regards to understanding the partnership.

The 5 year workforce strategy had been approved, implementation would launch in March 2024 and would detail what this meant for Blackpool. Work was underway with regards to the presentation of figures and how data would be recorded in the future.

The different ways of learning and providing training had been discussed and highlighted the need for more face to face training sessions, to increase peer to peer support. Work would also continue with regards to career pathways and the retention of staff, changes to the culture and the ethos had been identified as a key area for development.

Members requested a future update once the changes had been embedded, the data to include both positive and negative stories to enable the scrutiny committee to support the service more appropriately.

The employment pathway was discussed and Members requested detail of the information collated for people leaving employment. Ms Anderson advised that an exit interview should be completed with outgoing staff, but acknowledged that the data analysis lacked structure and more could be done to understand the reasons why people left the organisation. It was suggested that a further analysis of the exit analysis data be undertaken with a report presented back to the Committee in due course.

### **The Committee agreed:**

1. A further analysis of the exit interview data to be received in due course.
2. To receive a further report with regards to the changes being made to the career pathway once the new ways of working were embedded.

## **6 HEALTHWATCH UPDATE**

Ms Beth Martin, Healthwatch Blackpool Manager attended the Committee to provide an update on the work of Healthwatch Blackpool.

Ms Martin highlighted the work that Healthwatch were undertaking within the five priority wards in Blackpool;

- Bloomfield

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THURSDAY, 8 FEBRUARY 2024**

- Claremont
- Park
- Talbot
- Tyldesley

A door knock project had been undertaken to consult with residents face to face. The project resulted in over 400 people sharing their experiences. A number of themes had been identified and ranged from access to health and care, the cost-of-living crisis and the challenges of social isolation.

The feedback received had been honest and based on real life experiences. The data had been used to develop the services going forward. Following the implementation, residents were provided with details on how their contribution had impacted on the service.

A number of projects were underway with regards to assisting the homeless population with accessing dentistry and vital cancer screening for women.

Ms Martin advised that all services were working well together and engagement had been welcomed by all.

Members praised the volunteering opportunities with the service which allowed people to make care better for the community.

**The Committee agreed:**

1. Include Healthwatch as a regular item on the agenda to enable efficient scrutiny
2. To receive a data report from the consultation exercise outside of the meeting.

**7 ADULT SERVICES UPDATE**

Ms Samantha Wake, Deputy Team Manager, Ms Lucia Plant, Deputy Team Manager, Ms Zarna Choudhury, Case Assessor, Mr Mark Bairstow, Social Worker and Harrison Mottram, Student Social Worker, all from Adult Social Care gave a progress update following the implementation of the 3 Conversations approach.

To date they had worked with 343 people, 84% of those were dealt with using conversation one, and 16% had progressed to conversation two.

Ms Choudhury, Mr Bairstow and Mr Mottram provided the Committee with three very different, real life experiences where the 3 Conversations approach had been applied and explained how the impact of the approach had created better outcomes for the individuals.

The team explained that as part of the promotion for the 3 Conversations approach they had attended a number of community events and coffee mornings. The team advised that as part of the continued promotion of 3 Conversations they would be attending the Blackpool Place Based Partnership 'Spring into Spring' event at the Winter Gardens on Monday 13th March 3-5pm.

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Ms Karen Smith, Director of Adult Services, Blackpool Council and Director of Health and Care Integration (Blackpool), Lancashire and South Cumbria (ICB) advised that the 3 Conversations implementation was in the early stages, and evaluation would be a key measure of the success as to whether it would be rolled out to other services.

Members thanked the team and stated that the feedback from the life experiences had been great asset to the presentation.

Ms Smith and Councillor Neal Brookes Cabinet Member for Adult Social Care provided an Adult Services update and focused on the adaptations made by the different services and the impact they had had on workload over the Christmas period.

Work had continued with regards to the Ambulance Diversion Service to reduce the number of patients going to hospital by increasing the treatments within the home and virtual wards. In addition, the Ambulance Service and Rapid Response Service would continue to develop their offer to enable the right professionals to be available to the patient at the initial stage to prevent the need for them to be admitted to hospital.

The Fylde Coast Health and Social Care Career Academy had provided a positive impact on reducing staff turnover. The whole recruitment process would be analysed, bringing the social care services together with regards to recruitment events and the application process alongside ongoing work with regards to recruitment and retention of staff across the whole sector.

With regards to budget concerns, the annual budget would be approved at Annual Council on 21 February 2024. Ms Smith advised that joint working should be a priority to ensure efficiency savings.

In response to a question, Ms Smith explained that the Integrated Care Board (ICB) had been expected to provide additional income of £1.6m into the Better Care Fund (BCF), however this had not transpired. Members were reassured that no retrospective funding would be included in future budgets to mitigate this type of shortfall in the future.

**The Committee agreed:**

To receive a further update from 3 Conversations in 12 months' time, with specific information on what worked well, what did not work so well, service demand and budget implications.

**8 SCRUTINY WORKPLAN**

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

**The Committee agreed:**

1. To include a 3 Conversation update in 12 months' time.
2. To undertake a detailed review with regards to the Care packages.
3. That following a number of recent updates regarding Dentistry, to postpone the



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item to a later meeting.

4. To postpone the Carers Strategy to the first meeting of 2025.
5. To include Healthwatch as a regular update.

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

**9 DATE OF NEXT MEETING**

The date and time of the next meeting was noted as Thursday, 21 March 2024 commencing at 6.00pm.

**Chairman**

(The meeting ended at 8.05 pm)

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

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<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Steven Christian, Deputy Chief Executive
<b>Date of meeting:</b>	21 March 2024

## **BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST DEVELOPMENT AND DELIVERY OF STROKE SERVICES**

### **1.0 Purpose of the report**

1.1 The purpose of this report is to advise the Adult Social Care and Health Scrutiny Committee about the current position with the Stroke Service in Blackpool Teaching Hospitals NHS Foundation Trust (BTH).

### **2.0 Recommendation(s)**

The Adult Social Care and Health Scrutiny committee is asked to:

2.1 Note the positive progress regarding SSNAP performance, medical junior recruitment and improvements sustained regarding TIA access.

2.2 Note the challenges associated with consultant medical recruitment and the pressures that non-elective services face, exacerbating access issues in times of heightened demand.

2.3 Note and support the approach for delivering improvements as part of the wider LSC Stroke Network with a committed focus on specific milestones and access that will improve care.

2.4 Note the final phase of the Enhanced Network Model of Acute Stroke Care and Rehabilitation business case, which sought to introduce HASU models across different sites is on pause due to funding across the LSC ICB.

### **3.0 Reason for recommendation(s)**

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

3.2 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:
- 'The economy: Maximising growth and opportunity across Blackpool'
  - 'Communities: Creating stronger communities and increasing resilience'

## **6.0 Background and key information**

6.1 At BTH, stroke services play a pivotal role in addressing the impact of strokes on individuals and their families within the local community. With a commitment to excellence in stroke care, BTH has developed a comprehensive stroke pathway designed to deliver high-quality, evidence-based interventions across the continuum of stroke care.

6.2 As a system, Lancashire and South Cumbria (LSC) is providing life-saving treatments including thrombolysis (clot busting intervention) and mechanical thrombectomy (clot retrieval intervention) at rates less than the national average.

6.3 A business case was produced to address the unwarranted variation and increase thrombolysis and increase the speed and capacity with which acute stroke and ambulance services can respond to stroke. In this business case it was agreed that BTH would become an Acute Stroke Centre (ASC) offering hyper-acute care with Lancashire Teaching Hospitals NHS Foundation Trust remaining as the Comprehensive Stroke Centre (CSC) with its links to neurosurgery.

6.4 Does the information submitted include any exempt information? **No**

## **7.0 List of appendices**

7.1 Appendix 4a - BTH SSNAP Performance

## **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 Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria - Health Scrutiny Committee - Tuesday, 1st February 2022.

**Blackpool Teaching Hospitals NHS Foundation Trust**  
**Development and Delivery of Stroke Services**  
**Adult Social Care and Health Scrutiny Committee**

**1 Purpose**

- 1.1 The purpose of this report is to advise the Adult Social Care and Health Scrutiny Committee about the current position with the Stroke Service in Blackpool Teaching Hospitals NHS Foundation Trust (BTH).
- 1.2 This paper provides an update for Scrutiny Committee members on the Trust's quality of care and performance improvements/challenges regarding Stroke Services.

**2 Background**

- 2.1 At BTH, stroke services play a pivotal role in addressing the impact of strokes on individuals and their families within the local community. With a commitment to excellence in stroke care, BTH has developed a comprehensive stroke pathway designed to deliver high-quality, evidence-based interventions across the continuum of stroke care.
- 2.2 The stroke services at BTH encompass a multidisciplinary approach, involving collaboration among various healthcare professionals, including stroke physicians, nurses, therapists, and support staff. BTH works closely with Lancashire Teaching Hospitals NHS Foundation Trust, as the regional lead for patients requiring thrombectomy services.
- 2.3 Furthermore, BTH recognises the importance of not only acute stroke care but also post-acute rehabilitation and long-term support for stroke survivors. With specialised rehabilitation support, the Trust offers a 23 bedded unit where Stroke patients, with the support of specially trained therapists, are helped to resume their lives back in the community.
- 2.4 As a system, Lancashire and South Cumbria (LSC) is providing life-saving treatments including thrombolysis (clot busting intervention) and mechanical thrombectomy (clot retrieval intervention) at rates less than the national average.
- 2.5 A business case was produced to address the unwarranted variation and increase thrombolysis and increase the speed and capacity with which acute stroke and ambulance services can respond to stroke. In this business case it was agreed that BTH would become an Acute Stroke Centre (ASC) offering hyper-acute care with Lancashire Teaching Hospitals NHS Foundation Trust remaining as the Comprehensive Stroke Centre (CSC) with its links to neurosurgery.
- 2.6 Furthermore, in recent years, stroke services in BTH have faced significant challenges, with issues arising that have garnered public attention and scrutiny. These challenges have included concerns regarding the quality and safety of stroke care, as well as

allegations of misconduct and malpractice within certain healthcare settings. These issues have been the subject of criminal investigations, the findings of which have now concluded. Reputationally, this activity has created challenges regarding recruitment for the services and maintaining public confidence in the safety and quality of services.

- 2.7 It is imperative that there is acknowledgement of these past incidents so that organisationally, BTH can learn from them, and work collaboratively to address any issues.

### 3 Performance & Challenges

- 3.1 The performance and quality of stroke services undergo national assessment through the Sentinel Stroke National Audit Programme (SSNAP). This program gathers data from hospitals concerning the care administered to stroke patients, encompassing their journey from hospital admission through to the six-month mark following their stroke.
- 3.2 This system evaluates providers' performance across ten care domains, assigning them a rating from A to E. Hospitals or CCGs receiving an A score consistently meet the highest standards of care across nearly all patient cases. Conversely, those with an E score demonstrate lower performance and do not consistently meet the highest standards for many patients.

#### SSNAP Report

01/10/2023 to 31/12/2023

Overall SSNAP Level	<b>B</b>
Total KI Score	<b>76</b>
72hr Cohort	

Concerns
Formal Swallow
Not all Patients screened for MUST and seen by Dietician if high risk
Swallow Screen
Time to SLT
Time to Stroke Unit

- 3.3 SSNAP performance for the Quarter 3 of 2023/24 was graded at a 'B'. This grade represents an improvement from previous quarters which were graded at 'C' or 'D'. Although improvements have been delivered, there remain a series of challenges associated with SSNAP performance. Full details of performance are included at Appendix A, however the key areas of challenge are associated with timely access to the Stroke Ward and timely access to thrombolysis.
- 3.4 Access issues are exacerbated by non-elective pressures currently experienced by the organisation. Timely access to the ward can pose a challenge when occupancy across the site remains high, however, the organisation continues to ring-fence the Stroke Unit in its entirety to mitigate access issues as much as possible.
- 3.5 Other challenges associated with SSNAP performance is the access to Speech and Language Therapies (SLT) for patients. At present, due to recruitment challenges, the time to SLT is longer than the standard requests. The organisation remains committed

to appointing additional staff to support this crucial element of the service. Appointment to these posts is linked to the final phase of the Enhanced Network Model of Acute Stroke Care and Rehabilitation business case, for which funding has not yet been released.

3.6 Transient Ischaemic Attack (TIA) performance significantly deteriorated within BTH in August 2023, with a performance of 2.17% against an operational standard of 60% (the standard mandates that all patients suspected of a TIA should be seen within 24 hours of referral). This deterioration in performance was the result of workforce issues within the medical team.

3.7 Following this issue, the Trust has seen positive progress for TIA performance as the result of continued focus on timely access and further training of junior doctors to support TIA activity. Notably, the Division has successfully filled substantive registrar positions within Stroke services. The addition of these medical professionals to the workforce will fortify the delivery of TIA performance moving forward.

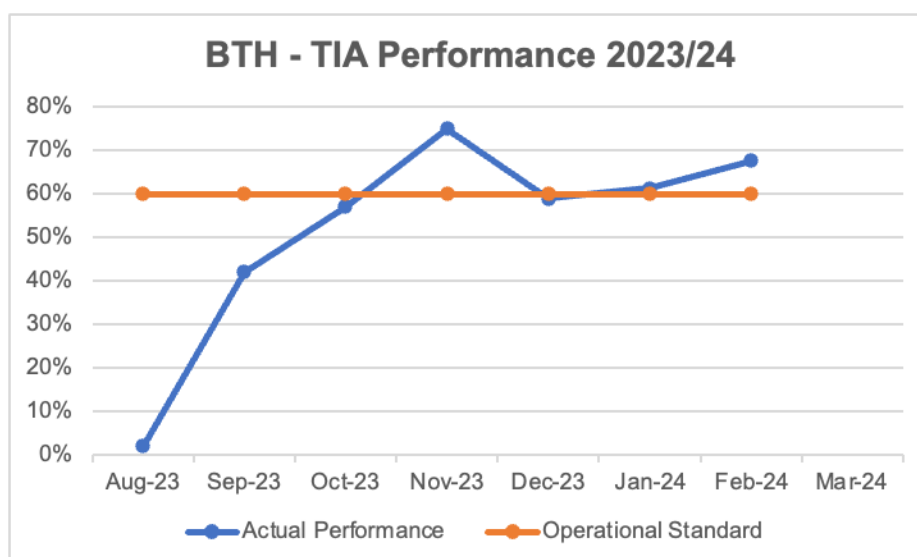


Figure 1: TIA Performance – A graph to show access in 24 hours against the 60% operational standard.

3.8 In addition, increased operational grip and support has been introduced to provide daily tracking and intervention for in-month TIA performance.

3.9 Recruiting medical professionals to consultant-grade positions within the stroke service has presented considerable challenges, exacerbated by a national shortage of stroke consultants. With an increasing demand for stroke care due to aging populations and advancements in stroke treatment, the need for skilled consultants has become more pressing.

