Public Document Pack

Health & Wellbeing Board

Tuesday, 5th March, 2024
6.00 pm

AGENDA

Dying Well Update **93 - 121**
Dying Well Update - App A

10. Annual Review and update of Health & Wellbeing Board Terms of Reference

Annual Review and Update of Health & Wellbeing Board Terms of Reference **122 - 133**
Annual Review and Update of Health & Wellbeing Board Terms of Reference - App 1

11. Any Other Business

12. Forward Plan

Proposed Items for Next meeting

- CDOP Annual Report
- Local Authority Healthy Weight Declaration

13. Date & Time of Next Meeting

4th June 2024 6.00pm – 8.00pm

Date Published: Monday, 26 February 2024
Denise Park, Chief Executive

DECLARATIONS OF INTEREST IN

ITEMS ON THIS AGENDA

Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.

Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.

MEETING: **Health and Wellbeing Board**

DATE:

AGENDA ITEM NO.**:**

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)

BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD
MINUTES OF A MEETING HELD ON TUESDAY, 5th December 2023

PRESENT:

Councillors	Damian Talbot
	Julie Gunn
	Jackie Floyd
Integrated Care Board (ICB)	Claire Richardson
East Lancashire Hospitals NHS Trust	Tony McDonald
Voluntary Sector	Sarah Johns
	Vicky Shepherd
Blackburn with Darwen Council	Abdul Razaq
	Catherine Taylor
	Dilwara Ali
	Katherine White
	Michelle Holt
	Tina Kuczer - Clerk

1. <u>Welcome and Apologies</u>

The Chair welcomed everyone to the meeting, with reference to Cllr Jackie Floyd – the new Executive Member for Adults, Social Care & Health.

Apologies were received on behalf of Cllr Derek Hardman, Mark Warren, Sam Proffit, Chris Oliver, Sam Wallace, Joanne Siddle and Dr Mohamed Umer.

2. Declarations of Interest

There were no Declarations of Interest received.

3. Minutes of the Meeting held on Tuesday, 5th September 2023

The Minutes of the Meeting held on 5th September 2023 were submitted for approval.
The Following amendments were noted;

- That Cllr Julie Gunn be placed in the Councillor section of Attendees.
- Item 9 – That the Age Well Partnership Board was chaired by Katherine White.

RESOLVED – That the Minutes of the Meeting held on 5th September 2023 be agreed as a correct record subject to the inclusion of the amendments outlined above.

4. Public Questions

The Chair informed the Board that no public questions had been received.

5. Developing Blackburn with Darwen Place Based Partnership – Update

The Director of Health and Care integration, BwD, Lancashire and South Cumbria ICB, Claire Richardson, provided the Health and Wellbeing Board with an update and presentation on the progress of developing the Place Based Partnership (PBP) arrangements for Blackburn with Darwen. This was to ensure that the Board were fully sighted on progress during the development and subsequent phases of the partnership arrangements.

The paper also included an outline of the different governance models that could be developed to facilitate collaborative planning, delivery, and commissioning arrangements once the ICB enacted the limited delegations to Place - as committed within the Lancashire and South Cumbria ICB Place Integration Deal (5th July 2023).

The Health and Wellbeing Board was recommended to:

a) Note the update provided in this report on the development of the Blackburn with Darwen Place Based Partnership and the collaborative delivery that was underway to integrate health and care for the residents of Blackburn with Darwen.
b) Note and support the Lancashire and South Cumbria-wide review of Better Care Fund ('BCF') arrangements.
c) Agree to a review of the existing joint commissioning arrangements that support the current Blackburn with Darwen section 75 pooled budget and Better Care Fund with recommendations to be brought back to the next meeting.
d) Note the options for Place-based Partnership governance as documented within national guidance and set out in the report.

The presentation covered the following topics:

- BwD Place Priorities – strategic alignment
- Our journey to date
- Delivering for our people
- Place Integration Deal

The Board was advised that the BwD Place Based Partnership (PBP) had met every month since April 2023.

Funding formulas would not necessarily be based on need or population but could be weighted according to an agreed formula – particularly in the case of Primary Care / Mental Health / Children. BwD would likely be below target as funding formulas changed regularly and the eight former Clinical Commissioning Groups work differently.

It was noted that changes to the Health and Care Act meant the operating environment had changed rapidly. The Place Director was engaged with existing governance and ICB decision groups in a fiscal challenged environment and it was felt BwD had a lead from a place perspective within existing delegations.

RESOLVED –

a) That the update provided on the development of the Blackburn with Darwen Place Based Partnership and the collaborative delivery that was underway to integrate health and care for the residents of Blackburn with Darwen was noted.
b) That the Lancashire and South Cumbria-wide review of Better Care Fund ('BCF') arrangements was noted and supported.
c) That the Board agreed to a review of the existing joint commissioning arrangements that support the current Blackburn with Darwen section 75 pooled budget and Better Care Fund - with recommendations to be brought back to the next meeting.
d) That the options for Place-based Partnership governance as documented within national guidance and set out in the report was noted.

6. <u>Life-course and Live Well Schedule - Updates</u>

Consultant in Public Health, Cath Taylor, presented an update on work to map the key strategic and supporting groups which have responsibility for delivery of Live Well priorities and actions within the Joint Local Health and Wellbeing Strategy.

This mapping work was undertaken by the Public Health Team and Blackburn with Darwen Place-Based ICB Colleagues. The work was informed through consultation with a range of teams across Blackburn with Darwen Council, including Adults & Health and Growth & Development departments.

The Board were asked to:

a. Note the results of the Live Well mapping exercise to date and identified gaps, issues and opportunities.
b. Approve the implementation of the proposed future schedule of life-course updates to the Board.

The Lancashire & South Cumbria ICB bid submission with local authority partners for the Work Well pilot programme was discussed as part of a levelling up piece of work, with Health & Wellbeing/skills/Health and Work programme. The Board was advised that it would be a competitive bid process with a workshop in January 2024; the deadline for bids being January 22nd 2024.

It was noted that the Live Well element was a complex work area with multiple groups and accountabilities. However, it was to provide assurance rather than accountability to the Health and Wellbeing Board.

Healthy and Good Quality homes continued to be an issue in Blackburn with Darwen and more needed to be done in the short and long term. Development meetings were ongoing to report issues with Housing Standards and strategic Housing review.

It was confirmed that an attempt had been made to identify all vulnerable groups, including Children as Carers and for the Board to share strategic groups that need to be fed into the Health and Wellbeing Board.

It was agreed that Dying Well shouldn't be a bolt on project to Ageing Well and was a priority for members, with a separate update to the Board to be brought back by NHS place leads.

RESOLVED – That the Board

a. Noted the results of the Live Well mapping exercise to date and identified gaps, issues and opportunities.
b. Approved the implementation of the proposed future schedule of life-course updates to the Board.

7. <u>Public Health Strategies in Development – Update</u>

Director of Public Health, Abdul Razaq, provided an update on the progress of the development of Public Health strategies in development.

The Board were asked to:

a. Note the progress and timelines of the production of the Public Health strategies current In development.
b. Receive the Public Health strategies once finalised.

Key issues included:

- Start Well: Child Poverty and Infant Feeding Strategy
- Start, Live and Age Well: Mental Health, Suicide and Self Harm Prevention Strategy (early prevention and resilience)
- Live Well: Combatting Drugs Partnership (CDP) Action Plan (Harm to Hope National Drugs Strategy)
- Live Well: Sexual Health Strategy

Abdul Razaq advised the Board that the updated Tobacco Control strategy had been finalised and had been submitted to the Health and Wellbeing Board and ICB Board. New national smoking cessation service allocations have been announced and a new community smoking cessation offer would be tendered in addition to existing provision of pharmacies with a report to Executive Board in February 2024.

It was noted that the Tobacco Control strategy was not on the current list of strategies and would be added to the list.

RESOLVED – That the Board

a. Noted the progress and timelines of the production of the Public Health strategies current In development.
b. Receive the Public Health strategies once finalised.

8. <u>Age Well Partnership - Update</u>

The Deputy Director of Adult Social Care, Adults and Health, Katherine White, presented an update of the Age Well Partnership.

Partnership members included NHS Lancashire and South Cumbria, Blackburn with Darwen Borough Council, BwD Age Uk, Healthwatch BwD, Local Primary Care, Safe/Personal/Effective, Care Network, and We Are LSCft.

The Board were asked to:

a. Note the presentation and invite questions / comments from the Board.

Key Achievements April to December 2023 included:

- Dementia – development of a BwD Briefing Paper
- Falls and Frailty – development of a local falls plan and Better Care Programme
- Positive Ageing Framework and Age Friendly Place – mapping of activity and actions
- Physical Activity – implementation of Eat Well, Move More strategy
- Mental Health and Wellbeing – targeted Age Well campaign

Key Priorities for 2024 included:

- Dementia Support – Development of a BwD Dementia Action Group
- Reducing or delaying frailty – utilise the learning from the Darwen East programme

- Falls – Development of a Local Falls Plan
- Digital Inclusion – progress the development of the Digital Inclusion Strategy

It was noted that the Partnership was highly valuable and committed.

Further comments included:

It was acknowledged that Primary Care struggled with face-to-face meetings – GPs had found it difficult to attend.

Alcohol Abuse was a contributory factor for dementia and risk for falls. It was unclear how robust Primary Care alcohol brief interventions were to support community alcohol services.

The long-term effects of the COVID pandemic affected the over 70s population in frailty and levels of acuity. LSCFT had reported a drop off in organised Physical Activity attendance as group exercise programmes had ended. It was noted that re:fresh was involved in this arena and further sight of the project was required.

A strategy for Digital Inclusion was needed although it wasn't under any departmental responsibility at the moment.

The Health Foundation project painted a national bleak picture, with multi-morbidities expected to increase by 2.5 million by 2040. Health and Care demand would increase. It was acknowledged that Primary Care was important and new models of care would need to be developed for transforming community services.