3.10 The organisation, and the LSC region more broadly, has struggled to attract and retain substantive colleagues to lead and develop changes in the service.



- 3.11 The Division of Integrated Medicine is continuing to develop workforce strategies that offer a blended model including senior nurse consultant posts to help grow and develop a substantive BTH Stroke team. At the time of writing, there are 4 medical consultant vacancies within stroke services, which has been the case for a number of years. However, the organisation has had recent success in appointing to junior grades for medical posts and is now fully established across these levels.

#### **4 Opportunities & Developments**

- 4.1 A comprehensive stroke improvement plan is in place across the speciality with over thirty specific actions being taken to deliver improvements. These actions pertain to clinical staffing models, nursing care, therapy and rehabilitation and strategic vision. The actions are rooted in best practice and *Get It Right First Time (GIRFT)* guidance.
- 4.2 The action plan is reported through the Trust's Stroke Improvement Board, chaired by the Associate Medical Director. This group seeks assurances on progress with the support of the wider Stroke ICB network.
- 4.3 This forum also supports the delivery of the full business case for the Enhanced Network Model of Acute Stroke Care and Rehabilitation. The business seeks to deliver a network approach to stroke services across the region, recognising some of the challenges all providers face.
- 4.4 To date, there have been a number of key achievements delivered under the auspices of the business case, including recruitment to key nursing and junior medical roles, as well as the commissioning of a purpose-built Ambulatory Care Unit for stroke patients which opened in January 2023.
- 4.5 The final phase of the business case, which sought to solidify the service's hyper-acute stroke unit, remains on pause due to funding availability at an ICB level. The team, however, remain focused on trying to deliver the standards of care associated with the business case despite the final phase not yet being delivered.
- 4.6 Using the data and input from SSNAP performance and patient feedback, the organisation is developing the service further by focusing on high-priority actions that would support an improved model of care. The priority actions include:
- 4.6.1 **Access to diagnostic scans:** The team is exploring relocating thrombolysis kit to the Emergency Department to improve access to diagnostics as part of the initial response to stroke/query stroke patients arriving.
  - 4.6.2 **Consultant Recruitment:** There remains a key focus on recruiting substantively and using blended workforce models to support senior decision making across the service.
  - 4.6.3 **Discharge and Flow:** Focus on ensuring there is consistently ringfenced capacity on the Stroke Unit with a zero tolerance to medical outliers on the ward.

## **5 Summary**

- 5.1 This report advises the Adult Social Care and Health Scrutiny Committee on the current state of the Stroke Service at BTH. BTH is committed to excellence in stroke care, offering a comprehensive pathway of high-quality interventions involving various healthcare professionals.
- 5.2 Despite facing challenges, including issues with stroke care quality and workforce shortages, the Trust has made improvements in its performance, evidenced by an upgrade from a 'C' or 'D' grade to a 'B' in the Sentinel Stroke National Audit Programme (SSNAP).
- 5.3 However, challenges persist, particularly in timely access to stroke wards and thrombolysis. The Trust is addressing these challenges through workforce strategies and a comprehensive stroke improvement plan.
- 5.4 Despite funding constraints, progress is being made in delivering key achievements outlined in the plan, with a focus on enhancing diagnostic access, consultant recruitment, and discharge processes.
- 5.5 Overall, the Trust remains committed to providing high-quality stroke care and addressing ongoing challenges to improve patient outcomes.

## **6 Recommendation**

- 6.1 The Adult Social Care and Health Scrutiny committee is asked to:
  - 6.1.1 Note the positive progress regarding SSNAP performance, medical junior recruitment and improvements sustained regarding TIA access.
  - 6.1.2 Note the challenges associated with consultant medical recruitment and the pressures that non-elective services face, exacerbating access issues in times of heightened demand.
  - 6.1.3 Note and support the approach for delivering improvements as part of the wider LSC Stroke Network with a committed focus on specific milestones and access that will improve care.
  - 6.1.4 Note the final phase of the Enhanced Network Model of Acute Stroke Care and Rehabilitation business case, which sought to introduce HASU models across different sites is on pause due to funding across the LSC ICB.

Blackpool Teaching Hospitals NHS Foundation Trust, SSNAP Dashboard. Q3 2023/24

SSNAP Report  
01/10/2023 to 31/12/2023

72hr Cohort  
(Patient level)

Post 72hr Cohort  
(Patient level)

Breaches  
(Patient level)

Charts

Best Practice Tariffs

<b>Overall SSNAP Level</b>	<b>B</b>
Total KI Score	76
<b>72hr Cohort</b>	
<b>Stroke Unit</b>	<b>E</b>
Median Time to Stroke Unit	4.54
Percent Admitted Within 4hrs	44.38%
Percentage of Patients who spent 90% of time on Stroke Unit	73.03%
<b>Scanning</b>	
<b>Scanning</b>	<b>A</b>
Median Time to Scan	0.48
Scanned Within 1hr	57.23%
Scanned Within 12hrs	95.18%
<b>Thrombolysis</b>	
<b>Thrombolysis</b>	<b>C</b>
Percentage Thrombolysed	7.83%
Thrombolysed Within 1 hour	53.85%
Thrombolysed if Eligible	100.00%
Median Time to Thrombolysis	0.57
Admitted Within 4hrs and Thrombolysed if Eligible or valid reason for exclusion	42.77%
<b>Specialist Assessments</b>	
<b>Specialist Assessments</b>	<b>B</b>
Swallow Screen Within 4hrs	76.47%
Formal Swallow Within 72hrs	88.37%
Consultant Assessment Within 24hrs	86.67%
Median Time to Consultant	6.44
Nurse Assessment Within 24hrs	95.76%
Median Time to Nurse	0.32
<b>MDT Working</b>	
<b>MDT Working</b>	<b>C</b>
OT Within 72hrs	91.61%
Median Time to OT	21:08
Physio Within 72hrs	91.67%
Median Time to Physio	21:14
SLT Within 72hrs	92.86%
Median Time to SLT	27:18
Goals Within 5 Days	97.12%
Seen by Nurse and 1 Therapist Within 24hrs, All Relevant Therapy Within 72hrs and Goals Agreed Within 5 Days	61.03%

<b>Post 72hr Cohort</b>	
<b>Occupational Therapy</b>	<b>A</b>
Percentage Requiring OT	86.31%
Median Percentage of Days OT Received	75.87%
Median Number of OT Minutes	34.08
OT Compliance Average	86.84%
<b>Physiotherapy</b>	
<b>Physiotherapy</b>	<b>B</b>
Percentage Requiring Physio	85.71%
Median Percentage of Days Physio Received	72.92%
Median Number of Physio Minutes	31.67
Physio Compliance Average	72.50%
<b>Speech &amp; Language Therapy</b>	
<b>Speech &amp; Language Therapy</b>	<b>C</b>
Percentage Requiring SLT	42.86%
Median Percentage of Days SLT Received	68.20%
Median Number of SLT Minutes	28.13
SLT Compliance Average	51.06%
<b>Standards by Discharge</b>	
<b>Standards by Discharge</b>	<b>A</b>
Percentage of Applicable Patients Screened for MUST and Seen by Dietician if High Risk	93.10%
Percentage of Applicable Patients with Urinary Continence Plan	100.00%
Percentage of Applicable Patients Screened for Mood & Cognition	100.00%
<b>Discharge Processes</b>	
<b>Discharge Processes</b>	<b>A</b>
Percentage of Applicable Patients with Joint Health and Social Care Plan	100.00%
Percentage of Applicable Patients Discharged with Anti-Coagulant	100.00%
Percentage of Patients Discharged with a Named Contact	100.00%
Percentage of Patients Discharged with ESD	98.54%

<b>Concerns</b>
Formal Swallow
Not all Patients screened for MUST and seen by Dietician if high risk
Swallow Screen
Time to SLT
Time to Stroke Unit

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<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Steven Christian, Deputy Chief Executive (BTH)
<b>Date of meeting:</b>	21 March 2024

## BLACKPOOL TEACHING HOSPITALS - OBJECTIVES AND UPDATE ON KEY WORK STREAMS

### 1.0 Purpose of the report

- 1.1 To advise the Members of the Adult Social Care and Health Scrutiny Committee on progress against the Five-Year Strategy and associated 2024 / 25 objectives and work streams for Blackpool Teaching Hospitals NHS Foundation Trust (BTH).

### 2.0 Recommendation(s)

The Adult Social Care and Health Scrutiny committee is asked to:

- 2.1 Note the progress against key work streams set out in the presentation.
- 2.2 Note the challenges associated with key work streams set out in the presentation.

### 3.0 Reason for recommendation(s)

- 3.1 Is the recommendation contrary to a plan or strategy approved by the Council? **No**
- 3.2 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:
- 'The economy: Maximising growth and opportunity across Blackpool'
  - 'Communities: Creating stronger communities and increasing resilience'

### 6.0 Background and key information

6.1 Does the information submitted include any exempt information? **No**

**7.0 Financial considerations**

7.1 None

**8.0 Legal 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

# Blackpool Teaching Hospitals NHS Foundation Trust update

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Caring, Safe, Respectful



# Contents

## **Introduction – 5-year strategy**

- What has been achieved?
- What are the Trust key challenges and risks?

## **Operational Performance**

- Operational Performance - year to date position against key metrics/targets
- Update on Emergency Village

## **Quality and Safety**

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- CQC Update
- Quality Improvement approach and examples of best practice
- Update on specific quality priorities that merit oversight – incident management, improvement against any key standards etc.
- 24/25 Quality priorities

## **Workforce**

- Culture Plan – challenges and successes
- Recruitment and retention plan – challenges and successes
- Specific update on reduction in bank/agency provision linked to point B of this section

## **Financial sustainability**

- 22/23 high level position and deliverables/achievements (for example highest level of CIP delivery on record)
- 24/25 high level position and challenges/risks ahead





# Five Year Trust Strategy, 2022 – 2027 – *The ‘WHAT’*

We are well underway on our journey to **improve the lives of people** who live, work, visit, and volunteer on the Fylde Coast and beyond.

After significant stakeholder engagement and research, the Trust strategy was launched in **June 2022**.

Our strategy is enabling the Trust to focus its resources and activities to achieve our ambitions set out around **Our People, Our Population, and Our Responsibility**.

Strategic **enabling plans** and a **Strategic Transformation Portfolio (STP)** have been developed to support the operational delivery of the strategic aims and priorities.

<b>Our mission</b> Why are we here? <b>To deliver safe, effective, sustainable care for everyone, everyday.</b>			
<b>Our vision</b> What do we want to achieve? <b>We will improve the lives of people who live, work and volunteer on the Fylde Coast and beyond.</b>			
<b>Our aims</b> How will we achieve this?	 <b>Our people</b> We will widen access to job opportunities, becoming the <b>employer of choice</b> within our community, with an empowered, diverse and engaged workforce	 <b>Our population</b> We will work with our population to co-produce high quality services, with a key focus on preventative care and reducing health inequalities	 <b>Our responsibility</b> We will work with partners to deliver high quality, financially sustainable services and reduce our environmental impact
	<b>Our priorities</b> What is important to us?	<ul style="list-style-type: none"> <li>• Grow our own</li> <li>• Happy and healthy workforce</li> <li>• Learning culture</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated care</li> <li>• Health inequalities</li> <li>• Prevention and health promotion</li> </ul>

# Summary of our priorities



## Our people

We will widen access to job opportunities, becoming the **employer of choice** within our community, with an empowered, diverse and engaged workforce



## Our population

We will work with our population to **co-produce high quality services**, with a key focus on preventative care and reducing health inequalities



## Our responsibility

We will work with partners to deliver high quality, financially **sustainable services** and reduce our environmental impact



## Grow our own

Maximise the benefit of our diverse local community to grow our own future workforce and create local health and wealth.



## Health inequalities

Address inequalities in access, experience and outcomes of our care.



## Get the basics right

Work collaboratively with our partners to improve quality of care and become a Care Quality Commission (CQC) 'Good' Rated organisation.

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## Happy and healthy workforce

Care for our people and support them in maintaining resilience and wellbeing. We understand that the capacity to care for our patients is reliant on our staff wellbeing.



## Integrated care

Continue our commitment to co-produce integrated care, working with health and social care partners and patients to influence neighbourhood plans.



## New ways of working

Use transformation, digital, innovation and research to deliver new efficient models of care to widen access, enhance health promotion and improve our environmental impact.



## Learning culture

Engage and empower staff in their education and learning, encouraging the development of psychological safety and constructive challenge to improve patient and staff experience.



## Prevention and health promotion

Prioritise prevention and early detection of illness in disadvantaged groups. We will also support patients in developing the skills, confidence and knowledge to manage their own health.



## Investing in our community

Work collaboratively with our partners and communities to positively impact beyond health care.