RESOLVED – That the Board noted the presentation

9. <u>Better Care Fund Plan 2023/25 & Quarter 2 Budget - Update</u>

The Deputy Director of Adult Social Care, Adults and Health, Katherine White, in partnership with Sam Proffitt, Chief Finance Officer, LSC Integrated Care Board and Vicky Shephard, AgeUk Chief Executive gave the Better Care Fund Plan 2023/25 update to the Board.

The Board were asked to:

1. Note the Blackburn with Darwen Better Care Fund Plans in relation to delivery and performance targets
2. Note the Better Care Fund (BCF) Quarter 2 2023/24 delivery and financial position

The report provided an account of the progress made against each of the performance metrics, scheme priorities and financial expenditure throughout the year.

Metric Targets:

- Avoidable Admissions - data unavailable due to implementation of EPR system
- Discharge to normal place of residence - on track
- Falls - data unavailable due to implementation of EPR system
- Residential Admissions – not on track

- Reablement – on track

No questions were asked following the report.

RESOLVED – That the Board

1. Noted the Blackburn with Darwen Better Care Fund Plans in relation to delivery and performance targets
2. Noted the Better Care Fund (BCF) Quarter 2 2023/24 delivery and financial position

10. Any other Business

There was no other business.

11. Forward Plan

The proposed items for the next meeting included:

- Local Authority Healthy Weight Declaration
- Annual Review & Update of HWB Terms of Reference
- Live Well Update – Part 1
- Dying Well Update

12. Date and Time of Next Meeting

The next meeting was scheduled to take place on Tuesday 5th March 2024 (18:00-20:00).

Signed……..……..

Chair of the meeting at which the Minutes were signed

Date……

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Claire Richardson, Director of Health and Care Integration, Blackburn with Darwen
DATE:	Tuesday, 5 March 2024

SUBJECT: Blackburn with Darwen Place Based Partnership and Lancashire and South Cumbria Integrated Care Board Update

1. PURPOSE

This paper provides the Health and Wellbeing Board with an update on progress in developing Place Based Partnership arrangements for Blackburn with Darwen. It intends to ensure that the Health and Wellbeing Board are fully sighted on our progress during the development and subsequent phases of the partnership arrangements. It also includes a brief summary of areas of work that have been undertaken since the last report to the board.

The report also provides an update from the Lancashire and South Cumbria Integrated Care Board.

2. RECOMMENDATIONS FOR THE HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board is recommended to:

a) Note the update provided in this report on the development of the Blackburn with Darwen Place Based Partnership and the collaborative delivery that is underway to integrate health and care for the residents of Blackburn with Darwen
b) Note the update in regards to the financial recovery work underway within Lancashire and South Cumbria Integrated Care Board.

3. BACKGROUND

The Health and Care Act 2022 introduced radical changes to the NHS health and care commissioning landscape, the key change being the formal creation of Integrated Care Systems across the country. They are made up of two parts – an Integrated Care Board (ICB) which is an NHS organisation with responsibility for allocating the NHS budget and commissioning services for the population, taking over the functions previously held by clinical commissioning groups (CCGs) and an Integrated Care Partnership (ICP) which is a statutory joint committee of the ICB and local authorities in the area.

Within the Lancashire and South Cumbria Integrated Care System, it has been agreed that there will be four “places”, where commitment has been made to grow and support thriving PBPs, aligned to Upper Tier Local Authority boundaries - Blackburn with Darwen, Blackpool, South Cumbria and Lancashire.

4. RATIONALE

The approach to collaborative planning and delivery of health and care services, through a Blackburn with Darwen Place based Partnership, provides an opportunity to strengthen the Health and Wellbeing Board's influence in prioritising prevention of ill health and ensuring joined provision of high-quality community services; promoting integrated funding/commissioning to ensure best value and deliver improved outcomes.

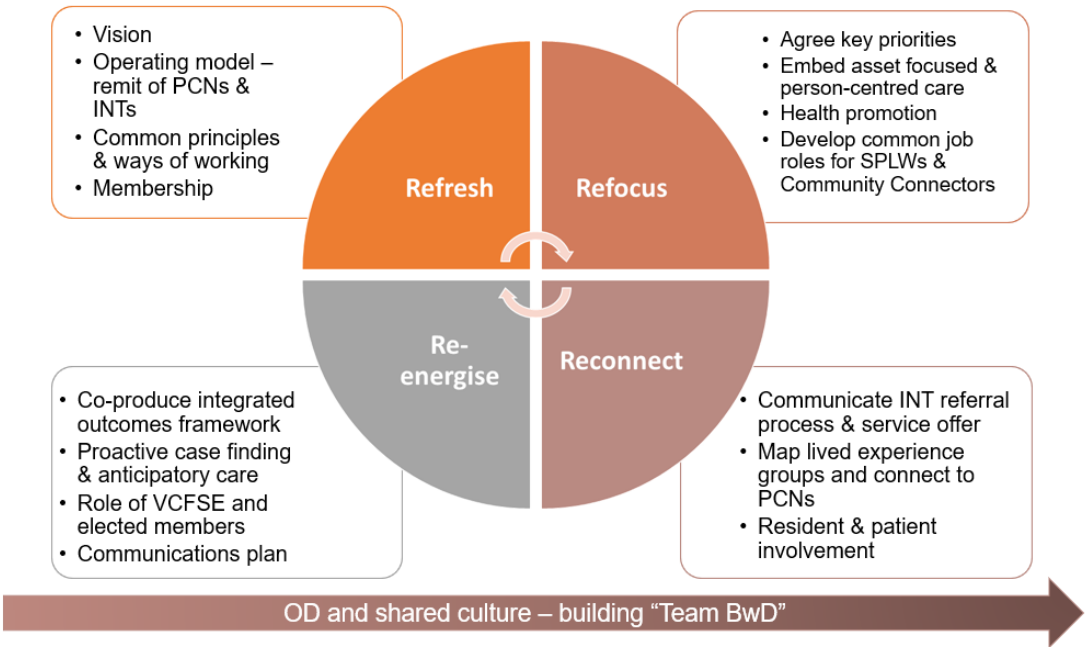
5. KEY ISSUES

Blackburn with Darwen Place-based Partnership update
Blackburn with Darwen continues to build on its long history of joined up working, resetting its arrangements through the development of the Place Based Partnership, including refreshing ambitions and priorities, a leadership development programme for system leaders and facilitating delivery of joined up service provision to meet the needs of our communities.

Key areas of focus for the PBP over recent months are now outlined in this report.

Neighbourhood review outcomes and next steps
Phase 2 of the neighbourhood review culminated on 17 November with a whole system workshop attended by external Local Government Association (LGA) colleagues who presented their findings from stakeholder engagement that had been undertaken. Findings from phase two of the neighbourhood review provide a clear steer and opportunities for moving our integrated neighbourhood working arrangements to the next level of effectiveness.

During December 2023 and January 2024, the themes from phase two have been shared with stakeholders for any initial feedback and refinement. Following this period of engagement, detailed feedback is being used to enable the development of a Neighbourhood Evolution Action Plan which is co-produced, owned and delivered by BwD system partners. A high-level summary of the Evolution Plan is outlined below.



The delivery of this Neighbourhood Evolution plan will drive BwD forward in terms of integrating health and care services within neighbourhoods, it provides an opportunity to re-engage key stakeholders on a common agenda and ultimately, aims to ensure BwD residents have better access to health and care support to improve their health outcomes.

Public involvement and co-production across Blackburn with Darwen

The Blackburn with Darwen PBP have agreed an ambition for their "Delivering with our People" workstream as follows:

"we will work with our residents to improve health outcomes and quality of life, for a happier population".

Since inception in 2023, the PBP, have undertaken a number of pieces of public involvement work which have shaped/are shaping future service delivery in the borough. These include:

- Commissioned priority wards insight work - driving change in the neighbourhood model of care and supporting greater understanding of population need and behaviour;
- Utilisation of community insight (through priority wards and Family Hub parent groups) to develop winter communications and an engagement plan – focused on deep engagement, focus group discussions, messages targeted to insight and community demographics;
- Established relationship with Family Hub parent carer groups – committed to routine engagement and listening, myth busting and raising awareness of key services;
- Subsequent development of a family hub engagement and insight report to summarise key areas of feedback for health and care services;
- Partnering with Healthwatch and parent carer groups to refresh Healthwise booklet;
- Commissioned Dying Well insight work to inform improvements in end of life care and the delivery of the Getting to Outstanding Framework in BwD.

A BwD partnership communications and engagement task group was also established, initially with a view to undertaking engagement with members of the public on key winter messages and supporting partnership wide communications throughout the period. This group has representatives from ICB, BwDBC, VCFSE, Healthwatch and ELHT currently and has recently agreed to take on a more substantive role of coordinating all engagement and involvement on behalf of the PBP going forward. Initial conversations have also commenced as to whether this group could act as a "critical friend" in ensuring the PBP takes action on insight generated. Future proposals on this will be brought back to the PBP in due course.