# Achievements to date

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# Our People



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**Development  
& launch of  
Values &  
Behavioural  
Framework**

**Embed  
Mandatory  
FTSU Training**

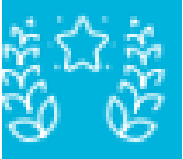
**Development &  
launch of BTH  
People Plan**

**230 wellbeing  
and  
Engagement  
Champions.**

**70.2% of our  
staff live  
locally.**

**Year on Year  
improvement in  
NSS  
completion  
rates**

# Our Population



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**Addition  
Investment in  
Health Visiting  
and School  
Nursing**

**Established Cross  
Partnership SEND  
Strategy**

**Embedded HIV  
screening in ED**

**SDEC and  
Emergency  
Village open**

**Remote  
Monitoring for  
Cardiology  
Service**

**Health  
Inequalities plan**

# Our Responsibility



**Maternity CQC  
action plan  
delivered. Removal  
of section 31**

**Access rates exceed  
National average for  
Children's Mental  
Health**

**Anchor  
Framework**

**7-year clinical  
strategy  
underway**

**Virtual Wards**

# Trust challenge and risks

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# Population Health Data: population

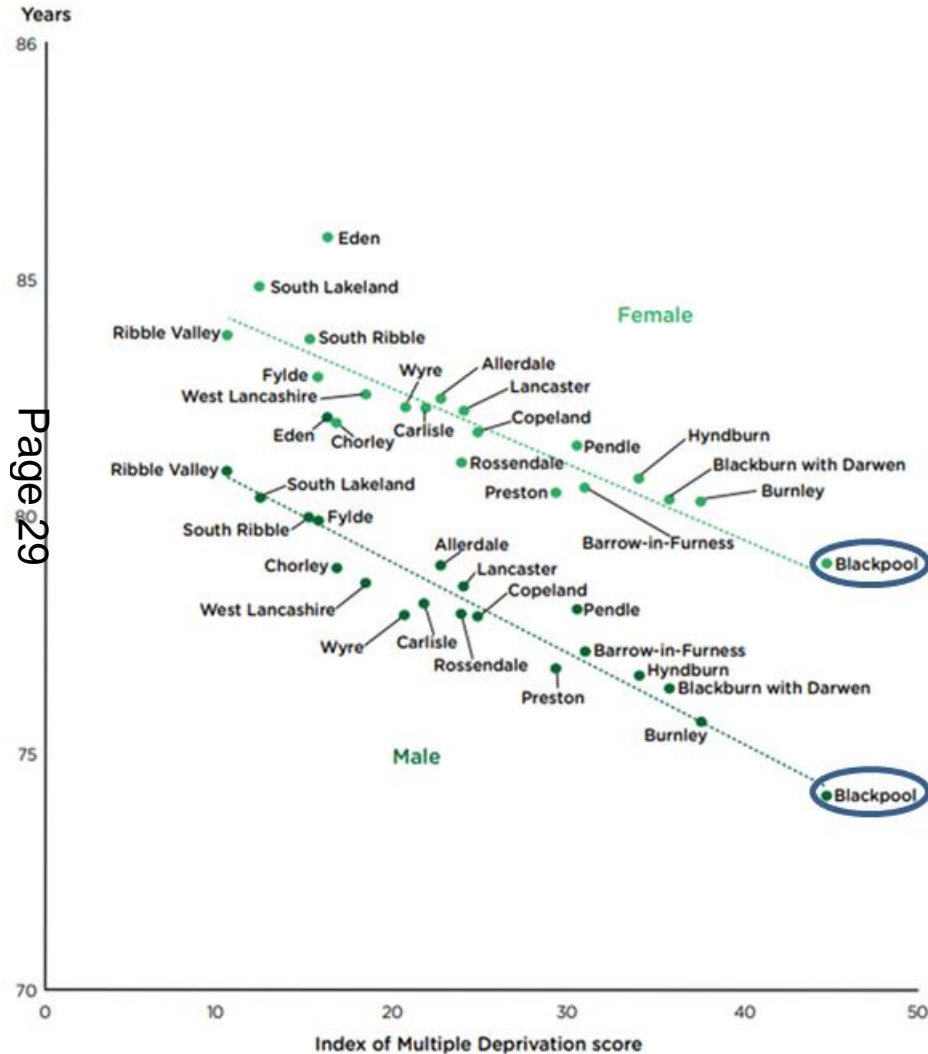
- 360,015 people registered with a GP in the Fylde Coast
- 113,658 (31.6%) have managed LTCs
- 47,957 (13.3%) have complex health issues
- 39,247 (10.9%) have 3 or more LTCs
- In the past 12 months:
  - 21,227 (5.9%) had three or more AE attendances
  - 27,440 (7.6%) had a NE admission

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Segmentation matrix		Infants (0-5yrs)	Children (6-17yrs)	Working age adults (18-64yrs)	Older Adults (65+yrs)
Generally Well	Generally Well - Higher Risk	3,549	18,679	45,481	7,023
	Generally Well - Low Risk	3,583	20,051	58,388	9,741
	Generally Well - Other	11,398	4,090	14,908	1,509
Managed LTCs	Managed LTCs - Higher Risk	107	1,519	55,860	17,280
	Managed LTCs - Low Risk	83	1,383	16,957	15,119
	Managed LTCs - Other	98	166	3,060	2,026
Complex Health Issues	Complex Health Issues - Lower Risk	3	4	2,451	11,269
	Complex Health Issues - Higher Risk	4	15	10,279	22,161
	Complex Health Issues - Other	5	2	472	1,292



# Population Health Data: Life expectancy



The top six causes of reduced life expectancy across Fylde and Wyre:

	Males	Female
1	Cirrhosis and liver disease	Heart disease
2	Heart disease	Chronic lower respiratory disease
3	Accidental poisoning	Other cancer
4	Other	Cirrhosis and liver disease
5	Chronic lower respiratory disease	Flu and pneumonia
6	Lung cancer	Other

# Trust Objectives and workstreams - Sustainability and Improvement Plan

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# Trust Objectives and work streams

The Trust has five key work streams for 2024/ 25, aligned against the NHS Single Oversight Framework (SOF) 3 exit criteria with oversight from the ICB through the Integrated Assurance Group (IAG). The objectives also contribute to the ongoing delivery of the five-year strategic plan with specific measurements and evidence, as stated within the BTH Sustainability and Improvement Plan:

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- 1. Operational Performance**
- 2. Quality of Care**
- 3. Finance and Use of Resources**
- 4. People and Culture**
- 5. Local Strategic Priorities**

# Objective one: Operational performance



## OBJECTIVE 1: ACCESS AND OUTCOMES

**PRIORITY AREA:** Delivery of NHS Constitutional Standards

**EXEC ACCOUNTABLE OFFICER(S):** Deputy CEO (Strategy, Operational Performance, Transformation & Digital)

**NHS OVERSIGHT FRAMEWORK DOMAIN:** Quality of Care

**CRITERIA:** Consistent and sustained improvement, with no statistical deterioration.

Robust processes in place to triangulate patient experience, patient safety and clinical effectiveness.

**OVERALL RAG STATUS:**

Previous	Current	Forecast
N/A	A	G

- **Reduce 62 cancer back log** – The current backlog figure is at **48** this exceeding our target **by 61.7%** - 8th out of 120 of trust nationally demonstrating significant improvement in backlog reduction. Highest performing Trust against backlog reduction in our Alliance. Current backlog position is an over performance against trajectory and is our below the pre-COVID backlog position.
- **Eliminate waits over 65 weeks** - current position is 363 over 65weeks. Continued improvement in performance since oct 23 demonstrating a decreasing trend in 65wk position. RTT delivery has not been disrupted during winter period of demand. Elective delivery plans have performed above plan for January trajectory. We remain on track to achieve our adjusted 22/23 position.
- **Achieve Cancer - 28-day Faster Diagnostic Standard (FDS)** - BTH achieved FDS compliance in Oct. 2023, December 2023 and is now on track to achieve February 24 target. November 23 and January 24 missed the performance target by a very small margin.
- **Improve A&E waiting times** - Patients waiting more than 12 hours from a decision to admit remains significantly high, with 411 patients breaching the standard in December 2023 and 565 in January 2024. However, improvements are being realised by the introduction of a senior decision maker both in the main ED waiting room & RIIT has reduced the average time to ED clinician from nearly 4 hours to **70** minutes from time of arrival.
- **Reduce ambulance handover delays > 60 minutes** - January 2024 represented a general sustained improvement for ambulance handovers and turnaround times within the Trust, compared to previous months – 336 patients breached the standard. Overall reduction from same period in 2023 is **11.65%** and ambulance handover time has improved by **30.88%** in comparison to last winter.

# Operational Performance – status at a glance

**UEC**  
4 Hour Performance  
**79.5%**  
(Feb 24)

**Ambulance Handovers**  
During the winter period  
**2-minute improvement average ambulance handover**

**Urgent 2-hour Community Response**  
**90.5%**  
(Dec 23)

**Virtual Ward**  
**48.6% Occupancy**  
(Feb 24)

**Elective Recovery**  
RTT –  
65 week waits reduction  
on trajectory

**Cancer**  
62 Day Cancer backlog  
**Less than 50 patients**  
Currently 8th best out of 120 centres  
28 Day faster diagnosis  
**75% (Target 75%)**  
(Dec 23)

**< 6 week for diagnostic**  
**88.4%**  
(Jan 24)

# Emergency village update

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# Collaborative workshops



Emergency Department  
North West Ambulance Service  
Same Day Emergency Care  
Mental Health  
FCMS





# Focus: Emergency Village

## Summer 2022

Critical Care and Same Day Emergency Care (SDEC) Critical Care replaces HDU and ICU, includes 16 single rooms and three specialist isolation rooms

## Autumn 2022

Modular ward established to support winter pressures

## January 2023

Ambulance triage area opened

## April 2023

First phase of ED refurbishment opened

Two specially-designed rooms for high-risk patients with mental health issues

13 new individual major injury cubicles

## Completed December 2024

Nine majors cubicles completed

Rapid assessment and triage unit that will double current capacity

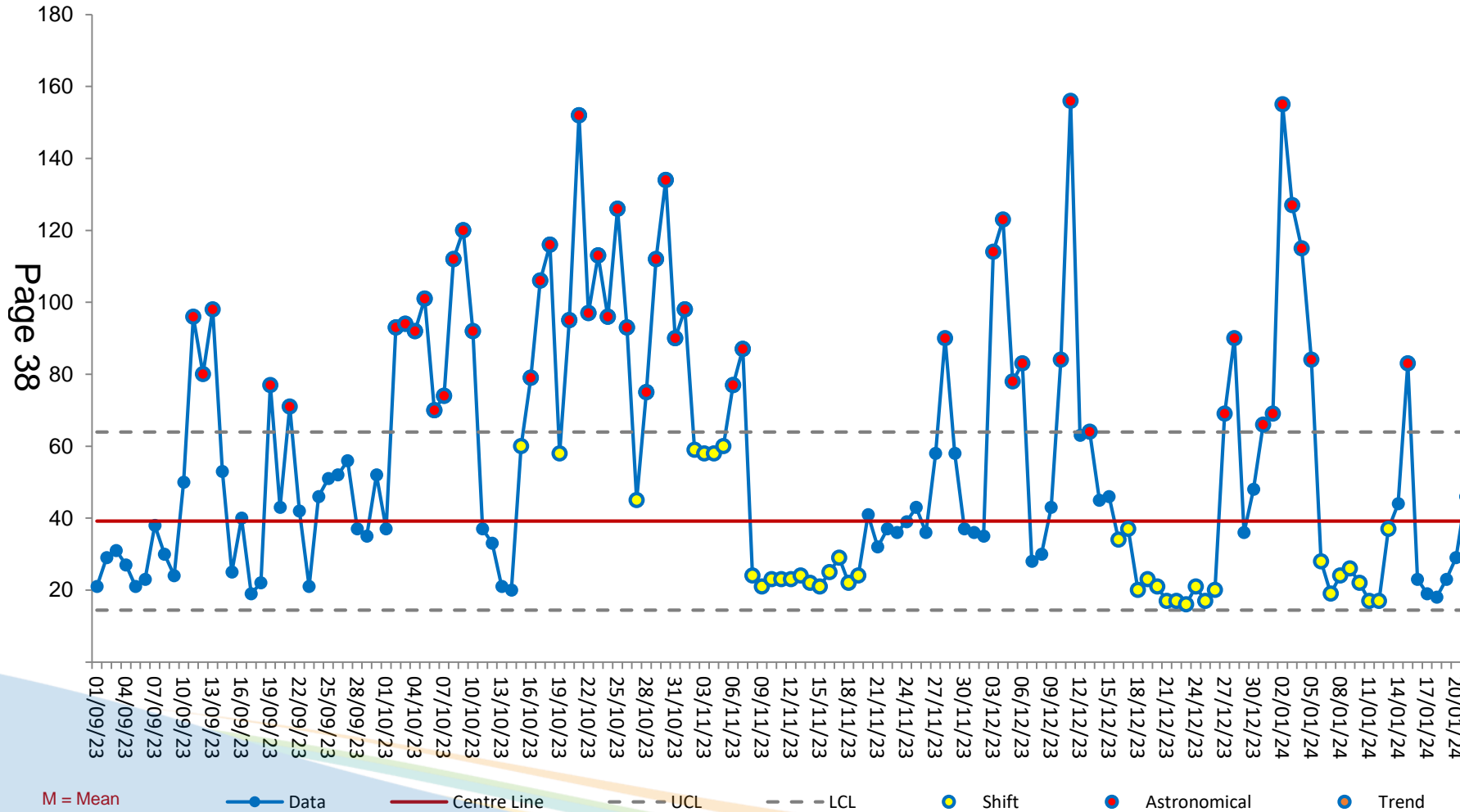
New CT scanner

Six-bay resus area

Three x-ray rooms supporting flow

Relative support accommodation

**I Chart to show Average Ambulance Handover Time between 01 Sep 23 - 21 Jan 24**



**Narrative:**

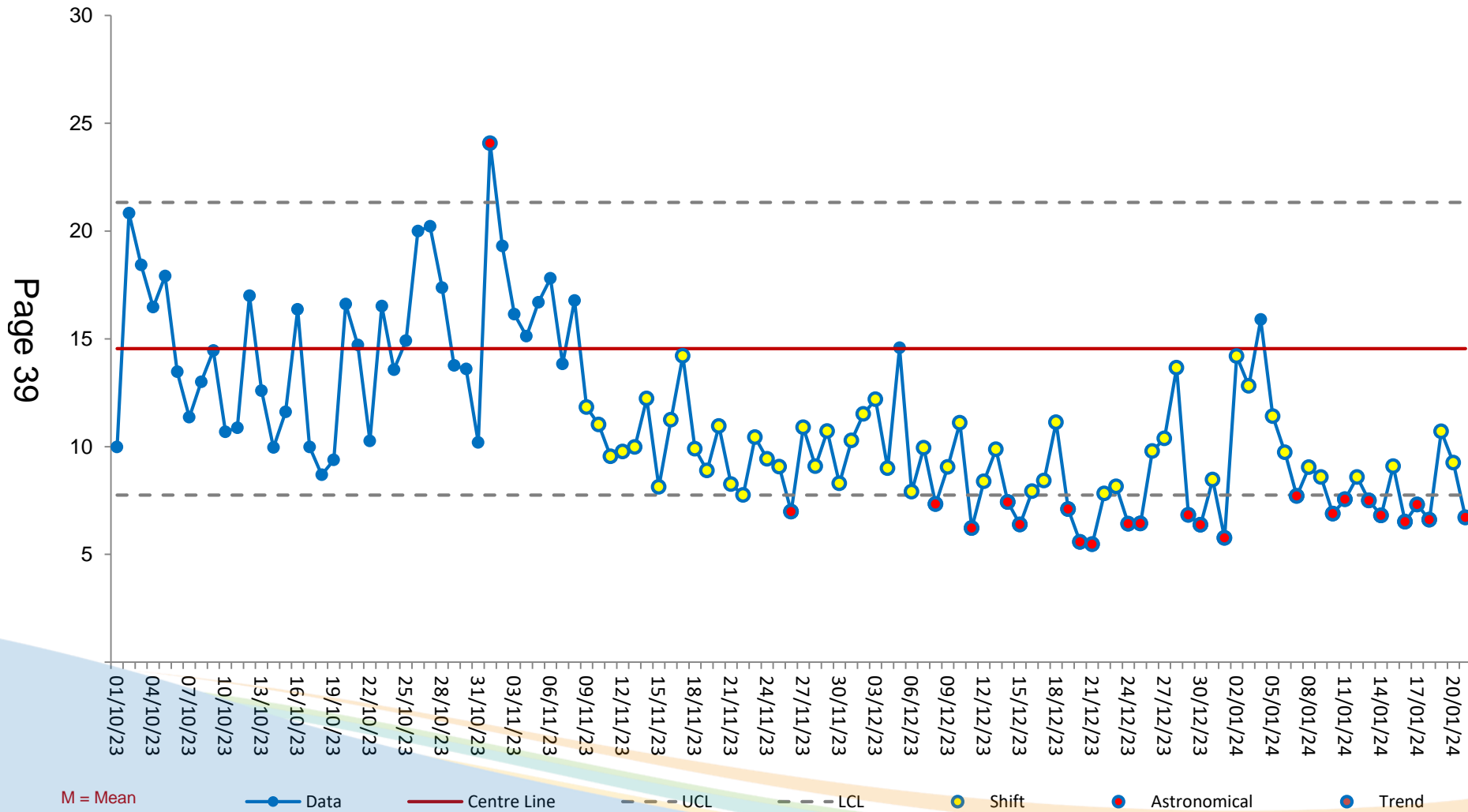
Jan 23 – Jan 24 comparison.

12% increase in all type 1 attendances

17% increase in ambulance attendances

We have seen improved working relationships with NWS

I Chart to show Average Time to Triage (Daily) between 01 Oct 23 - 21 Jan 24



**Narrative:**  
Improvement in time to initial assessment from 31 minutes to 10 minutes. achieving national standard

M = Mean

● Data

— Centre Line

- - - UCL

- - - LCL

● Shift

● Astronomical

● Trend

# Friends and family feedback

Data from Dec 2023

Service	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Accident and Emergency	73.86%	18.21%	593	302	136	41	39	69	6
A and E Paediatric Assessment	95.65%	0.00%	23	19	3	1	0	0	0
Accident and Emergency - OPD	75.00%	0.00%	4	2	1	1	0	0	0
<b>Total</b>	<b>74.68%</b>	<b>17.42%</b>	<b>620</b>	<b>323</b>	<b>140</b>	<b>43</b>	<b>39</b>	<b>69</b>	<b>6</b>

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**Narrative:**

We have had a 10% increase in friends and family satisfaction rate over the last 4 weeks.

Urgent Emergency Care (UEC) Survey Results 2022 completed, action plan in place alongside EV improvements.

# Objective Two: Quality and safety

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## OBJECTIVE 2: QUALITY & SAFETY

**PRIORITY AREA:** All elements of fundamentals of care

**EXEC ACCOUNTABLE OFFICER(S):** Executive Director of Nursing, Midwifery, Allied Health Professionals, Quality & Executive Medical Director

**NHS OVERSIGHT FRAMEWORK DOMAIN:** Quality of Care

**CRITERIA:** Continued maturation of the ward quality dashboards

**OVERALL RAG STATUS:**

Previous	Current	Forecast
N/A	G	G

- The ward based Improving Fundamentals of Care programme is progressing well, with 7 wards having now completed the training. Currently, the QI team are working with two wards at Clifton Hospital simultaneously. The programme is on track to work with 11 wards by end of July.
- Walk rounds on a Friday continue with 2,544 staff and 532 patients having the opportunity to speak to a senior leader.
- Fundamentals of Care event will be held on 8th March, to be attended by all nurse managers to celebrate, share good practice and challenges. FoC leads will present their progress to a wider audience. This has been regularly monitored at the workstream update meetings for FoC leads, as reported in January.

## OBJECTIVE 2: QUALITY & SAFETY

NHS OVERSIGHT FRAMEWORK DOMAIN: Quality of Care

OVERALL RAG STATUS:

**PRIORITY AREA:** Regulatory License Conditions

**CRITERIA:** No new license conditions; Any license conditions imposed during the monitoring period are resolved.

**EXEC ACCOUNTABLE OFFICER(S):** Executive Director of Nursing, Midwifery, Allied Health Professionals, Quality & Executive Medical Director

Completion of any 'Must Do' and high priority 'Should Do' actions following any subsequent publication of inspection reports.

Previous	Current	Forecast
N/A	G	G

- MIAA internal audit of the section 31 sepsis and rapid tranquilisation action plans undertaken, and an opinion of substantial assurance given.
- Application for removal of conditions drafted and currently subject to Executive Director review. Final application will be submitted before the end of the financial year.
- Updated statement of purpose being drafted to be submitted alongside the application.
- Application for the removal of conditions remains on track and the MIAA reports provide some support for the robustness of the approach taken within the Trust since the issuing of the section 31 letter

# CQC update

## Current overall Trust ratings:

- Overall: **Requires Improvement (RI)**
- Safe: **RI**
- Effective: **RI**
- Caring: **Good**
- Responsive: **Inadequate**
- Well-led: **RI**



Page 4/4

In May 2022, the Trust was issued with a section 31 notice regarding sepsis and rapid tranquilisation which placed conditions on the Trust's registration. Due to the significant progress to address these issues, the **Trust has informed the CQC of its intention to apply for the removal of these conditions.**

The Trust has established more robust assurance processes regarding the CQC action plans. This has included, in-depth Quality Governance Reviews, Executive Director led check and challenge sessions, and external walk-rounds of the action plans.



# Quality improvement approach



## NHS IMPACT (Improving Patient Care Together)

1. Building a shared purpose and vision
2. Investing in people and culture
3. Developing leadership behaviours
4. Building improvement capability and capacity
5. Embedding improvement into management systems and processes

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# QI Enabling Plan



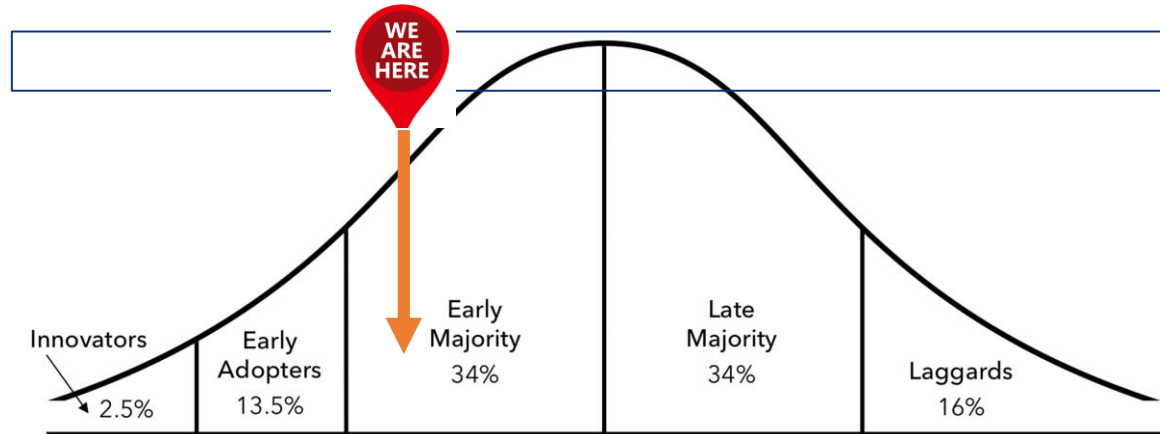
## PRIORITY 1: OUR PEOPLE

We will build quality improvement capability, so that everyone has the skills to do their job and improve their job, without being afraid to fail.

Majority of staff at all levels having developed improvement skills and being involved in QI themselves

Page 46

1,844  
Attendances at  
QI training



118 staff and 1  
patient trained  
as “experts”

One of pioneering  
QSIR organisations

Continued training  
virtually throughout  
Covid



## PRIORITY 1: OUR POPULATION

We will work collaboratively with service users and local partners to improve services, reduce health inequalities, to keep people out of hospital and in the place they love for longer.

With a focus on equality, we will build on and strengthen our working relationships to co-produce the best solutions to address the needs of our population, particularly those in the “Last 1000 Days” of life.

### Phase 2 – Last 1000 Days programme Commenced September 2023

Page 47

51  
out of 88 residents  
now have  
advanced care  
plans documenting  
their preferred  
place of care and  
future wishes

24  
Residents have  
been cared for in  
their own home  
who were at risk  
of hospital  
attendance

1  
Resident  
attended ED from  
participating care  
homes with a fall  
in December (10  
in October and  
November)

0  
Fractured neck of  
femur in the  
participating care  
homes since the  
start of the  
collaborative

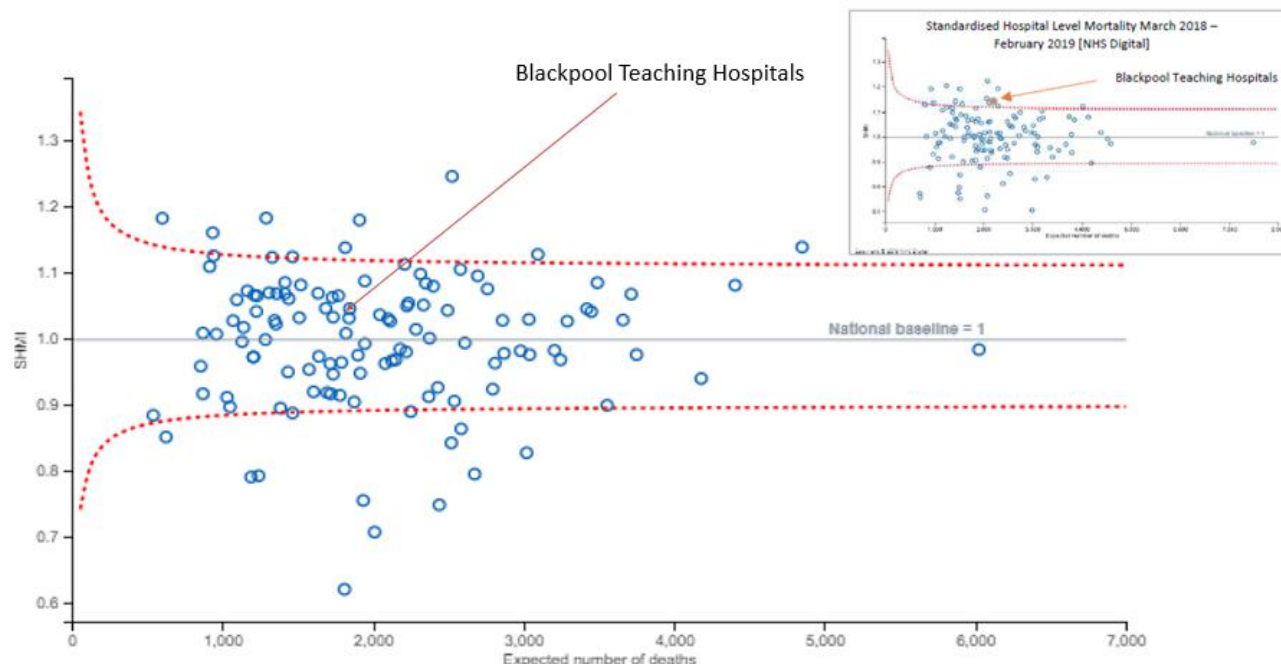
# QI Enabling Plan



## PRIORITY 3: OUR RESPONSIBILITY

We will deliver the best possible safety, environmental and financial outcomes through a targeted portfolio of improvement programmes.

Safety will be our top priority, reducing both avoidable harm and preventable deaths



- Sustained reduction in cardiac arrests from 1.49 to 1.07 per 1000 bed days. Now aim to get to 1.0 by September 2024
- A new Fundamentals of Care programme has seen sustained reductions in harm and improved patient experience. Aim to spread across whole Trust
- Summary Hospital Level Mortality is within expected limits.

# Objective three: Workforce

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In **April 2022**, RealWorldHR were commissioned to undertake a detailed diagnostic into the challenges being faced by Blackpool Teaching Hospitals NHS Foundation Trust relating to serious misconduct issues that were emerging.

Insights were presented to the Board in **November 2022** with a series of recommendations that were included within a Culture Action Plan in **December 2022**.

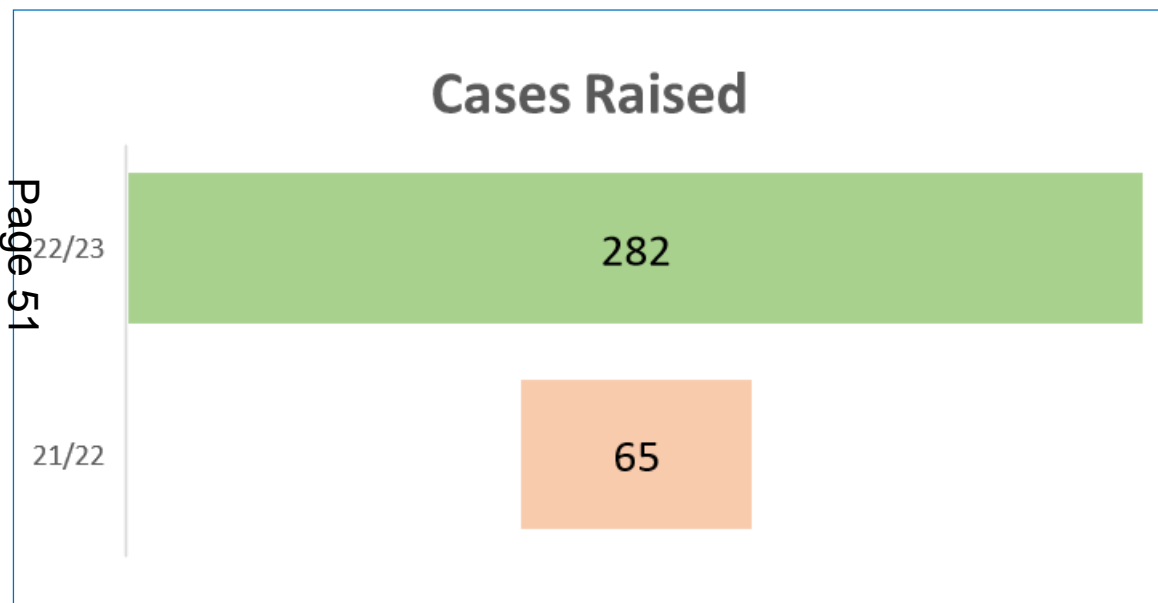
RWHR were subsequently commissioned to deliver a second phase of support to go deeper into the findings from the first phase and develop interventions to support the **Culture Action Plan**, and to provide the Trust with further ongoing specialist advice and support.



# Freedom to Speak Up

## Increase in concerns raised 2022/23

Following the refreshed approach to FTSU taken in 2022/2023, with the appointment of a Guardian solely for BTH, an increase in concerns was seen.



Out of 282 cases that were raised the most common reason was bullying and harassment.

Out of 65 cases that were raised the most common reason was bullying and harassment.

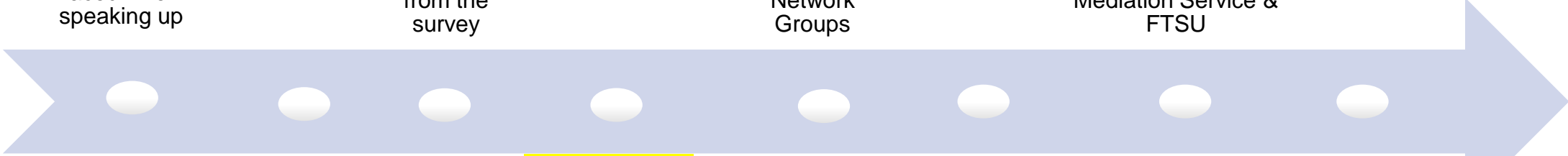


# FTSU Timeline of Key Actions and Highlights

18.1% increase in cases from 22/23 to 23/24

Undertaking further reviews in targeted and agreed areas

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**September 2023**

Survey sent out to staff asking what barriers they faced when speaking up

**October 2023**

Action Plan created after receiving over 160 responses from the survey

**December 2023**

FTSUG now in attendance at Diverse Network Groups

**January 2024**

Communication gone out to the Trust around the link between the Mediation Service & FTSU

**October 2023**

FTSU Month. Theme was breaking barriers.