In order to help the PBP further shape its ambitions, an engagement and co-production working group was established to look at current work and good practice taking place across the PBP, with a particular focus on the ICB and local authority (due to CQC requirements). This working group presented key reflections to the PBP Board in January and as a result the following approaches have been agreed:

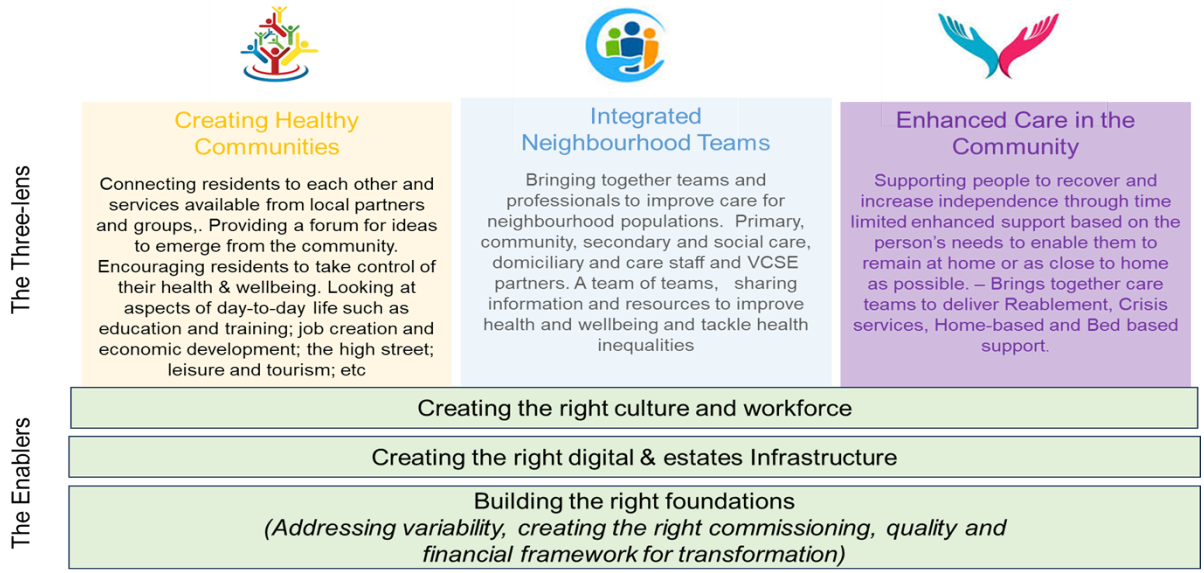
- Commitment to identifying 1 or 2 new programmes of ICB Place / PBP work (e.g Community Services transformation), where a collaborative approach to co-production could be tested;
- Establish a mechanism for capturing and monitoring how pieces of insight work are actioned by the PBP;
- Task the PBP Insight, Communication and Engagement Group with co-ordinating approaches across all organisations;

- Explore whether any resources/capacity could be dedicated to support PBP and adult social care coproduction.

The PBP have also agreed to adapt the NW Coproduction Benchmarking toolkit to be relevant to health and care partnerships and subsequently complete the toolkit in order to drive an action plan to strengthen co-production.

Transforming community care

The PBP are also supporting the development of a Transforming Community Care programme for Lancashire and South Cumbria, which aims to deliver the ICB's ambition to have world class, community-based health and care provision. The structure of the programme is outlined below and work is underway to consider what plans need to be delivered in BwD in order to achieve these ambitions, including how the emerging transformation programme currently aligns with our own Health and Wellbeing Strategy and target operating model of adult health and care service delivery. The Health and Wellbeing Board will continue to be updated on this programme as it progresses.



Coordinating operational delivery

Other key pieces of work the PBP have been coordinating includes:

- Working to ensure mental health teams are embedded in neighbourhoods during 2024-25;
- Driving the delivery of the wider community mental health transformation programme, including working with ICB and local authority commissioning leads to ensure any commissioned services are relevant to the population need of BwD;
- Overseeing development of proposals to transfer adult physical community health services from LSCFT to ELHT, in order to reduce variation in service provision between Blackburn with Darwen and East Lancashire; provide a more resilient service offer and improve patient outcomes by reducing fragmentation across community, urgent care and secondary care support;
- Joined up approach to winter planning with acute colleagues;
- Focus on frailty including planning to roll out frailty identification training across primary care and neighbourhood teams;
- Targeted communications messages using population health insights;
- Working to deliver reconfigured operating model for Albion Mill intermediate care facility, with ambitions to have 35 beds fully operational by September 2024.

Life course developments

Our life course developments align well to both the BwD Health and Wellbeing Board and Lancashire and South Cumbria Integrated Care Partnership strategies. A focus to date has been on the following activities:

- **Start Well** – Continued work with Family Hubs including delivery of vaccinations and immunisations, Emotional and mental health and wellbeing. Preparation for SEND review, strong partnership working was recognised in 2019 which has continued to develop.
- **Live/Work Well** – Supporting the development of the BwD Mental Wellbeing, Mental Health, Suicide and Self-Harm Strategy 2024 – 2029 and the BwD Learning Disability and Autism Big Plan
- **Age Well** – Positive Ageing Framework, endorsed by the Place-based Partnership Board. Members of the PBP workforce group are undertaking a self-assessment with the ambition of as many health and care organisations as possible signing up to the Age Friendly Employer Pledge
- **Dying Well** – 'Getting to Outstanding' in end-of-life care continued work to develop an action plan

Review of joint commissioning arrangements for Blackburn with Darwen

At their meeting in December the Health and Wellbeing Board receive an update in regards to an intention to review existing joint commissioning arrangements, their membership and purpose, in order to ensure they are fit for purpose with appropriate ICB membership confirmed. Whilst this work has commenced, and relevant ICB commissioning leads are now invited into the group to discuss relevant items of business, the review and proposals for refresh have not yet been finalised. Work is currently underway, with relevant leadership from BwDBC and the BwD place team in order to:

- Refresh the scope of the work-programmes overseen by the Joint Commissioning and Recommendations Group – aligned to the key priorities of BwDBC and ICB
- Ensure accountabilities and reporting arrangements are understood and documented, particularly in relation to influencing commissioning decisions of the ICB
- Consider key opportunities for joint commissioning over the next 12-24 months
- Recommend a membership that is relevant to ensuring the deliver of the agreed scope and accountabilities

Proposals regarding this refresh will be brough back to the Health and Wellbeing Board in due course.

Lancashire and South Cumbria Integrated Care Board Update – Financial recovery

The ICB inherited a complex mix of legacy issues from the 8 CCGs, as well as being formed during a difficult operational period. Different arrangements within the CCGs have led to too many different services being delivered in too many places, with different staffing and funding models. This has been further compounded by higher than anticipated inflation, industrial action and loss of COVID funding.

As at the 30 November 2023 (month 8), the Integrated Care Board (ICB) is reporting a system deficit of £172m which is £82m worse than plan. This represents a current deficit of £122m for the Provider Trusts with the ICB reporting a year-to-date deficit of £50m. The month 8 deficit position is being driven by in-year cost pressures and undelivered savings schemes for Provider Trusts and the ICB. The system is still forecasting to deliver a full year £80.0m deficit in line with plan, however it is unlikely this will now be achievable given the level of cost pressures in the system. The current trajectory would suggest a year end deficit position nearer £258m deficit but a reassessment of the plan in November has submitted a

reviewed deficit target of £198m. This requires several actions to enable the system to meet this revised plan and address the £60m risk.

A formal recovery and transformation board has been developed with dedicated governance involving providers, the ICB and local government. This will fulfil three distinct roles:

- An “organisational oversight and assurance role”: under the transitional arrangements from NHSE to ICBs (with the Recovery and Transformation Board providing assurance to the ICB Board), assuring the ICB Board of organisation-level progress on financial, performance and quality metrics, including progress along each organisation’s trajectory to CQC “Good”, and including to spot and prevent potential deterioration. This will be routinely reported on separately to main body of Recovery and Transformation Programme.
- A regular “system-wide transformation workstream oversight role”, for a small number of workstreams, holding workstream leads and associated stakeholders to account for high quality, timely delivery of agreed plans.
- A role in reviewing, on a bi-annual basis, the portfolio of system-wide transformation workstreams. The System Recovery and Transformation Board, supported by its Programme Management Office, will have a role in ensuring coherence between the objectives of system-wide transformation workstreams. The Board’s role will include ensuring that the highest priority system-wide transformations are scoped, governed and resourced effectively.

Controls and measures have been put in place across the system for the ICB and NHS Trusts to make recurrent and non-recurrent savings whilst attempting to maintain patient safety. Priority programmes have been identified to develop new models of health and social care and a number of these are underway, including -

- New place arrangements
- Integration deal agreed and being implemented
- Transformation programme underway
- Big expansion of virtual wards
- Continuing health care change underway
- Changes to community health in Blackburn with Darwen and Central Lancashire

Within these, there are a number of opportunities to further improve efficiency and effectiveness including shared services, clinical reconfiguration and better primary and social care to keep people out of hospital. Ultimately, this will support the move from an acute to a community centric health and care system and support the mitigation of the financial risk.

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

6. POLICY IMPLICATIONS

Driving integration, the key remit of the Place-based Partnerships an ambition which aligns with the key statutory functions of the Health and Wellbeing Board as well as setting the strategic direction to improve health and wellbeing (Department of Health and Social Care (2022) Health and Wellbeing Boards – Guidance. Available at: Health and wellbeing boards – guidance - GOV.UK (www.gov.uk).

7. FINANCIAL IMPLICATIONS

There are no financial implications resulting from this report. The financial matters of the ICB that are referenced within this report are subject to relevant management within their own organisation.

8. LEGAL IMPLICATIONS

There are no legal implications resulting from this report.

9. RESOURCE IMPLICATIONS

There are no resource implications resulting from this report.

10. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below.

Option 1 ☒ Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 ☐ In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3 ☐ In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.

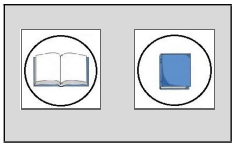
11. CONSULTATIONS

Members of the Health and Wellbeing Board have been engaged as part of the Place-based Partnership development, particularly through their own development sessions in February and June. An update on health and care integration was also presented to BwD Health Oversight Scrutiny Committee in August and in February.

VERSION:	**0.1**

CONTACT OFFICER:	Philippa Cross, Associate Director Place Development and Integration, Blackburn with Darwen

DATE:	20.02.2024
BACKGROUND PAPER:	



HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Hayley Kilpatrick, Samantha Riley, Mark Warren
DATE:	Tuesday, 5 March 2024

SUBJECT: Multi Agency Adults Safeguarding Policy

1. PURPOSE

To update Board members in respect of the new Multi-Agency Safeguarding Policy in Blackburn with Darwen. This is a multi-agency operational policy / procedure for Safeguarding adults at risk. This operational procedure explains the values and culture underpinning how to work with adults at risk and to support individuals to stay safe, well and live free from abuse and neglect. It also explains the process of raising an adult safeguarding concern, and, subsequently, Blackburn with Darwen Borough Council's statutory duties and powers to undertake safeguarding enquiries, where there are concerns about the abuse, harm or neglect of an adult at risk.

This operational procedure:

1. Refers to the models and principles underpinning safe practice
2. Refers to the key steps that can be taken to safeguard adults at risk
3. Clarifies the roles and responsibilities of individuals and organisations
4. Reinforces that the adult at risk should experience the safeguarding process as empowering and supportive and that the views, needs and desired outcomes of the adult are central.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

To accept, embed and promote the Multi-Agency Operational Policy / Procedure for Safeguarding Adults at Risk with all relevant partners within Blackburn with Darwen.

3. BACKGROUND

This Multi-agency Operational Policy / Procedure for Safeguarding Adults at Risk was drafted in December 2023, prior to acceptance from partner agencies at the Safeguarding Adults Board (also in December 2023). It was agreed during the Safeguarding Adults Board meeting, that Board members would now share the policy within their own respective fields of practice, for feedback to be gained, and for this feedback to be collated at the following Safeguarding Adults Board meeting (February 2024).

Once in agreement, and all feedback has been considered at the next Safeguarding Adults Board meeting, the Multi-Agency Operational Policy / Procedure for Safeguarding Adults at Risk will be

rolled out, implemented and embedded in all Safeguarding Adults practice across the borough.

4. RATIONALE

All relevant agencies have a duty to co-operate with each other in order to protect vulnerable adults in their area who are experiencing or are at risk of abuse or neglect. The new Multi-Agency operational policy/procedure for Safeguarding Adults at Risk will support and promote that co-operation which will improve adult safeguarding in our area. This operational procedure:

1. Refers to the models and principles underpinning safe practice
2. Refers to the key steps that can be taken to safeguard adults at risk
3. Clarifies the roles and responsibilities of individuals and organisations
4. Reinforces that the adult at risk should experience the safeguarding process as empowering and supportive and that the views, needs and desired outcomes of the adult are central.

5. KEY ISSUES

. Clear process when undertaking S42 safeguarding enquiries
. Clear expectations on roles and responsibilities from a multi-agency perspective, when undertaking S42 safeguarding enquiries
. Importance of Making Safeguarding Personal (MSP) and creative ways in which this can be achieved
. Explanation of legislative framework and how to embed / promote this within practice.
. Clear process for escalation / professional conflict
. Reinforces the importance of multi-agency working

6. POLICY IMPLICATIONS

Once in agreement, and all feedback has been considered at the next Safeguarding Adults Board meeting, the Multi-Agency Operational Policy / Procedure for Safeguarding Adults at Risk will be rolled out, implemented and embedded in all Safeguarding Adults practice. Training resources will also require to be updated, so that they reflects the Policy accordingly.

7. FINANCIAL IMPLICATIONS

n/a

8. LEGAL IMPLICATIONS

Under section 6 of the Care Act 2014, the Local Authority and its relevant partners (which include health bodies) have statutory duties to cooperate with each other in respect of adult social care functions including Adult Safeguarding. As they are put into practice across the area, the multi-agency safeguarding policies and procedures will assist the Health and Wellbeing Board's drive to promote joint working and improve the wellbeing of the local population.

9. RESOURCE IMPLICATIONS

Training

10. EQUALITY AND HEALTH IMPLICATIONS

n/a

11. CONSULTATIONS
Healthwatch Blackburn with Darwen

VERSION:	

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DATE:	15.02.2024
BACKGROUND PAPER:	

BLACKBURN WITH DARWEN BOROUGH COUNCIL

MULTI - AGENCY

Operational Procedures for Safeguarding Adults at Risk

DECEMBER 2023

1. Contents

2. Introduction

"Safeguarding Adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances."

- **Care and Support Statutory Guidance 2014 section 14:7**

3. Council Missions

Which of the Council's missions does this policy meet?

- A more prosperous borough where no-one is left behind
- Build healthier, happier and safer communities
- Being an innovative and forward-thinking Council

4. Overview

This operational procedure explains the values and culture underpinning how to work with adults at risk and to support individuals to stay safe, well and live free from abuse and neglect. It also explains the process of raising an adult safeguarding concern, and, subsequently, Blackburn with Darwen Borough Council's statutory duties and powers to undertake safeguarding enquiries, where there are concerns about the abuse, harm or neglect of an adult at risk.

This operational procedure:

- Refers to the models and principles underpinning safe practice
- Refers to the key steps that can be taken to safeguard adults at risk
- Clarifies the roles and responsibilities of individuals and organisations
- Reinforces that the adult at risk should experience the safeguarding process as empowering and supportive and that the views, needs and desired outcomes of the adult are central.

This procedure should be read in combination with the Pan-Lancashire Safeguarding Adult Multi-Agency Policies and Procedures, which gives further details of Safeguarding Adults principles and processes.

4.1. Categories of Abuse

There are 10 types of abuse defined within the Care Act (2014). These are:

- Physical Abuse

- Sexual Abuse
- Psychological or Emotional Abuse
- Financial or Material Abuse
- Neglect and / or Acts of Omission
- Modern Slavery
- Discriminatory Abuse
- Organisational Abuse
- Domestic Violence or Abuse
- Self-Neglect

4.2. Key Principles

There are 6 key principles, embedded within the Care Act 2014, which underpin all Safeguarding Adult work. The principles should inform the ways in which professionals and other staff work with adults:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding

(Care and Support Statutory Guidance 2014 section 14:13)

4.3. Making Safeguarding Personal

Making Safeguarding Personal (MSP) means safeguarding work should be person-led and outcome-focused. MSP 'engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.' (DH, 2018: s14 15)

MSP should ensure safeguarding is more effective from the perspective of the person involved in the enquiry. It is a way of working that should be seen across all practice areas, not limited to safeguarding. MSP means practice is person-centred, outcomes focused and strengths based. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to reach better resolution of their circumstances and recovery.

Adults at risk should be supported and empowered to take control of their own lives. The right balance needs to be sought between protecting adults and enabling them to manage risk independently. In order to do this, adults need to be at the centre of any decision making around their safety and wellbeing.

'Outcome focused' means asking the person what they want to achieve through safeguarding processes. This is sometimes described as understanding their 'desired outcomes.' Understanding what a person wants to achieve should be a continuous and ongoing process, from the start of any safeguarding work through to its conclusion. MSP processes should ensure a focus on the needs and requirements of the person at the centre; this should make it easier to ascertain and measure what difference has been made.

The government has provided some useful resources on Making Safeguarding Personal, which can be accessed here: Making Safeguarding Personal toolkit (local.gov.uk)

4.4. Desired Outcomes

Desired outcomes are the changes an adult at risk wants to achieve through the support they receive. Examples of desired outcomes include:

- Feel Safe
- To be listened to
- Not to be hurt
- Justice
- Maintain relationships
- Support for the person causing harm
- Abuse to stop
- Feel in control
- To be treated fairly and equally

4.5. Safeguarding Adults: The key 6 steps

How They Support Safeguarding Adults
The purpose of the Safeguarding Adult's operational procedure is to support staff to take appropriate actions when an adult with care and support needs is believed to be at risk of or experiencing abuse and / or neglect.

There are 6 key steps within the Safeguarding Adults process:

1. **Adult Safeguarding Referral**

This is the process of reporting a concern about the abuse and / or neglect of a vulnerable adult to the Local Authority. In some cases, this will represent the first contact between the person raising the concern and the Local Authority; at other times, this will be raised during ongoing discussions or joint working between agencies.

Professionals should refer to the 'Blackburn with Darwen Adult Safeguarding Continuum - Guidance for Safeguarding Concerns' to consider the information required to assess and identify adults at risk and vulnerability to abuse and / or neglect. For all statutory Safeguarding concerns, a formal Adult Safeguarding Referral will be required, but this should not delay safety planning for concerns that are time critical and need an urgent response. In these situations, a direct contact can be made with the Safeguarding team (e.g., by phone) to discuss the concerns.

The 'Blackburn with Darwen Adult Safeguarding Continuum - Guidance for Safeguarding Concerns' can be accessed here: www.lsab.org.uk/policies

2. **Adult Safeguarding Concern**

Following Referral, the information received will be recorded as an Adult Safeguarding Concern. The Council will establish whether there is a statutory duty to make safeguarding enquiries under section 42 of the Care Act 2014. Ordinarily, the dedicated Safeguarding Adults Team will be responsible for considering the initial information about the Concern and reaching a view whether statutory Safeguarding Enquiries are required, taking account of the Safeguarding Continuum.

Section 42 of the Care Act applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

(a) has needs for care and support (whether or not the Authority is meeting any of those needs),
(b) is experiencing, or is at risk of, abuse or neglect, and
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Section 42(2) states 'The Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.'

If section 42 of the Care Act 2014 duty applies, safeguarding adult enquiries MUST take place. Non-statutory enquiries or other responses will be at the discretion of the Council.

Where there are no grounds for section 42 enquiries, the Adult safeguarding Concern can be ended at this point with a clear rationale. In deciding this, consideration should be given to:

- any risks identified
- the adult's own wishes and desired outcomes from any intervention
- the adult's ability to make their own decisions
- the adult's ability to protect themselves from possible abuse and/or neglect
- any safety measures in place

At any point during this information-gathering stage, an interim protection plan may be required to reduce the risk to the adult at risk and/or others.