**December 2023**

FTSUG now attends Fundamentals of Care session

**December 2023**

Mutual Aid agreed from Lancashire Care for Mediators to support service

**January 2024**

FTSUG attends quarterly at Practitioner Support Group

Developing a training programme for managers and leaders on responding to concerns

Continually monitoring the uptake of FTSU mandatory training

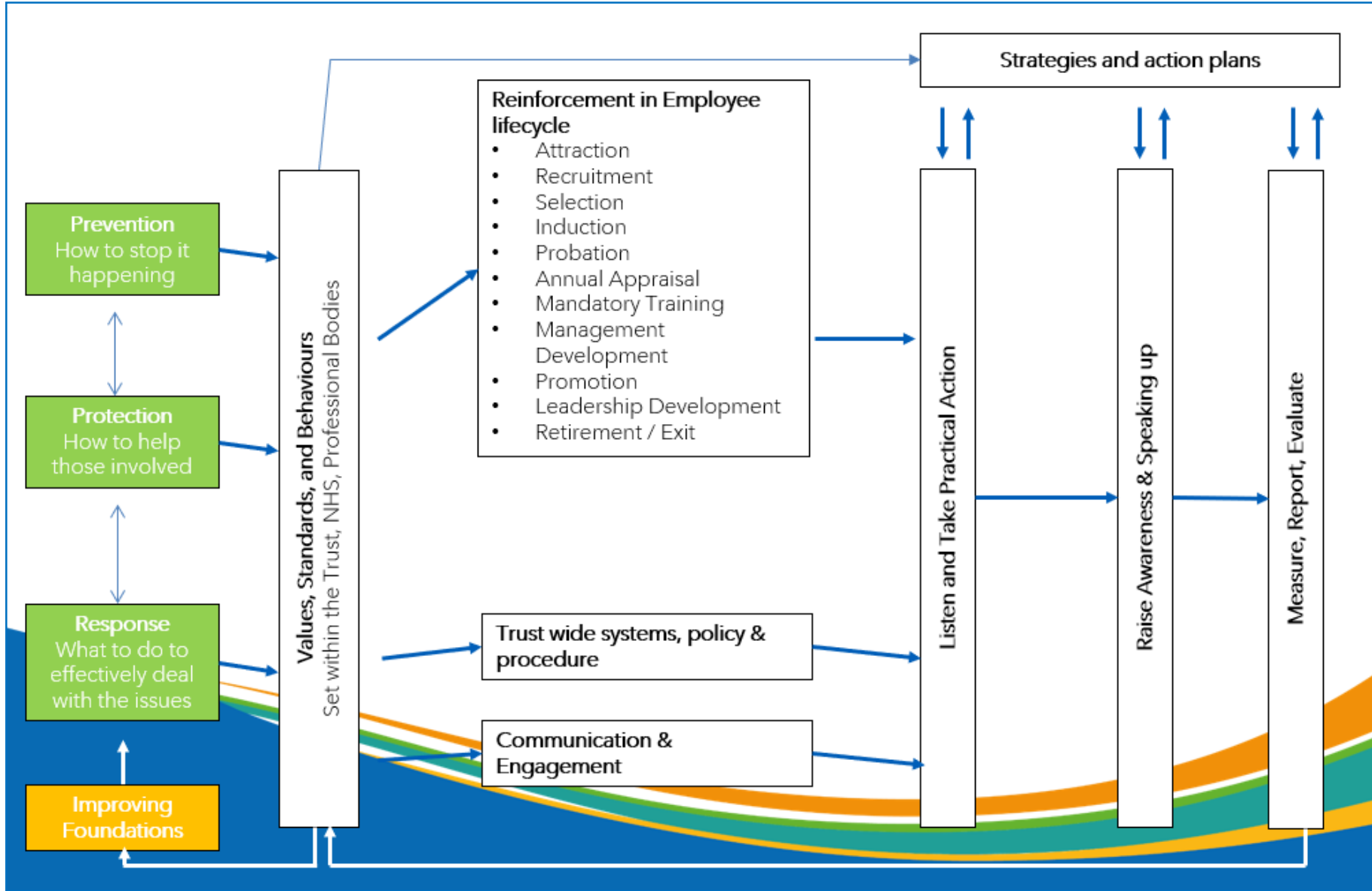
50 FTSU Champions recruited and trained



# A systematic approach to cultural improvement

Continuously reinforcing behavioural expectations throughout the employee lifecycle

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# Progress and successes



Development and  
Launch of the BTH  
People Plan



Launch of New Trust  
Values and development  
of Behavioural  
Standards Framework



Development of EDI  
Strategic Plan



Development and Launch  
of NHS Sexual Safety  
Charter and Sexual Safety  
Toolkit alongside the Trust  
signing the Sexual Safety  
Charter



Embed Mandatory FTSU  
Training



Refreshed Staff  
networks



Year on Year  
improvement in NSS  
completion rates



Develop and launch  
Suicide Prevention  
Toolkit for Managers



# Recruitment and retention

- Turnover remains low at 8.16% and this is below the national average which is consistently around 11%. This is also reflected through our Nursing workforce (5.30%) and Medical workforce (9.95%)
- Recruitment has been a focus in 2023/24, largely within the Nursing and Medical workforce where there were significant vacancies.
- Nursing New recruits so far in 23 / 24 are 228.63 (this includes our international recruits)
- Medical New recruits so far in 23 / 24 are 63.70 WTE (excluding deanery doctors)

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NHS

Blackpool Teaching  
Hospitals

NHS Foundation Trust

# Objective four: Financial sustainability

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# 2024/25 Financial Risks and Challenges

- Exit run rate (operating expenditure) for 2023 / 24
  - Delivery of a challenging efficiency target
  - Delivery of elective restoration target (115% for ICB commissioned services and 104% for NHSE commissioned services)
- Confirmation of contract offers from the ICB and NHSE
- Reduction of agency usage in line with NHSE prescribed agency ceiling (3.7% of total paybill)
- Cost of covering escalation areas, operational pressures, sickness and vacancies
  - Impact of further strike action (including loss of activity)

# Objective five: Local Strategic Priorities

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## OBJECTIVE 5: LOCAL STRATEGIC PRIORITIES

**PRIORITY AREA:** Utilisation of Community and Primary Care Offers

**EXEC ACCOUNTABLE OFFICER:** Executive Director of Integrated Care

**NHS OVERSIGHT FRAMEWORK DOMAIN:** Local Strategic Priorities

**CRITERIA:** Working with places to develop and utilise community and primary care offers including frailty, virtual wards and reduce admissions.

**OVERALL RAG STATUS:**

Previous	Current	Forecast
N/A	A	A

- Virtual ward **utilisation continues to improve** towards the 80% target.
- Adult IV Therapy Virtual Ward **went live on 5th February** to support the step-down patient pathway.
- **Communication strategy for the virtual wards has been updated** for January-July 2024 focusing on both staff and patient engagement.
- Initial project meeting has taken place for **coproduction focusing on Respiratory Virtual Ward referrals**.
- Clinical and operational leads **met with FCMS to enhance partnership working** for increased virtual ward utilisation: **FCMS on site daily to help pull patients from acute assessment areas for a 2 week pilot**.
- Blackpool Council colleagues are working with BTH and FCMS to jointly visit care homes and **promote a 'Rapid Response/Virtual ward first' approach**. This is currently being developed and in the planning phase.
- Blackpool Council identified that there were unused social care hours which could be utilized in an innovative way. An **Urgent Care Response service** has been established by the Hub at Blackpool social care. A pilot was undertaken on 26.2.24 and the Service will launch on 29.2.24. Rapid Response can contact the Hub at times when ad hoc social care input or support is needed, and a social care staff member will undertake a visit.
- Further work is underway to **collaborate with NWS**. Rapid Response staff are shadowing colleagues at the NWS Operational Command Centre in Broughton, and the Rapid Response team are hosting NWS staff.

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<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Zohra Dempsey, Public Health Practitioner
<b>Date of meeting:</b>	21 March 2024

## MENTAL HEALTH PROVISION FOR YOUNG MEN AND SUICIDE PREVENTION

### 1.0 Purpose of the report

- 1.1 To update the Committee on recommendations made in the Mental Health Provision for Young Men scrutiny report.
- 1.2 To update the Committee on suicide prevention awareness and ongoing work, including national and local data and crisis service provision.

### 2.0 Recommendation(s)

- 2.1 The Committee receive and accept the update on recommendations and determine whether or not they are completed.
- 2.2 The Committee receive and note the general update on suicide prevention and identify any areas for future scrutiny if necessary.

### 3.0 Reason for recommendation(s)

- 3.1 The Committee have requested an update on both areas.
- 3.2 Is the recommendation contrary to a plan or strategy approved by the Council? No
- 3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### 4.0 Other alternative options to be considered

- 4.1 Not applicable.

### 5.0 Council priority

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

## **6.0 Background and key information**

- 6.1 An update on recommendations from the Mental Health in Young Men scrutiny report is attached.
- 6.2 The second report is a summary of suicide prevention work locally –includes local and national data, information on support available for people in crisis, suicide bereavement support and other relevant activity.
- 6.3 Present at the meeting will be relevant officers from Public Health, the ICB and mental health providers.
- 6.4 Does the information submitted include any exempt information? No
- 6.5 However, given the sensitive subject matter, a content warning is required. Small numbers suppression has been applied and public places where suicides have occurred have not been named - this will also need to be considered if they are discussed during the meeting.

## **7.0 List of appendices**

- 7.1 Appendix 6a – Mental Health Provision for Young Men Scrutiny Report: Update on recommendations.
- 7.2 Appendix 6b – Suicide Prevention Update.

## **8.0 Financial considerations**

- 8.1 Suicide prevention activity is funded through the Public Health Grant. Lancashire and South Cumbria ICB fund mental health and crisis provision and some specific suicide prevention activity.

## **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 Certain groups can be at higher risk of suicide. More vulnerable groups are considered

within national, local and ICB level plans.

**12.0 Sustainability, climate change and environmental considerations**

12.1 Local service provision, including online support can help minimise travel.

**13.0 Internal/external consultation undertaken**

13.1 Reports have been developed with relevant partners.

**14.0 Background papers**

14.1 See Appendices 6a and 6b.

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## Mental Health Provision for Young Men Scrutiny Review – Update on Recommendations

### Recommendation 1

That the Executive requests that data sharing protocols between key organisations in the town including NHS organisations, the Council and appropriate third sector groups be reviewed and strengthened to improve the ability to analyse data and ensure that young men need only tell their story once.

### Update

In relation to data on suspected suicides, the ICB suspected suicide information sharing agreement is being reviewed. Data on whether individuals are known to mental health services is now being shared as part of the real-time surveillance system. The Risk Support Liaison Practitioner post has led to better liaison between the Council and adult and children's mental health services. Information sharing between services will also be addressed through an action plan following the recommendations from the under-18 pan-Lancashire suicide review.

### Recommendation 2

That Blackpool Council and Blackpool Teaching Hospitals NHS Foundation Trust be requested to consider the joint funding of a pilot to test the provision of a key worker as soon as possible for the cohort aged 18-25 in a similar and appropriate way to the service currently provided for those aged under 18. The outcomes of the pilot would be shared with Lancashire and South Cumbria ICB to consider sustaining these as part of the adult transformation programme.

### Update

The Risk Support Liaison Practitioner post is now in place. The post holder is co-located within Central Family Hub several times per week for case consultations with the Adolescent team practitioners. The following support is provided:

- Joint consultation with young person and adolescent team practitioner, following initial consultation if further mental health risk advice is required, or a direct request for a 1:1 is made by the young person;
- Joint risk support plans developed, including details of crisis responses and supporting young person to participate in this plan to reduce the risk of continued crisis presentation;
- Mentalizing Thinking Together session to enable a safe reflective space for adolescent team practitioners to utilise a trauma informed assessment framework for care planning;
- Attendance at care planning meetings to offer a mental health lens, guidance for practitioners to weave into their intervention plans for young people who are not accessing mental health services;
- AMBIT training offer to front line staff as a priority within the Adolescent service to develop knowledge and confidence in Mentalizing and supporting the network around a young person when a young person lacks trust;
- Small caseload of 1:1 psychosocial interventions, emotional literacy skills, emotional regulation and formulation with young person or parent;
- Transition work with some young people under 18 alongside leaving care Personal Advisor and child looked after Social Worker. Scaffolding relationships within the network around the young person to provide continuity of care;
- Continual and regular liaison between adult and children's mental health services to develop rapport and understanding of roles and responsibilities and to provide a link for records access across the system;
- Joint work with under 18 Risk Support Practitioner for continuity of care.

Additionally, the SHINE Fylde Coast Mental Health Support Team are in a number of education settings in Blackpool. Each setting has an identified practitioner who spends regular time at those settings offering a range of 1:1 interventions, group work and consultations with staff.

### **Recommendation 3**

That the importance of peer support be recognised as a key part of the Lancashire and South Cumbria Integrated Care Board's plans for transformation and that recurrent funding be built into budgets to enable third sector organisations providing such support to plan and improve sustainability.

### **Update**

Peer support has been recognised as a key part of Lancashire and South Cumbria Integrated Care Board's plans for the Community Mental Health Transformation programme. There are 4 peer support contracts in place with the VCSFE across Lancs and South Cumbria, funded through the programme and additional support has also been secured during 2023/24 via placed based grants. Going forward the transformation programme has committed to commission longer term contracts with the sector and peer support will be one of four service areas commissioned for 3-5 years.

Peer support for young men is also provided through Elliot's Place, a project for young men who may be facing challenges with their mental health. Peer support is offered in creative ways, e.g. through regular activities, providing a safe space for young men to open up. Elliot's Place has received ICB non-recurrent funding and more recently, through a successful bid for the Department of Health and Social Care's National Suicide Prevention Grant Fund. Peer support is also available for those bereaved or affected by suicide through the Local Authority-funded Solace project, provided by Empowerment.

### **Recommendation 4**

That an item be added to the workplans of the Adult Social Care and Health Scrutiny Committee and the Children's and Young People's Scrutiny Committee in the new Municipal Year to consider an update on the progress made on the Mental Health Transformation Plan for 18-25 year olds, progress made in improving the transition between children and adult services and the results from the suicide audit being carried out.