3. Strategy Discussion and /or Meeting / S42 Threshold Decision

Following a decision that a statutory Safeguarding Enquiry is needed; a plan needs to be made of how the enquiry will be taken forwards; this is done through a Strategy Discussion and/or Meeting.

The objective of the Strategy step is to share, discuss and consider the known evidence with the relevant professionals and individuals involved, and agree an Adult Safeguarding Enquiry Plan. This must be recorded on the Mosaic recording system.

Where required, the Interim Protection plan is required to reduce and/or manage risk for the adult at risk and/or others while Adult Safeguarding Enquiries are undertaken and should be documented as an interim protection plan.

4. Adult Safeguarding Enquiry

The Safeguarding Enquiry process is effectively an 'investigation' into the concern raised and refers to any enquiries into the concern made or instigated by the Local Authority AFTER receiving a safeguarding concern. As such, it involves the process of gathering and analysing the available information relating to the alleged abuse and/or neglect.

As far as possible, an Adult Safeguarding Enquiry should establish:

- whether any actions are needed to prevent or stop abuse and /or neglect of a vulnerable adult
- if so, who should take these actions
- the adult's own wishes and desired outcomes from any intervention

In order to do this, anyone undertaking Safeguarding enquiries will take steps to understand:

- the adult's needs and any related risks
- the nature of the suspected abuse and/or neglect
- what interventions may protect the adult against abuse and /or neglect
- the adult's capacity and ability to make their own decisions

Any work undertaken by Blackburn with Darwen Adult Social Care staff as part of a Safeguarding Enquiry must be recorded on the Mosaic recording system.

5. Case Conference

Following an Adult Safeguarding Enquiry (statutory Section 42 or other), a Case Conference may be required to review and agree the findings, update risk assessments, and to formulate a Full Protection Plan, with the relevant professionals and individuals involved. A Full Protection Plan outlines the ongoing actions required to reduce or manage any ongoing risks of abuse and / or neglect to an adult at risk or others.

a. Case Conference Review

Where risks of abuse and / or neglect are ongoing, or where the Case Conference identified further necessary actions, a Case Conference Review may be required before Enquiries are concluded. The Case Conference Review will provide the opportunity to review these with the relevant professionals and individuals involved.

6. Ending the Safeguarding Procedure

The safeguarding procedure can be ended at three specific points:

Within the information gathering stage where the Adult Safeguarding Concern has been raised and screened which establishes that it does not require further enquiries within the adult safeguarding procedures (where risks have not been identified, the adult is not identified as being at risk, where risks have been reduced, or at the adult's request and where there are no risks to others),

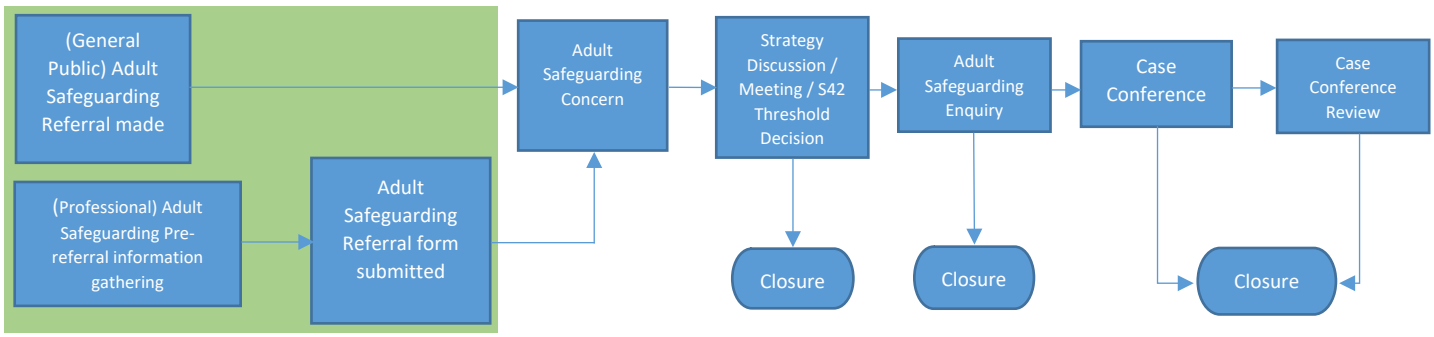
OR

Following complete, proportionate enquiries, where it has been determined that a case conference is not required

OR

Following complete, proportionate enquiries following a case conference, or case conference review (if required), being held.

An illustration of the safeguarding process:



5. Roles and Responsibilities

5.1. Blackburn with Darwen's Multi-Agency Safeguarding Hub (MASH)

The Multi-Agency Safeguarding Hub (MASH) provides information sharing across organisations involved in safeguarding children and adults who may be at risk. This includes statutory, non-statutory and third sector organisations. Partner agencies work together to provide the highest level of knowledge and analysis to ensure that all safeguarding activity and intervention is timely, proportionate and necessary.

The MASH focuses on three key functions:

- Victim identification and early intervention
- Harm identification and reduction
- Co-ordinating partner agencies

The MASH contributes to improved outcomes for safeguarding children and adults due to swiftly collating and sharing information held by various organisations and to provide a multi-agency risk assessment of each case for actual or likely harm.

The Advanced Practitioners from within the Safeguarding Adults Team and wider Adult Social Care Teams provide daily input into the MASH. Responsibilities include screening and signposting Safeguarding Adult Referrals for allocation or information and ensuring that Safeguarding Enquiries are carried out without unnecessary delay. Working collaboratively within the MASH supports the identification of significant risk and contributes to the reduction of harm.

5.2. Prevent & Channel Referral Process

Prevent is one of the elements of CONTEST, the UK government's counter- terrorism strategy and aims to stop people becoming terrorists or supporting terrorism. Prevent initiatives tackle both the causes and risk factors that can lead someone to become radicalised. It directly supports those who are at risk through early intervention, is resourced to risk and addresses **all forms of terrorism and extremism**. Prevent works in a similar way to other safeguarding processes designed to protect individuals whereby the level of intervention increases with the level of risk.

Radicalisation is the process by which a person comes to support terrorism and in some cases may then participate in terrorist activity. There is no single process or indicator of when a person might move to adopt violence in support of extremist ideas. The process is different for each individual and can take place over an extended period or a short time frame.

Extremism is defined as vocal or active opposition to British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. It also includes calls for the death of members of the armed forces here or abroad.

If you **notice** a change in an individual that concerns you, in that they may be vulnerable to radicalisation, follow your organisation's safeguarding policy/ Prevent & Channel referral process.

Check your concern with a manager or designated safeguarding lead and contact the Prevent team for advice.

Share the concern with the police by completing the Prevent referral form.

Referrals will be screened for suitability through a preliminary assessment by the Police. If suitable for multi-agency consideration, it will be passed to the dedicated Police Officers within the **Channel / Prevent** team.

Immediate risk to life / emergency: call 999

Police Prevent Team: 01772 413398 / channel@police.uk

Complete the Prevent referral form and send it to: concern@lancashire.police.uk

Channel Duty Guidance can be found here: Channel Duty Guidance: Channel Duty Guidance: Protecting people susceptible to radicalisation (publishing.service.gov.uk)

5.3. Person Raising a Concern

Safeguarding is everybody's business. Anyone who has concerns that an adult is at risk of abuse, harm and / or neglect should report the concerns to Blackburn with Darwen Borough Council's Safeguarding Adults Team. Please refer to section 2.4.1 on 'How to Raise an Adult Safeguarding Referral.'

The person raising a concern could be:

- The adult at risk
- A family member or friend
- A member of staff
- A volunteer
- A member of the public
- Partner agencies

5.4. The Safeguarding Adults Team Manager

The Safeguarding Adults Team Manager is a manager from within Blackburn with Darwen Borough Council's Adult's Social Care Service, who has the responsibility for coordinating and managing the safeguarding response within his/her own specialist service area.

The role includes:

- Deciding what is the most appropriate response in dealing with the safeguarding concern, including whether a section 42 enquiry is required
- Supporting and chairing a strategy discussion/meeting
- Coordinating a section 42 Enquiry
- Overseeing the enquiry undertaken by the Safeguarding Enquiry Officer
- Chairing a Risk Assessment and Planning (RAP) meeting

- Ensuring that safeguarding documentation has been completed on Blackburn with Darwen Borough Council's Adult Social Care electronic database, Mosaic
- Completing audits and ensuring outcomes from within are shared wider to support continuous improvement.

5.5. The Safeguarding Adults Enquiry Officer

The Safeguarding Adults Enquiry Officer will be a registered Social Worker from Blackburn with Darwen Borough Council's Safeguarding Adults Team, or wider Adult Social Care Team.

The role of the enquiry officer is to collate information from his/her own enquiries and/or those enquiries made by others, to establish whether any further action is needed to protect the adult/s at risk.

The Safeguarding Enquiry officer is key in maintaining communication with the adult at risk and/or his/her advocate throughout the safeguarding process.

It is the responsibility of the safeguarding enquiry officer to write a record and write a report on the findings of the enquiries which supports the assessment of risk and formulation of the safeguarding plan.

The role includes:

- Establishing the desired outcome of the adult at risk and reviewing the desired outcome throughout the safeguarding process
- Maintaining communication with the adult at risk and/or his/her advocate
- Conducting enquiries under section 42 of the Care Act into abuse and / or neglect
- Collating information from all people who have been tasked to make enquires
- Formulating a report to conclude the findings of the enquiry/enquiries

6. Risk Management

Risk Management is the action/s needed to safeguard an adult or adults from abuse, harm or neglect. Risk Management is the term used to reflect a broad range of different actions and approaches that may be used to respond to the risk of abuse and / or neglect either where a formal enquiry is not required, or as an outcome of an Enquiry. There are no fixed set of actions required in all circumstances, and there could be a range of responses to address the safeguarding concern/s.

Throughout the Safeguarding Adult process there are a number of key Risk Management activities that may be required dependent on the step.

7. Safeguarding Adult Referrals and Concerns

7.1. Safeguarding Adult Referral

What is a Safeguarding Adult Referral?

A Safeguarding Adult Referral represents the first contact between a person concerned about the abuse and / or neglect of an adult at risk and the Local Authority.

A concern could be:

- information that was disclosed to you by the adult at risk,
- information reported to you by a friend/relative/carer or someone else, or
- something that you have witnessed or suspect.

When to raise a Safeguarding Adults Referral

Raising a Safeguarding Adults Referral means reporting to Blackburn with Darwen Borough Council that you have concerns about a person, aged 18 years and above, and you think the following apply:

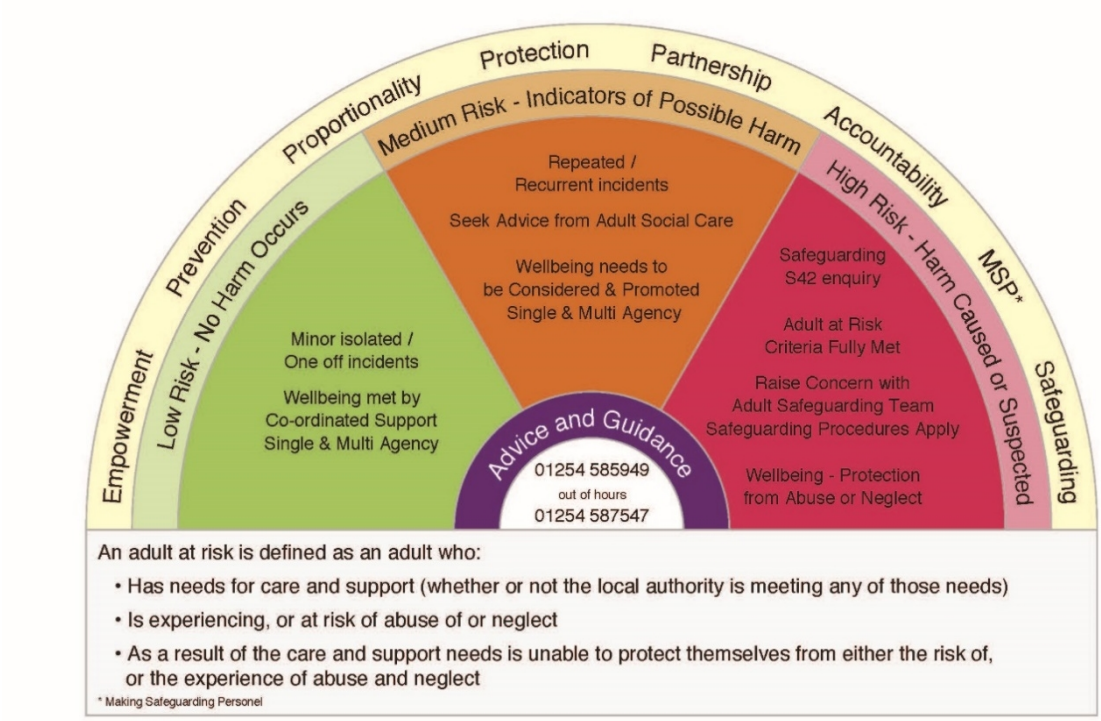
The adult -

- has needs for care and support (whether or not the Authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

A Safeguarding Adult Referral may be made by:

- The adult themselves through direct disclosure to the Council.
- A member of the general public who may contact the Council with whatever information they have available, and feel is relevant in relation to the abuse or neglect of an adult at risk
- A partner professional who works with adults in Blackburn with Darwen.

Please note, professionals who work with adults who may be at risk of abuse and / or neglect should refer to the 'Blackburn with Darwen Adult Safeguarding Continuum - Guidance for Safeguarding Concerns' to consider the information required to assess and identify adults at risk and vulnerability to abuse and / or neglect. The Continuum is a framework intended to aid practitioners and managers make decisions when addressing Safeguarding Adult concerns. This ensures Concerns are reported and investigated at the appropriate level and provides consistency across agencies. The Continuum is published as a simple visual guide (below) and also as a more detailed guidance document, covering a range of considerations around Safeguarding Concerns.



Consent

You should always try to discuss your concerns with the adult at risk and seek his/her views and wishes about what they would like to happen.

There are some instances when you may need to raise a Safeguarding Adult Referral without the person's consent, for example where:

- it is in the public interest to do so, for example, there are risks to other adults who have care and support needs;
- the person lacks capacity to consent, and it is considered raising a concern is in the person's 'best interest';

- the person is subject to coercion or undue influence which affects his/her ability to consent;
- it is in the person's vital interests i.e., in life-threatening situations to prevent serious harm.

How to raise a Safeguarding Adults Referral

All safeguarding referrals should be made to Blackburn with Darwen's Safeguarding Adults team. The team's duty function will record the Safeguarding Adult Concern and ensure it is dealt with as quickly as possible by the most appropriate person.

For a member of the general public or the adult themselves - the concern can be raised by using the online form on the Council's website, or by phoning the Safeguarding Adults Team on 01254 585949. The Safeguarding Adults Team work from 9am to 5pm, Monday to Friday (excluding bank holidays). Outside of these hours, urgent Safeguarding Concerns can be raised with the Emergency Duty Team on 01254 587 547.

For partner agencies - Safeguarding Concerns should be raised via the appropriate online form on the Council's website.

The online forms for safeguarding referrals are on the council's website:
https://www.blackburn.gov.uk/adult-social-care/safeguarding-adults/get-touch

Where the issues being raised are time-critical and Emergency Protection Plans may be required, the referrer should make phone contact directly with the Safeguarding Adults Team (or EDT if out of hours). A Safeguarding Adult Referral form is still required and should follow as soon as is safe and appropriate to do so.

Contacting Emergency Services

It is important to ensure the safety of an adult at risk when you are raising a Safeguarding Concern, such as the need for emergency medical treatment or Police intervention if a crime is taking place. Criminal offences of a sexual nature will require expert advice from the Police.

Where an adult is at risk of abuse and / or neglect, consideration should be given as to whether a criminal offence has occurred. **If it is considered a crime has or may have occurred, this should be referred to the Police immediately and separately to the raising of the Safeguarding Adult Referral.**

Preserving Evidence

Where a Safeguarding Concern involves possible criminal offences, it is important that evidence is not contaminated or lost. Advice should be sought from the Police about how to preserve evidence in specific situations. Evidence may be present even if it is not/cannot be seen, therefore precautions should be taken, such as:

- do not disturb the scene or move any 'evidence' where possible
- secure the scene i.e., by locking a room or a property where the incident took place
- keep any documents, containers as potential evidence.

Guidance for Health, Social Care and related providers

It is the responsibility of any individual or organisation who is affiliated to this operational procedure to take action if they suspect abuse of an adult subject to the Safeguarding Concern. There should be Safeguarding policies and procedures detailing responsibilities of all staff (and volunteers) within registered health and social care organisations.

Raising a Safeguarding Adult Referral: Summary of who to contact

How to Make a Safeguarding Adult Referral

Who should you contact?

Whether you are raising an alert on behalf of yourself or on behalf of another:
Contact the Blackburn with Darwen Safeguarding Adults Team

Online forms: https://www.blackburn.gov.uk/adult-social-care/safeguarding-adults/get-touch

Telephone: 01254 585 949

Email: Safeguarding.Adultsteam@blackburn.gov.uk

For urgent concerns, contact the Safeguarding Adult team directly

01254 585 949

Or, for out of hours, contact the Emergency Duty Team

01254 587 547

- Please contact the Police immediately if you think a crime has been committed.
- In an emergency telephone **999**
- For all other non-urgent Police matters telephone **101**

Raising a Safeguarding Adult Referral Checklist

If you have information that an adult at risk is potentially experiencing abuse and / or neglect, it is useful to consider the following checklist:

Information required

- Have you gathered enough information to raise the referral? Personal details (Name, DOB, Address)
- What is the nature of abuse/potential abuse?
- Does the person have care and support needs?
- What does the adult at risk want to happen?
- Persons individual circumstances which may impact/increased risk
- Consent

Immediate safety

- Does the person need emergency medical treatment or the Police to attend urgently? If so call 999

Crime

- Has a crime been committed? Call 101 if non-emergency. Consider and seek advice from the Police about preserving evidence.

Record

- Have you documented the concern/incident and all actions taken?

Support

- Have you provided support and reassurance to the adult at risk?
- Have you provided support to people e.g., employees who may have identified the safeguarding concern?

7.2. Safeguarding Adult Concern

All Safeguarding Adult Referrals received will be recorded as a Safeguarding Concern on Blackburn with Darwen Borough Council's electronic recording system, Mosaic. Any issues brought to the Council that appear to relate to the abuse or neglect, or risk of abuse and neglect, of an adult with needs for care and support (whether or not the Authority is meeting any of those needs) should also be recorded as a Safeguarding Adult Concern, regardless of whether it was initially identified as a Safeguarding Adult Referral by the person making the contact.

Once recorded as a Safeguarding Adult Concern, a process of further information gathering and screening will then take place.

Information Gathering and Screening

The main purpose of this activity is to establish whether there is a statutory duty to make safeguarding enquiries under section 42 of the Care Act 2014. Blackburn with Darwen Borough Council should collate sufficient information for it to make a decision about how to respond to the Safeguarding Adult Concern. The Local Authority needs to be able to establish whether the following criteria has been met: -

Is the person….

a) an adult at risk? AND

b) experiencing or at risk of abuse, harm and neglect? AND

c) requiring support to protect self?

This information gathering may take place in a variety of ways, including the review of existing available records, communications and information exchanges (including meetings) with other partner professionals, and meetings and discussions with the adult at risk and other relevant individuals.