### **Update**

The under-18 pan-Lancashire suicide audit was completed at the end of 2023 – reviewing deaths occurring between 2013 and 2022. The following recommendations have been made:

- Ensure that those who work with children and young people are appropriately trained in suicide awareness and prevention;
- Improve awareness of mental health, self-harm, and suicides in children and young people among the general population of pan-Lancashire and services;
- Promote awareness and assessment of suicide risk for younger children (aged 14 or under) to ensure prevention and early intervention;
- Improve awareness of the impact of household functioning breakdowns by addressing risk factors such as mental health of parents, substance misuse, and conflict at home (including the impacts of domestic abuse) on children and young people's mental health, self-harm, and suicide;
- Ensure support and clear pathways for children and young people with existing mental health issues, including transition from children's to adult services;

- Ensure children and young people at-risk are considered as part of contextual safeguarding;
- Ensure timely information and support is provided to parents, carers, families and education settings following bereavement;
- Ensure there is timely information sharing and support for staff working with pupil mental health issues, and for staff and pupils following bereavement;
- Provide assurance that current national policies and guidance are being implemented locally;
- Ensure the findings and recommendations from this review are included within local self-harm and suicide prevention strategies and action plans;
- Provide assurance that schools have implemented effective anti-bullying and self-harm policies;
- Improve data and evidence to ensure that effective, evidence-informed and timely interventions are developed and adapted;
- Review and develop policies on information sharing and escalation;
- Assess the available data related to mental health conditions, self-harm, suicidal thoughts, deprivation, drug use, sleep issues, and prevalence of other factors identified in this review;
- Carry out a children and young people's health needs assessment for pan-Lancashire.

A pan-Lancashire action plan is being developed in response to the recommendations, with some of the recommendations to be actioned at a more local level through area-specific suicide prevention strategies.

The community mental health transformation plan includes a focus on ensuring support is tailored to meet the needs of young adults aged 18-25. A system level task and finish group has produced a robust procedure for the Transition of Young People from Community Children and Young People Mental Health Services to Adult Community Mental Health Services, which details a number of key standards for all services to work towards and makes specific reference to meeting the needs of young people with SEND and those leaving care.

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## Adult Social Care and Health Scrutiny 21<sup>st</sup> March 2024

### Suicide Prevention Update

#### 1. Background

Suicide prevention continues to be a priority for Blackpool Public Health. Suicide prevention activity is delivered locally and on a Lancashire and South Cumbria footprint, as part of the Integrated Care Board (ICB) suicide prevention work stream.

A new national strategy for suicide prevention has been published recently – Suicide Prevention Strategy for England 2023-2028,<sup>1</sup> with an action plan to be released at a later date.

The ICB's suicide prevention logic model strategy is under review and a refreshed version is due later this year. There will also be a new suicide prevention strategy and delivery plan for Blackpool around the same time, focusing on local level actions and linking in closely with the ICB strategy. There are a number of ICB level working groups associated with suicide prevention, including groups to address risk factors e.g. self-harm and substance misuse. Blackpool has a Suicide Prevention Group, which reports to the Mental Health Partnership Board. Both the group and board have representation from statutory and non-statutory agencies. A Blackpool Gambling Harms Group has also been established, with gambling harm being identified as a risk factor for suicide.

This report outlines suicide prevention activity in Blackpool, including crisis support services and support for people bereaved by suicide.

#### 2. Suicide Data

Overall across England there was a slight rise in the number of deaths from suicide between 2021 and 2022 (last reporting period). Blackpool saw a small decrease. Across Blackpool:

- Deaths from suicide fell from 21 in 2021 to 19 in 2022.
- In the three year period 2020-22, there were 61 deaths from suicide, a rate of 16.4 per 100,000 compared to 10.3 per 100,000 across England.
- This is a decrease from 18.1 per 100,000 seen in 2019-21, though Blackpool still has significantly higher suicide rates than the England average.
- Rates have generally remained static over time, Blackpool's rate of 14.2 per 100,000 seen in 2010-12 is not significantly different to the latest rate.
- A third of deaths were male and the highest number of deaths was in the 45 to 54 age group. Lowest number was in the under-25s age group.

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<sup>1</sup> Suicide Prevention Strategy for England 2023-2028 (2023) [Suicide prevention strategy for England: 2023 to 2028 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115422/suicide-prevention-strategy-for-england-2023-to-2028.pdf)

**Figure 1:** Trends in suicides in Blackpool and England



In 2018, the standard of proof required for a suicide outcome in England and Wales was lowered, which is likely to have contributed to an increase in numbers since that time.

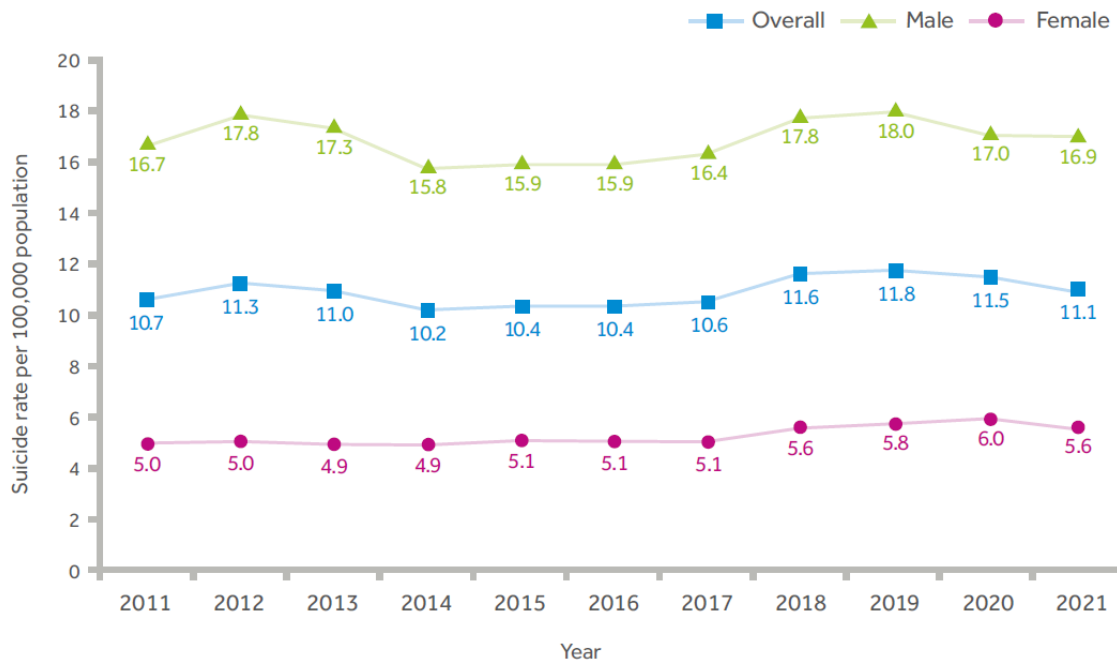
The national confidential inquiry into suicide and safety in mental health is completed annually. The most recent report<sup>2</sup> shows:

- Rates were highest in middle-aged groups, especially 40-44 and 45-49 year age groups (in all countries except NI).
- The number of deaths by people aged under 25 increased in 2017-2019 and fell in 2020 and 2021.
- The COVID pandemic period did not see an increase overall or in groups of concern such as those aged under 25 or those aged 75 and over. However, the number of female suicides increased in 2020, driven by an increase in the number of suicides by hanging/strangulation.

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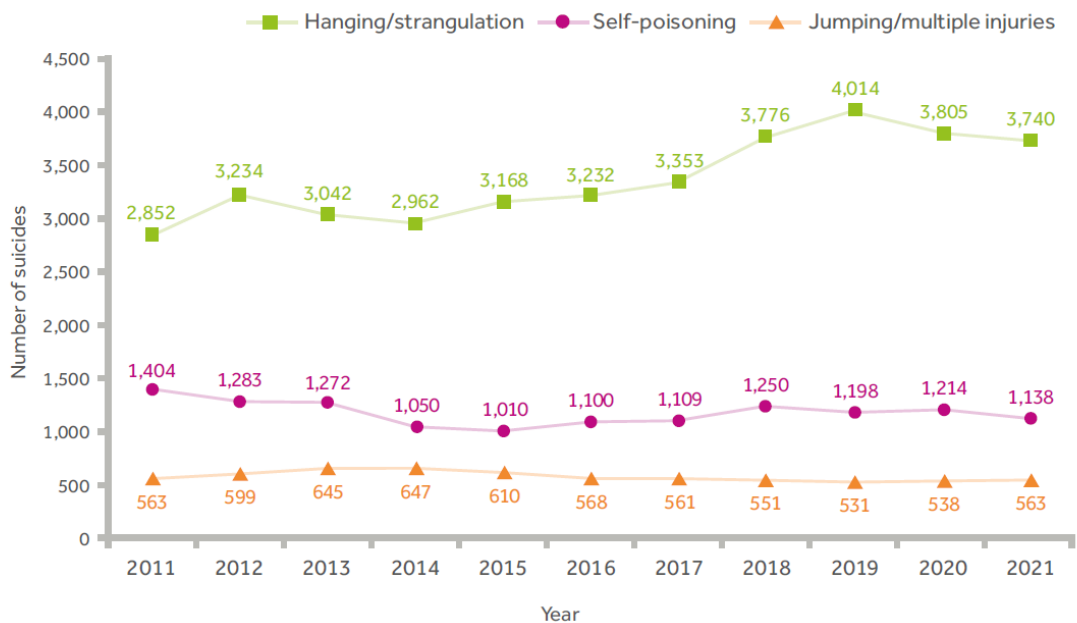
<sup>2</sup> The National Confidential Inquiry into Suicide Safety and Mental Health. Annual Report: UK patient and general population data 2011-2021. 2024. University of Manchester.

**Figure 2: Suicide Rates in the General Population in the UK, by sex**



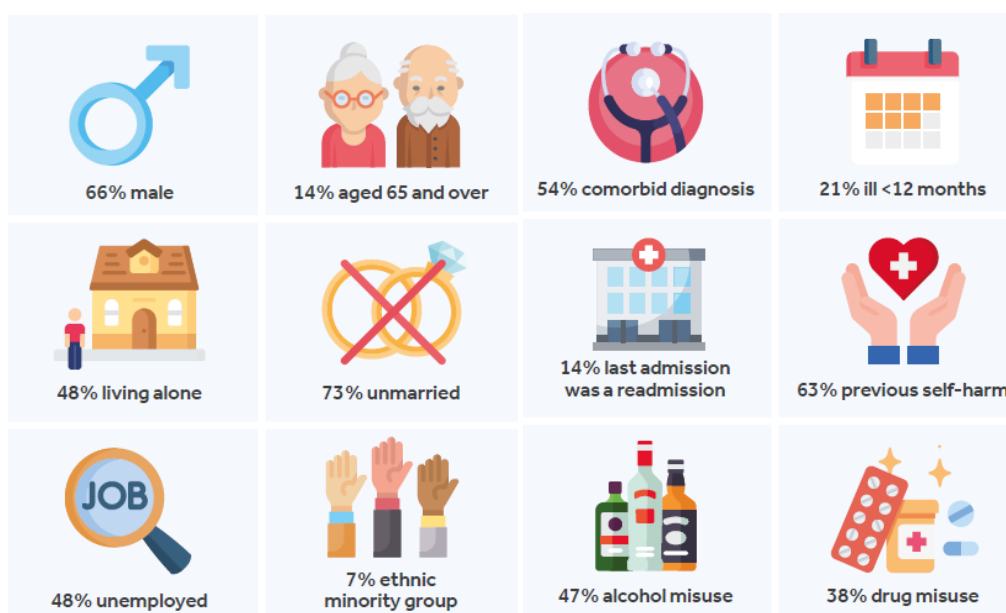
- Deaths by hanging/strangulation have increased almost every year since 2011, and the increase was seen in men and women, and in all age groups;

**Figure 3: Suicide in the General Population in the UK: Main suicide methods**



- Of all suicide deaths during 2022 to 2021 in the UK, 26% were by mental health patients (i.e. people in contact with mental health services within 12 months of suicide) – these patients had high rates of socio-economic adversity and isolation, co-morbidities, previous self-harm and drug and alcohol issues.

**Figure 4:** Socio-demographic, Clinical and Behavioural Characteristics of Patients who Died by Suicide in the UK (2011-2021)



### 3. Real-time Surveillance of Suspected Suicides

Local data is also captured through the Lancashire and South Cumbria real time surveillance system. Real Time Surveillance (RTS) has been running since 1<sup>st</sup> April 2019. The system reports Police data from Cumbria and Lancashire Constabularies in ‘real time’ and uses this to inform multi-agency partners within the ICB.

The RTS system depends on Police attending *suspected* deaths by suicide in the community. It is useful for identifying high-risk locations, to enable prevention measures to be put in place and reducing risk of suicide contagion as necessary.

The data provided by the RTS system currently is limited in terms of identification of risk factors. Public Health is currently undertaking an audit of deaths that have been to Inquest to help provide a more complete picture on risk and related factors. Where suicides occur in women, they are more likely to be middle-aged. Healthwatch Blackpool have been commissioned to consult with women and health professionals to gather insight into women’s experience of perimenopause/menopause and the impact on their mental health. This will help inform development of the new strategy.

### 4. Suicides in Public Places

Suicides occurring in a public location often attract harmful media attention and can have significant psychological consequences for witnesses.

Four areas of action have been identified to eliminate suicides at a frequently used location<sup>3</sup>:

- Restricting access to the site and means;
- Increasing opportunity and capacity for human intervention;
- Increasing opportunities for help-seeking by the suicidal individual;

<sup>3</sup> Public Health England (2015) Preventing suicides in public places: a practice resource

- Changing the public image of the site (so it is no longer seen as a ‘suicide spot’).

Suicide prevention fencing is in place at areas of high risk, along with Samaritans helpline signage where restricting access and means is not possible. Planning applications are asked to consider suicide risk and guidance has been sent to developers on application.

## **5. Reducing Risk of Contagion**

Suicides may result from contagion – where exposure to suicide can influence another person’s likelihood to engage in suicidal behaviour themselves. Individuals affected by contagion may be more vulnerable – for example, if they have a mental illness or previous bereavement.

Sensitive discouragement of personal memorials (e.g. floral tributes) and careful media reporting, including via social media, may contribute to prevention.<sup>4</sup> Training on the Samaritans Media Guidelines has been offered to media outlets across Lancashire and South Cumbria, but there have been some examples of less responsible reporting, particularly in cases where deaths have occurred in a public place. Where issues have been identified, media outlets have been contacted to amend information reported, both locally and through the ICB. Blackpool Coroner’s Office will issue a reminder around reporting when an inquest opens.

A pan-Lancashire Contagion Prevention Protocol has been developed to help mitigate risk of contagion in cases of under 18 suspected suicide, as risk of contagion is higher in children and young people. This is activated as part of the statutory response through the Sudden Unexpected Death in Childhood (SUDC) team. The Public Health lead for suicide prevention will attend the Joint Agency Response meeting called by the SUDC team and support partners to identify and mitigate contagion risk. A resource is also being developed for use by education settings, along with an adult contagion response protocol.