If the adult meets all of the above criteria, then the section 42 duty is met. Accordingly, Blackburn with Darwen Borough Council MUST decide what is the most appropriate and proportionate response to the risk presented. In certain circumstances and at their discretion, Blackburn with Darwen Borough Council may determine that a Safeguarding Adult Enquiry is required where the full criteria have not been met. Such Enquiries are called Non-Statutory Enquiries. These will be referred to in more detail within the process.

If the criteria for the section 42 duty is not met, and a Safeguarding Adult Enquiry is not determined to be required, the Safeguarding Adult Concern may then be closed at this point. No further action may be necessary, or an Assessment or Reassessment of Need, or another action may then follow, as required.

The rationale for progressing to Enquiries, or for closure of the Safeguarding Adult Concern should be clearly outlined.

During information gathering, where an adult at risk has NHS funded care in place, checks must be made with the Integrated Care Board (ICB) to confirm if the Safeguarding Concern has been appropriately shared with them.

Relatives and Informal Carers

Circumstances which may result in Enquiries under this operational procedure in relation to relatives and unpaid carers are where:

- A carer may witness or speak up about abuse and / or neglect;
- An informal carer may experience intentional or unintentional harm from the adult that they are trying to support or from the professionals and organisations that they are in contact with
- An informal carer may intentionally or unintentionally harm or neglect the adult that they support, alone or with others.

When a Safeguarding Adult Concern is raised regarding a relative or an informal carer, consideration needs to be given to the circumstances so that a proportionate response can occur. This should include the specific needs of the person and of the relative or informal carer. For example, it may be useful to consider whether the harm/risk of harm was deliberate or unintentional to decide whether an assessment for the adult or carer is more appropriate than a section 42 enquiry.

Any decisions made need to consider the adults rights to private and family life and, if the adult wishes to maintain relationships, responses should ordinarily aim to support the continuation of the relationship.

Abuse by another Adult at Risk

Safeguarding incidents which occur between adults at risk need to be dealt with proportionately. The level of risk should be considered when deciding how to respond. Where adults reside together in a care setting, it should be recognised that living with persons who causes harm can add to the emotional distress experienced.

The fact that the person alleged to have caused harm may have a particular diagnosis or condition should not prevent a Safeguarding response. However, the need for additional support planning and risk assessment will be required, along with the safeguarding for the adult at risk.

Repeat Allegations

An adult at risk, or his/her representative, who makes repeated allegations that have proven to be unfounded should be treated without prejudice. All allegations should be considered in their own right. Organisations should have procedures for responding to such allegations which should include risk assessment and protection for both the adult at risk and the staff members providing support. Repeat allegations may not necessarily warrant a full Safeguarding response. For example, if a situation is being risk managed optimally, then it may be more appropriate to review the needs of the individual(s) concerned.

Self-Neglect

Self-neglect covers a wide range of behaviour, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. In the first instance, an assessment should be offered for the provision of support. Where a person lacks mental capacity in relation to making decisions about his/her care and support needs, a best interest meeting/decision should be held under the Mental Capacity Act MCA 2005.

Before Safeguarding Adult Enquiries are initiated, attempts to engage the adult should take place. If attempts are unsuccessful, and a significant risk of harm remains, a multi-agency response is required to assess the level of risk and to look at alternative ways of support that may be more acceptable to the adult at risk. Such actions would be managed via a Risk Management response rather that more formal Enquiries.

Please note, if the above criteria are not met then the section 42 duty does not apply. In other words, the Local Authority is not obliged to undertake a Safeguarding Adult Enquiry. However, in these circumstances the Local Authority may choose to undertake non-statutory Enquires akin to a section 42 Enquiry.

Communications on the outcome of the Safeguarding Adult Concern step

Consideration should be given to the appropriateness of providing feedback to the person raising a concern at this point, taking into account the nature of the relationship, confidentiality, data protection issues and the wishes and consent of the adult at risk concerned.

Where the referrer is a partner agency with an ongoing involvement in the persons care and support, Blackburn with Darwen Borough Council may:

- Contact the referrer to gather more information about the concern which can support decision making regarding the outcome.

Where the decision is made to progress to a Safeguarding Enquiry, Blackburn with Darwen Borough Council will:

- Inform the referrer of this outcome and the details of the team who will follow up, and;
- May invite the referrer to the strategy discussion/meeting if this is considered appropriate by the Safeguarding Adults Team Manager.

Any further communications strategy will be set out in the strategy discussion/meeting. Where the decision is made to close the Safeguarding Concern, Blackburn with Darwen Borough Council will:

- Communicate the outcome to close the concern to the referrer.

8. Safeguarding Adult Enquiries

8.1. What is and Enquiry?

An Enquiry refers to any action taken, or instigated, by the Local Authority AFTER it has been established that the adult at risk meets the criteria for Safeguarding, outlined in Section 42 of the Care Act (2014), or that a Non- Statutory Enquiry is required despite the Section 42 duty not applying.

Enquiries can range from being short pieces of work (such as telephone calls or one-off visits), to more formal enquiries where a multi-agency approach is required.

An Enquiry may constitute a series of activities to manage the risks of abuse and/or it may require meetings and interviews to further coordinate and establish the facts.

Where a crime has been committed, a Police investigation will take precedence, although a Safeguarding Adults Enquiry is still required, and these two enquiries should take place in parallel with clearly defined roles and responsibilities agreed between Police and Social Care as part of the Enquiry plan.

Where a person has died and a Coroner's Inquest is opened, a Safeguarding Enquiry is still required, and these two enquiries should take place in parallel, each working to their specific purpose.

The Purpose of an Enquiry

The objectives of an Enquiry into abuse and / or neglect are to:

- Establish the facts
- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect;
- Enable the adult to achieve resolution and recover.

Non-Statutory Safeguarding Enquiry

These are enquiries carried out on behalf of adults who DO NOT meet the criteria outlined in Section 42 of the Care Act 2014. These enquiries may relate to an adult who is believed to be experiencing, or is at risk of, abuse and / or neglect, but does not have care and support needs (for example might just have support needs).

Local Authorities are NOT required by law to carry out enquiries for these individuals and do so at its own discretion.

8.2. Strategy Discussion/Meeting / S42 Threshold Decision

The purpose of a Strategy Discussion / Meeting / S42 Threshold Decision is to engage all the relevant partners, professionals and individuals involved (including the adult themselves wherever possible) to plan what happens next. For example, this may include:

- Deciding the actions necessary to deliver the enquiries (establish further information and evidence required to inform a conclusion), and who will undertake these, and by when
- Deciding the actions necessary to protect the adult at risk or others at risk, and who will undertake these, and by when.

This step in the process does not necessarily have to be something formal. It should always be a multi-agency discussion. It may be more appropriate to have a formal meeting (a Strategy Meeting).

A Strategy Meeting is likely to be required where:

- a multi-agency perspective is required to assess the risk, inform or contribute to the Safeguarding Plan, or inform the Enquiry
- there is a need to coordinate the Enquiry with enquiries being undertaken by other agencies
- a large-scale Enquiry is being considered

- there are concerns about the safety of the service or organisational abuse
- a serious crime has occurred
- Strategy Meeting will assist the adult at risk/representatives to reach resolution and recovery from his/her experiences

If a Strategy Meeting is required, the Safeguarding Adults Team Manager is the person responsible to oversee the organisation and chairing of the Strategy Meeting, ensuring that key actions are recorded and circulated within 5 working days of the Strategy Meeting taking place. There is an expectation that professionals attending the Strategy Meetings will take a record of their own actions.

The Strategy Discussion (and Strategy Meeting) will need to include:

- sharing information about the safeguarding concern/allegation
- consideration of the wishes and desired outcomes of the adult at risk, and/or his/her best interests where they lack the mental capacity in relation to relevant decisions, and an agreement of how the adult at risk will be involved and included within the Enquiry and any support they may require
- assessment of the risk to the adult at risk or others, including children
- agreement of an interim safeguarding plan
- planning the Enquiry, coordinating the involvement of other organisations where required.

Target timescale:

The Strategy Discussion / Meeting should be held within 5 working days of receiving a Safeguarding Concern.

Who should be involved in a Strategy Discussion / Meeting / S42 Threshold Decision?

The Safeguarding Adults Team Manager will need to decide who to involve in a Strategy Discussion / Meeting. Discussions or attendance at meetings should be limited to those who need to know and who can contribute to the decision-making process. This may include an appropriate representative of any organisation that has a specific role in relation to undertaking enquiries or specialist assessments, assessing risk, carrying out part of the safeguarding plan, or taking action in relation to the person alleged to have caused harm.

Local Authorities or ICB's funding the adult's care need to be involved. The 'ADASS: Out-of-Area Safeguarding Adults Arrangements: Guidance for Inter-Authority Safeguarding Adults Enquiry and

Protection Arrangements 2016' sets out respective responsibilities when abuse and / or neglect occurs in one Local Authority area, but the person receives services funded/commissioned by another. The guidance is adopted as part of this procedure and should be considered in these circumstances when deciding who to involve in the Strategy Discussion.

Where the allegation/concern involves abuse occurring within a regulated or contracted service, the Safeguarding Adults Team Manager / Safeguarding Enquiry Officer should continue to consider involving, as appropriate:

- Quality Monitoring
- Contracts
- Care Quality Commission
- ICB

Participants in the Strategy Discussion should be of sufficient seniority to make decisions concerning the organisation's role within any subsequent Enquiry and the resources they may contribute to the Safeguarding Plan.

Any organisation requested to participate in a Strategy Discussion should regard the request as a priority. If no one from the organisation is able to attend a meeting, they should provide information as requested and make sure it is available to the Safeguarding Enquiry Officer.

Involving the Adult at Risk

The adult at risk should experience the Safeguarding process as empowering and supportive. It is vital that the views, needs and desired outcomes of the adult at risk are central to the Strategy Discussion.