## **6. Training**

A mental health and suicide prevention training offer is available through the ICB and Blackpool Council Public Health Trainers. If completing a specific suicide prevention or mental health course e.g. Suicide First Aid or Mental Health First Aid, delegates can sign-up to become an Orange Button holder. Wearing an Orange Button shows that the person has received suicide prevention training and can provide signposting to support. There are 3,500 Orange Button holders across Lancashire and South Cumbria, 406 of these are in Blackpool. This number will increase as the local training offer is expanded.

## **7. Bereavement Support**

Evidence suggests that those bereaved by suicide are at higher risk of suicide themselves. In Blackpool, support after suicide is available through the ICB commissioned service, Amparo. Additionally, Public Health commission Empowerment to deliver the Solace service. This is peer-led bereavement support, which includes the following delivery:

- Provision of peer-led support group for those who have experienced a bereavement through suicide;

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<sup>4</sup> The National Confidential Inquiry into Suicide Safety and Mental Health. Annual Report: UK patient and general population data 2011-2021. 2024. University of Manchester.

- Acting as a point of contact to people who have been recently bereaved, including distribution of Bags for Strife;<sup>5</sup>
- Signposted those who are affected to the appropriate service and supporting them to access if needed;
- Promotion of suicide prevention training offer and Orange Button Scheme within the community;
- Building a strong community network to reduce stigma around suicide;
- Delivery of community events for key dates, e.g. World Suicide Prevention Day;
- Leaflet/poster drops in identified geographical areas to promote support services;
- Talking to local businesses and the general public to raise awareness of local service provision and promote the Orange Button Scheme.

Survivors of Bereavement by Suicide (SoBS), have also recruited local volunteers to lead a peer support group in Blackpool, which is in development.

## 8. Crisis Support

### 8.1 Street Triage

LSCFT have designed and implemented the Initial Response Service and Street Triage Service. The IRS and Street Triage team has now been rolled out for the Fylde Coast. The IRS provides a 24/7 mental health response to urgent and routine referral, ensuring the most appropriate response is provided in a timely manner.

Street Triage provides a response to the community from a police officer and a mental health practitioner, to calls that come into the 999 police system of people presenting in the public where there is an indicated mental health need.

The Psynergy vehicle offer ceased in February 2024 to support the Street Triage staffing model – the police were unable to staff both Street Triage and Psynergy. The ICB are developing a health vehicle for Lancashire for calls that require a mental health and NWAS response, timescales not agreed at this point from the ICB.

- From 20/9/23 – 31/1/24 there were 4,822 referrals into IRS, averaging 254 referrals a week from GPs, service users/carers and other professionals, including Children and Young People and Older adult referrals. Calls are being answered on average 24 seconds. Pre IRS only 11% into START were self-referrals, positively this has now increased to 31% being self-referrals via IRS.
- Significant number of referrals are coming through as urgent and Blackpool GPs are the highest referrers. LSCFT Fylde Coast leadership team are engaging in regular conversations and forums with GPs across the Fylde Coast, to ensure they are clear of when and how to refer. These conversations have been with individual practices and also the GP consortia. Mental health advice and guidance has also been communicated to primary care colleagues and LSCFT continues to ensure all GP practices are aware and informed of the service.
- Recruitment is in a good position, with just two posts vacant now out of 19 posts in total in the service. These posts are being advertised at the time of writing this report.
- The team are facing a large number of complex referrals. To ensure responsive services the LSCFT transformation team have completed a review of the IRS practice, and an action plan

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<sup>5</sup> [BAGS \(bagsforstrife.co.uk\)](http://bagsforstrife.co.uk)

is in place to ensure the team are practising to standard operating procedures for best possible outcomes.

**8.2 Blackpool Teaching Hospitals (BTH) CASHER (Child and Adolescent Support and Help Enhanced Response) team** – out of hours support for young people under 25, including crisis support, evening and weekend clinics. Since the introduction of CASHER, under 25s admissions for self-harm in Blackpool have reduced significantly.

**8.3 Light Lounge Crisis Café, Blackpool**– crisis support delivered by Richmond Fellowship, in partnership with LSCFT. The Fylde Coast Home Based Treatment Team (HBTT) provide daily sessions and support into the café to provide support to people presenting to the café requiring further mental health support or assessment. The Light Lounge Richmond Fellowship team offer low level therapy sessions and signpost to other services where needed.

**8.4 Sycamore Recovery House** – This service is delivered by Richmond Fellowship, in partnership with LSCFT. The Recovery House provides a place to stay for up to six guests who require increased support away from home, but who do not require the level of support from a mental health bed. Guests can stay for up to seven days, during their stay they will receive support sessions from a wide range available to address their needs, for example, sleep hygiene, coping mechanisms, dealing with grief social issues support etc. The therapy sessions are delivered by Richmond Fellowship, LSCFT HBTT mental health practitioner attends the recovery house daily to review the guests and ensure care planning and risk assessment is carried out.

### **8.5 In Development**

Work is currently taking place to establish the national requirement of an NHS 111 mental health option. This is due to go live on 2<sup>nd</sup> April 2024. The service model will enable callers to NHS 111 to select a mental health option, the call will then be digitally transferred to the appropriate IRS service, dependent on the caller's location. The IRS service will triage the call and respond appropriately.

Work is also taking place to agree the service model for the national Mental Health Response Vehicle (MHRV), which will provide a face-to-face response when people are identified as presenting primarily with a mental health need. This service will be used to improve the timeliness, quality, comfort, and experience of transport for people with mental health needs, to reduce inappropriate demand, reliance on police and to reduce avoidable conveyance to emergency departments. It will enable a mental health practitioner to complete a face-to-face assessment to support and signpost accordingly. The vehicle will be manned by an LSCFT mental health practitioner and NWAS emergency medical technician.

### **8.6 More General Mental Health Support**

- Fylde Coast SHINE Mental Health Support Team in School – offer all secondary schools and colleges a range of 1:1 psychological interventions, group work and consultations with staff for children with mild to moderate mental health difficulties.
- Primary Mental Health Workers – offer drop-ins and support, advice and information.
- Children and Young People's Wellbeing Practitioners – offer low-intensity, community-based psychological support.
- YouTherapy – Offer evidence-based therapeutic interventions to young people aged 11-25.
- Children's Psychological Service – supports children aged 5-16 with complex psychological or emotional difficulties.

- CAMHS – for under 18s with moderate and severe mental health problems.
- Blackpool Council Schools Early Help and Resilience Team – available for all schools, 1:1 support, transition support and group work programmes. Offer self-harm intervention as part of early help offer.
- Kooth – online support for young people aged 11-18.
- Togetherall – online mental wellbeing support 16+.
- Local VCFS peer support– e.g. Elliot’s Place for young men, UR Potential LGBTQ+ support groups.
- Blackpool Council Adolescent Service – practitioners are trained in dialectical behavioural therapy (DBT) skills to help support children and young people with emotional regulation. Practitioners themselves have access to the BTH Risk Support Liaison Practitioner.
- Healthier Minds – psychological therapies for people aged 16 and over.
- LSCFT Wellbeing Helpline and Texting Service.
- Homeless and Rough Sleepers Mental Health Team – delivered from Winstone house hub, includes access to psychiatry and adult social care.



<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Karen Smith, Karen Smith, Director of Adult Services, Blackpool Council and Director of Health and Care Integration (Blackpool), Lancashire and South Cumbria ICB
<b>Date of meeting:</b>	21 March 2024

## INTEGRATED CARE BOARD UPDATE

### 1.0 Purpose of the report

1.1 To provide a summary of the key updates and decisions made since the last update provided to scrutiny in November 2023, including an update on recovery and transformation. The report also includes a summary of the most recent integrated performance report for the ICB.

### 2.0 Recommendation(s)

2.1 The scrutiny committee is asked to note the report.

### 3.0 Reason for recommendation(s)

3.1 Is the recommendation contrary to a plan or strategy approved by the Council? NA

3.2 Is the recommendation in accordance with the Council's approved budget? NA

### 4.0 Other alternative options to be considered

4.1 NA

### 5.0 Council priority

5.1 The relevant Council priority is:

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

### 6.0 Background and key information

6.1 The following report provides an overview of the continued development of the NHS Lancashire and South Cumbria Integrated Care Board (LSC ICB), including recent

updates, a recovery and transformation programme update and a summary of the ICB's integrated performance report.

- 6.2 NHS Lancashire and South Cumbria ICB is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.
- 6.3 The Integrated Care Partnership is a group of partners, of which the NHS is one, in Lancashire and South Cumbria working together to address the health, social care and public health needs of their communities. Blackpool Council is a partner, alongside LSC ICB, within the Integrated Care Partnership.

## **7.0 Key updates**

### **7.1 Measles**

There has been a recent increase of measles in the North West, and now some confirmed cases in Lancashire and South Cumbria. Measles is very infectious which means it can spread quickly among communities, such as schools and nurseries, if people are not up to date with their Measles, Mumps and Rubella (MMR) vaccine. The MMR vaccine is free on the NHS, with the first dose being offered when a child is one year and the second at 3 years and 4 months old. It is available from local GP surgeries and there may also be pop up clinics locally. As part of the national catch-up campaign, GP practices in Blackpool have been contacting people with a gap in their vaccination history to encourage them to make an appointment for missed vaccines. In addition, Blackpool Council are working with FCMS to provide pop-up and outreach vaccination offers to further protect residents.

A section of the ICB website has been developed to include information for primary care colleagues and a 'help spread the word' page, which includes key messages, frequently asked questions, videos and downloadable resources to help support the communications campaign.

### **7.2 Industrial action**

The latest round of junior doctors' industrial action saw BMA members walk out from 7am on Saturday 24 February through to 11.59pm on Wednesday 28 February, while members of the HCSA union continued their action until 7am the following day. As with all previous instances of industrial action, services at Blackpool Teaching Hospitals were directly impacted, meaning increased waiting times and a number of appointments that needed to be rescheduled. During the periods of industrial action and subsequent days, members of the public are encouraged to use services wisely and appropriately. Those who need urgent medical care should continue to call 999 or attend A and E as normal, especially in emergency and life-threatening cases when someone is seriously ill or injured, or their life is at risk. NHS 111

online should be used for all non-emergency healthcare needs. This was the 10th round of junior doctor strikes since March 2023, and follows a six-day strike last month that was the longest in NHS history.

### 7.3 **New children's mental health contracts**

The ICB has awarded new contracts to four providers to deliver children and young people's mental health and emotional wellbeing services. In September 2023, the ICB invited providers to bid for the following contracts as part of a competitive tender process:

1. THRIVE getting help, therapeutic one-to-one and counselling support
2. Peer support
3. Parenting support
4. ADHD support
5. Digital support

There were 20 contracts in total which providers could bid for. The first three services had six contracts each, covering Blackpool, Blackburn with Darwen, South Cumbria, Lancashire East, Lancashire Central and Lancashire North. Meanwhile, the ADHD and digital support services were both a single contract covering the whole of Lancashire and South Cumbria.

Following a robust evaluation and moderating process, the successful providers were:

- Barnardo's
- Spring North
- ADHD North West
- Kooth

Further information can be found at:

<https://www.healthyyoungmindslsc.co.uk/our-work/mental-health-and-emotional-wellbeing-services>

### 7.4 **Dental support**

Blackpool residents have access to urgent NHS dental advice and treatment via a dedicated helpline. The ICB's helpline guarantees an NHS appointment with a dentist for anyone with an urgent oral or dental need living in Lancashire and South Cumbria. The service is available by calling 0300 1234010 between 8am and 9pm Monday to Friday, or 10am to 5pm at the weekend and on bank holidays. Emergency treatment can also be accessed by visiting 111.nhs.uk or calling 111.

Further information can be found at:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/news-and-media/latest-news/urgent-nhs-dental-support-available-all-lancashire-and-south-cumbria>

## 7.5 **Seven common conditions now being treated at pharmacies**

Since 31 January, people living in Blackpool have been able to access treatment for seven common conditions at high street pharmacies, as part of a major transformation in the way the NHS delivers care. Highly-trained pharmacists at over 95 per cent of pharmacies in Lancashire and South Cumbria now offer the option for patients to be assessed and treated for sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women (under the age of 65) and if appropriate the pharmacist will be able to provide medication without the need for a GP appointment or prescription.

Further information can be found at:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/news-and-media/latest-news/Almost-every-nhs-pharmacy-lancashire-and-south-cumbria-begins-treating-people-common-conditions>

## 7.6 **New maternity and neonatal independent role will support families in Blackpool**

Women and families can now seek the support of an advocate if something has gone wrong with their maternity or neonatal care. Louise Peacock is the new maternity and neonatal independent senior advocate, and has initially started working with people who have received care at Blackpool Teaching Hospitals, along with University Hospitals of Morecambe Bay NHS Foundation Trust. Her role is to ensure the voices of women and families are listened to and acted upon by their maternity and neonatal care providers when they have experienced an adverse outcome any time during their maternity and neonatal care – recently or some time ago.

Further information can be found at:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/news-and-media/latest-news/new-maternity-and-neonatal-independent-role-will-support-families-lancashire-and-south-cumbria>

## 7.7 **Patients benefit from community diagnostic centres**

A new approach in providing health tests closer to home is delivering great results for local patients. Over 210,000 patients across Lancashire and South Cumbria have now received diagnostic tests at local Community Diagnostics Centres (CDCs), which includes a site at Whitegate Drive Health Centre CDC in Blackpool. The site which offers MRI, X-ray, ultrasound, cardiology, respiratory and phlebotomy tests. CDCs aim to deliver high-quality, effective and accessible diagnostic services and to reduce waiting lists to support communities, often allowing patients to be seen closer to home.

Further information can be found at:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/news-and-media/latest-news/patients->

## **8.0 Recovery and transformation programme update**

- 8.1 In Lancashire and South Cumbria there is a complex health system with multiple elective care centres, A and E's, separate and expensive sets of support services as well as many community and primary care facilities. Over £300 million is spent on temporary staff at premium rates and two thirds of our money is spent on treating illness.
- 8.2 Evidence shows there was an opportunity and indeed a need to improve the health of our population, shifting some our use of resources into primary and community services. A major clinical productivity and reconfiguration programme was needed, moving toward more closely integrated clinical networks.
- 8.3 The four core purposes of the ICB are to:
- improve outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience and access
  - enhance productivity and value for money
  - help the NHS support broader social and economic development
- 8.4 The Lancashire and South Cumbria health and care system faces some significant challenges: too many services in too many places, high agency/locum use, many services with vulnerability such as work force challenges, insufficient scale – some with poor quality outcomes and overspend.
- 8.5 The ICB Board has previously noted three key inter-related arms to the clinical strategy each with a 1–3-year recovery focus and a long-term transformation ambition.
- New models of care (Transforming Care in the Community)
  - Clinical effectiveness (Transforming Care in our Hospitals)
  - Quality improvement with better use of resources, leading to CQC Good or better and SOF 2 or better ratings for our services.
- 8.6 Combined with a fresh approach to more strategic commissioning, a rolling programme is being developed to improve fragile services and allow transition from tackling short term recovery issues to achieving the ICB's long-term clinical strategy. It is planned to break the loop and start to deliver sustainable improvement in resources, while tackling health inequity and improving outcomes for the population.
- 8.7 There is a balance to be struck between the level of effectiveness that can afford and the experience and accessibility that can be offered with the resources available.
- 8.8 Collaborative partnership working is required across all parts of the Lancashire and South Cumbria Integrated Care System, including in Blackpool as one of the four places,

and at scale across the system, to deliver sustainable, integrated services with good outcomes.

- 8.9 The clinical strategy will involve a major shift from an acute to a community-centred model with a focus on the physical and mental health (including learning disabilities) and the needs and care of the people and the communities they live and work in, rather than for the convenience of organisations or services.
- 8.10 Including expanding care in the community to help people stay healthy for longer and caring for them through preventing ill health, managing long-term conditions, recovering from periods of intensive care and toward the end of their lives. It will support the best possible use of the two new hospitals that will be built by about 2035, through new models of care both in and outside those hospitals.
- 8.11 There are two critical components to this:

**Transforming Care in the Community**, focusing on creating Healthy Communities, Integrated Neighbourhood Teams and Enhanced Care in the Community in addition to considering future operational models that build on developing virtual and technology enabled solutions to enable care closer to home. The primary goal being to reduce inequity, improve healthy years and avoid acute admissions.

**Transforming Care in our Hospitals**, including:

- Rolling programme to address fragile services, prioritising haematology, orthodontics, gastroenterology as areas to develop and implement rapid networked solutions and accelerate progress in areas with existing networks, such as stroke, CAMHS, autism and cancer.
  - Rolling programme of service reconfiguration, prioritising vascular, head and neck, urology and cardiac. Patient engagement has been undertaken and more is planned, and there is a commitment to implementation of new models of care in these services aiming to be in place during 2025/26.
  - Development of One LSC clinical configuration blueprint / delivery roadmap to ensure the needs of our population can be met in 2035 with a clinically evidenced and appropriate configuration of services that makes the best use of all acute resources, including the two new hospitals that are expected to be built by 2035, together with the existing estate to ensure a sustainable and viable future delivering safe, effective and affordable (acute) services.
- 8.12 The work is expected to enable better use of resources during 2024/25 and in subsequent years to even greater effect. The work will contribute to the system's financial recovery plans, but in a way that is safe, effective and results in better health outcomes for people living and working in Lancashire and South Cumbria.
- 8.13 The programme requires resources to deliver. The ICB, in agreement with the Provider

Collaborative, has commissioned external support to provide capacity and capability to deliver the clinical configuration blueprint and delivery roadmap. Programme management support is being provided for vascular and urology reconfiguration and wave one of fragile services. The Trusts have identified senior responsible officers for each programme.

8.14 It is recognised that resource capacity and capability may well be a constraining factor, especially when considering the need to avoid adding additional costs into the system. Partners are actively considering alternative models of delivery that could help to accelerate delivery of value with enabling costs contingent on value delivered rather than being an up-front risk.

8.15 Further detail on the recovery and transformation programme can be found on the website: [https://www.healthierlsc.co.uk/application/files/2417/0974/4599/Item\\_10 - Recovery and Transformation Programmes.pdf](https://www.healthierlsc.co.uk/application/files/2417/0974/4599/Item_10_-_Recovery_and_Transformation_Programmes.pdf)

## 9.0 ICB performance, figures shared in ICB Board report for meeting on 13 March 2024

9.1 **Elective recovery** – the total number of patients waiting for treatment has decreased for the second consecutive month although the number of longer waiters (65+ weeks / 78+ weeks) have increased to the end of December 2023. Lancashire and South Cumbria ICB appears to be performing well above average for day-case procedure rates (British Association of Daycase Surgery [BADs] specific procedures) and for capped theatre utilisation rates when compared to peer systems and national performance.

9.2 **Diagnostics** – there was a deterioration in diagnostic performance in December 2023 to 69.2%, mainly due to a significant fall in performance at Lancashire Teaching Hospitals. LSC ICB is now below the North West and national performance.

9.3 **Cancer** – In December 2023, Blackpool Teaching Hospitals met the faster diagnosis standard. None of the LSC providers met the 62-day referral to first treatment standard. LSC ICB did not achieve the 31-day first treatment standard, or the 62-day referral to first treatment standard. The number of patients waiting over 62 days for cancer treatment increased in January to 533, although LSC ICB was ahead of trajectory, 533 vs 605.

9.4 **Urgent and emergency care** – performance against the 4hr target in January 2024 was 74.6%, which was a deterioration on the previous month. LSC ICB is performing better than the North West and national average. The percentage of patients spending more than 12 hours in an emergency department remains within the ‘expected range’, albeit at levels higher than pre-covid.

9.5 **Mental health** – The number of out of area patients for mental health continued to be above plan in November 2023 despite a fall on the previous month. The beds at Whalley

have opened, however there is pressure on beds through temporary closures and on-going doctors' strikes. The dementia prevalence target continues to be met with the ICB being above the national position and slightly below the North West figure. The number of people receiving a health check on a learning disability register for the ICB is below both the regional and national positions, however it remains on the planned trajectory. The latest figure for Improving Access to Psychological Therapy shows that the ICB has now moved out of the lowest quartile reported nationally after an improvement in October and November.

9.6 **Children and young people** – the coverage for Measles, Mumps and Rubella (MMR) has increased slightly and is above both North West levels and national levels.

9.7 **Primary Care** - in December 2023 general practice across LSC ICB delivered a lower volume of appointments than initially planned for. The LSC rate of general practice appointments per 10,000 population remains below the national average. The proportion of general practice appointments offered within two weeks and the proportion of same day appointments are in line with national averages.

9.8 A more detailed report of performance can be found in the Integrated Performance Report, published as part of the ICB Board meeting papers for 13 March 2024:

[https://www.healthierlsc.co.uk/application/files/3117/0974/4598/Item\\_8\\_-\\_Performance\\_report.pdf](https://www.healthierlsc.co.uk/application/files/3117/0974/4598/Item_8_-_Performance_report.pdf)

9.9 You can also find all the reports that have been prepared for the board meetings, further information can be found at:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/board/meetings-and-papers>

9.10 Is the recommendation contrary to a plan or strategy approved by the Council? NA

9.11 Is the recommendation in accordance with the Council's approved budget? NA

9.12 Does the information submitted include any exempt information? No

## 10.0 Blackpool place update

10.1 The latest update from Blackpool place includes information about the Spring into Spring 2024 event, shining the spotlight on Layton Community House and Blackpool Food Bank and The Big Food Truck, amongst other updates.

The newsletter can be found at:

<https://news.lancashireandsouthcumbria.nhs.uk/newsletter/blackpool-place-based-newsletter-edition-5/>



**11.0 List of appendices**

Appendix 7a – ICB Presentation

**12.0 Financial considerations**

None

**13.0 Legal considerations**

None

**14.0 Risk management considerations**

None

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

None

**16.0 Sustainability, climate change and environmental considerations**

None

**17.0 Internal/external consultation undertaken**

None

**18.0 Background papers**

None

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# ICB update

## **Adult Social Care and Health Scrutiny Committee**

Thursday 21 March 2024

# Key updates

- **Measles** - recent increase of measles in the north west; Measles, Mumps, Rubella (MMR) vaccine is free on the NHS - available from local GP surgeries and local pop-up clinics.
- **Industrial action** – further impact on Blackpool Teaching Hospitals by recent strikes. Members of the public are encouraged to use services wisely and appropriately.
- **New children’s mental health contracts** have been awarded to four providers: Barnardo’s; Spring North; ADHD North West; Kooth
- **Dental support** - Blackpool residents have access to urgent NHS dental advice and treatment via a dedicated helpline. The service is available by calling 0300 1234010 between 8am and 9pm Monday to Friday, or 10am to 5pm at the weekend and on bank holidays



# Key updates

- **Pharmacy update** - people living in Blackpool can access treatment for seven common conditions at high street pharmacies: sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections.
- **New role will support families in Blackpool** - Louise Peacock is the new maternity and neonatal independent senior advocate, to ensure the voices of women and families are listened to and acted upon.
- **Patients benefit from community diagnostic centres** - over 210,000 patients across Lancashire and South Cumbria have now received diagnostic tests at local Community Diagnostics Centres, including Whitegate Drive Health Centre in Blackpool.



# Recovery and transformation

- Core purpose of an ICB:
  - improve outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience and access
  - enhance productivity and value for money
  - help the NHS support broader social and economic development
- Lancashire and South Cumbria's health and care system faces some significant challenges:
  - Too many services in too many places
  - High agency/locum use
  - Many services with vulnerability such as work force challenges
  - Insufficient scale – some with poor quality outcomes and overspend



# Development of clinical strategy

- Three key inter-related arms to the clinical strategy:
  - New models of care (Transforming Care in the Community)
  - Clinical effectiveness (Transforming Care in our Hospitals)
  - Quality improvement with better use of resources, leading to CQC Good or better and SOF 2 or better ratings for our services.
- This will require a major shift from an acute to a community-centred model.
- Collaborative partnership working is required across all parts of the Lancashire and South Cumbria Integrated Care System, including in Blackpool as one of the four places.



# Clinical strategy

There are two critical components to this:

- Transforming Care in the Community
  - Creating Healthy Communities
  - Integrated Neighbourhood Teams
  - Enhanced Care in the Community
- Transforming Care in our Hospitals
  - Rolling programme to address fragile services
  - Rolling programme of service reconfiguration
  - Development of One LSC clinical configuration blueprint / delivery roadmap





# Resource and capacity

- The programme requires resources to deliver and the ICB and Provider Collaborative are working together to support the programmes, with senior responsible officers being identified for each programme.
- It is recognised that resource capacity and capability may well be a constraining factor, especially when considering the need to avoid adding additional costs into the system.
- Partners are actively considering alternative models of delivery that could help to accelerate delivery of value with enabling costs contingent on value delivered rather than being an up-front risk.





**Lancashire and  
South Cumbria**  
Integrated Care Board

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**Web** [lancashireandsouthcumbria.icb.nhs.uk](https://lancashireandsouthcumbria.icb.nhs.uk) | **Facebook** [@LSCICB](https://www.facebook.com/LSCICB) | **Twitter** [@LSCICB](https://twitter.com/LSCICB)

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davis, Scrutiny Manager
<b>Date of meeting:</b>	21 March 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 8a - Adult Social Care and Health Scrutiny Committee Workplan

## 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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<b>Adult Social Care And Health Scrutiny Committee Work Plan 2024-2025</b>	
21 March 2024	<ol style="list-style-type: none"> <li>1. <b>ICB update</b> to include the development of the vision and strategy</li> <li>2. <b>Mental Health Provision for Young Men Scrutiny Review</b> - update on the implementation of the recommendations. To include <b>Suicide prevention and awareness</b> update on ongoing work</li> <li>3. <b>BTH Stroke update</b> – 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.</li> <li>4. <b>BTH Objectives And Update On Key Work Streams</b>- 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.</li> </ol>
11 <sup>th</sup> July 2024	<ol style="list-style-type: none"> <li>1. <b>Adult Services update / Adult Services Care packages</b> – costs and procedure with regards to remodelling packages when health (Members requested a deep dive, however would be helpful to receive an outline of current process, to enable the Committee to target the deep dive to specific areas)</li> <li>2. <b>Population Health Team</b> – requested 16/11/23 – to understand how the projection data was collated</li> <li>3. <b>Initial Response Service</b> update on the development of the service. <i>(ADO for urgent and access who will present)</i></li> <li>4. <b>LSCFT – CQC inspection outcome</b> <i>(Tracey C)</i></li> </ol>
September / October 2024	<ol style="list-style-type: none"> <li>1. <b>Annual Complaints Report</b> (annual item)</li> <li>2. <b>Maternity Services</b> progress update and overview of patient feedback.</li> <li>3. <b>NWAS Update</b></li> <li>4. <b>ICB Update</b> <i>(Alternate meetings with Adults Services)</i></li> <li>5. <b>Blackpool Safeguarding Adults Annual Report 2023/24</b></li> </ol>
November / December 2024	<ol style="list-style-type: none"> <li>1. <b>Adult Services update</b></li> <li>2. <b>Living with Dementia Service Update</b> – 12 mth update requested 16/11/23 (LSCFT TC and KS)</li> <li>3. <b>LSCFT – Mental Health Services Provision</b></li> <li>4. <b>Blackpool Teaching Hospitals National Health Service Foundation Trust Finance Report</b> - 12 mth update requested 16/11/23</li> <li>5. <b>Annual KPI / Performance data</b></li> </ol>
January 2025	<ol style="list-style-type: none"> <li>1. <b>3 Conversations Update</b> - specific information on what worked well, what did not work so well, service demand and budget implications.</li> <li>2. <b>ICB Update</b></li> <li>3. <b>Access to Dentistry</b> –Update from NHS England following the Committee’s review of access to dentistry in Blackpool <i>(Deferred from July 2024)</i>.</li> <li>4. <b>Carers Strategy</b> – Update following implementation <i>(Deferred from September)</i></li> </ol>

Feb / March 2025	<b>1. Adult Services Update</b> <b>2. Healthwatch – Annual Report</b>
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\*\* 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)



<b>Scrutiny Review</b>	
TBC 2024	<b>Adult Services Care packages</b> – To undertake a detailed review with regards to the Care packages. (costs / procedure regarding to remodelling packages when health improves / deteriorates.
TBC 2024	Scrutiny review of <b>population health management</b> to also include long covid.
<b>Strategy Development Work</b>	
TBC	Joint Local Health and Wellbeing Strategy

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## 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	<p>Stroke network</p> <ol style="list-style-type: none"> <li>1. To receive the material developed to encourage members of the public to seek help immediately following experiencing stroke symptoms.</li> <li>2. To receive a further update on the implementation of the programme in due course.</li> <li>3. To receive stroke data specific to Blackpool.</li> </ol>	March 2024	Sharon Walkden	<p>It was agreed at the March 23 meeting of the System Finance Group to pause the year 3 funding of the business case.</p> <p>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.</p>	On Agenda
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	<p>Added to the Work Plan for update in February within the Adult Services report</p> <p>An additional request received at 28.09.23 meeting to receive the final evaluation of the '3 conversations' work.</p>	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.	On Agenda
10	16/11/23	To receive a further Dementia update in 12 months' time	November 2024	Karen Smith	Added to worklan.	Not yet due
11	16/11/23	To invite the Population Health Team to a future meeting, to understand how projection data was generated.	11th July 2024	TBC	Added to worklan.	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