It may be appropriate to invite the adult at risk to a Strategy Meeting or to part of it, to contribute his/her views and needs directly to the meeting. It is vital that decisions about Safeguarding arrangements are made in partnership with the adult at risk.

In the event that the adult at risk is not able or does not wish to attend, or it is not appropriate for them to attend, every effort should be made to explain its purpose to the adult at risk, to find out his/her concerns, what they want to happen, how they want to be involved and the support they feel they need in order to be safe.

The desired outcomes of the adult at risk should inform decision making as far as possible. However, there will be instances when it may be necessary to override the person's wishes such as situations where others could be at risk.

Consideration should be given to the need for an independent advocate to enable the person to participate in decision making.

Where a person is without the mental capacity to decide about his/her involvement, a decision will need to be made in his/her 'best interests'. The Strategy Discussion/Meeting must decide who will liaise with the adult at risk about decisions reached or required if they are not present.

Risk Management Actions

Risk management actions which may form part of the Interim Protection Plan discussed and agreed through the Strategy Discussion/Meeting are:

- Action taken by the adult to safeguard themselves
- Action taken by the commissioner or provider
- Assessment of care and support needs
- Carer's assessment
- Unscheduled review of care and support
- Mediation
- Multi-agency risk assessment
- Social work intervention
- Person causing harm is also an adult at risk If the person causing abuse or neglect is also an adult at risk, it may be necessary to hold a separate meeting to address the needs of the person causing the harm and the risks that they may present. It may be appropriate for a separate care manager/care coordinator to be involved in order to respond to these issues.
- Any other pertinent actions

Planning an Enquiry

The focus of the Enquiry is to establish the facts relating to the Concern, so as to be able to identify the safeguarding needs of the individual and others. Any Enquiry should be planned so that it is clear what information is required and how this information will be sought. Issues to consider include:

- the key lines of enquiries
- distinguish any elements that do not need to part of an Enquiry under the safeguarding procedure, and the alternative process (if any) being followed
- the involvement, support and communication needs of the adult at risk
- the involvement, support and communication needs of the person or organisation alleged to have caused harm
- opportunity for the person or organisation alleged to have caused harm to respond to allegations and the Enquiry findings concerning them
- risk to the adult or others including other adults at risk and/or children
- setting provisional dates for completion of the Enquiry Report
- setting provisional dates for the Case Conference Meeting

8.3. Safeguarding Adult Enquiry

The purpose of the Strategy Discussion/Meeting is to outline the plan for the Safeguarding Adult Enquiry. The delivery of this plan may include and involve a variety of activities undertaken by a variety of key individuals.

Causing others to make Enquiries and Multi-Agency Responses

Enquiries should be undertaken by those who have the best skills, knowledge, expertise and resources. This may involve asking another person or organisation, such as the current service provider manager to undertake particular activities.

The Strategy Discussion/Meeting will need to consider respective roles and responsibilities. A properly coordinated joint Enquiry will achieve more than a series of separate enquiries. It will ensure that evidence is shared, repeat interviewing is avoided and will cause less distress for the person who may have suffered abuse.

Each organisation must look for opportunities to work in partnership. Organisations however must be responsible and accountable for their own actions and decisions. In deciding how enquiry processes are coordinated, the following principles should be taken into account:

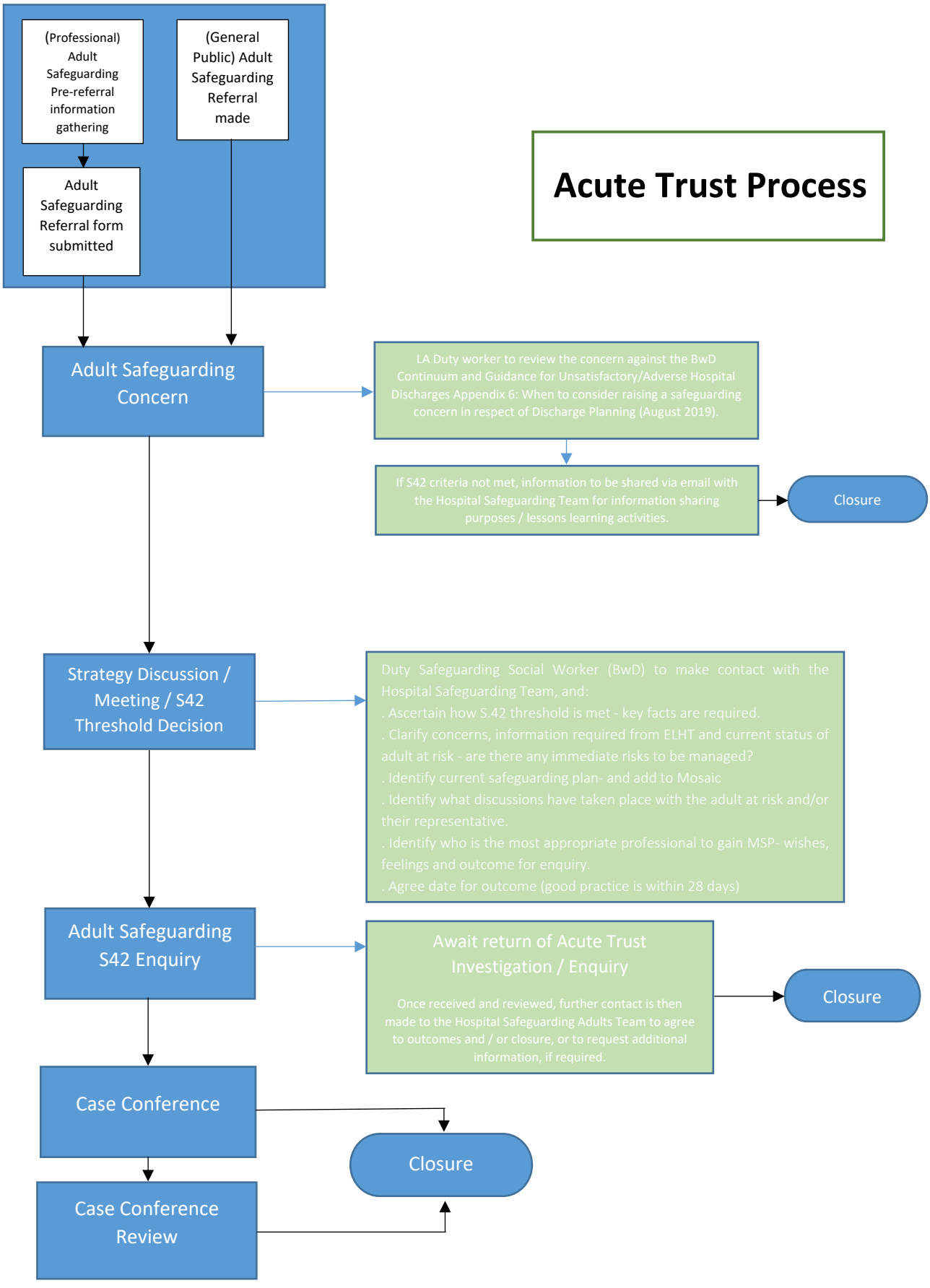
- the wishes and desired outcomes of the adult at risk
- the safety and individual wellbeing of the adult at risk
- in the case of a Police investigation that could lead to criminal proceedings, any other enquiry process should not commence without the prior agreement by the Police. This does not preclude, where appropriate and agreed, joint interviews and information sharing
- there should be clear agreement between the organisations concerned about the scope of their enquiries/ investigations and respective roles and responsibilities
- the timing and inter-relationship of the various enquiries needs to be considered
- Where possible, sharing of information may prevent the need for repeat enquiries into the same issues or concerns. Refer to information sharing guidance as required.

Acute Trust Process

Causing others to make enquiries and multi-agency responses is also inclusive of the Acute Trust Process for undertaking Safeguarding Enquiries - this is in respect of when there are concerns about the abuse, harm or neglect of an adult at risk, whereby East Lancashire Hospital Trust (ELHT) are the 'persons' alleged to have caused harm, or the alleged abuse has occurred within one of their Acute or Community Settings.

Please also refer to the Blackburn with Darwen Safeguarding Adult's Policy 'Acute Trust Process' for additional information.

Acute Trust Process



Service Provider's responsibility to make Enquiries

Where abuse or neglect is alleged to have occurred within a regulated service, the service provider has a responsibility to support the enquiry unless there is a compelling reason why it is inappropriate or unsafe to do so. Where the levels of harm apply to a Safeguarding Enquiry (for residential and nursing care homes specifically) enquiries can be delegated to providers.

This will require a professional judgement, based on the individual circumstances and the principle of proportionality. However, there may be situations where it is not appropriate for providers to complete Enquiries, such as:

- organisational abuse is alleged, or
- the manager or owner of the service is implicated, or
- the issues may not be, or may not be perceived to be, responded to impartially by the service provider
- there are regulatory or commissioning implications
- non-effective past enquiries
- serious or multiple concerns
- it is a matter that should be investigated by the Police
- other organisations are needing to undertake elements of the Enquiry

Once the Enquiry is complete, Blackburn with Darwen Borough Council should be notified of the outcome, and will then determine with the adult what, if any, further action is necessary and acceptable.

Ongoing Assessment of Risk

Any Safeguarding arrangements made will need to be kept under review during a Safeguarding Adult Enquiry so as to ensure that risk is being appropriately managed. Any action taken must be proportionate to the concerns raised.

The Safeguarding Enquiry Officer should inform the Safeguarding Adults Team Manager if new information and / or evidence comes to light that suggests that further safeguarding planning, and possibly multi-agency meeting, is required.

If there are risks to any child, children services must be contacted at Blackburn with Darwen Borough Council without delay:

Children's Advice and Duty Service

Tel: 01254 666400 (Monday to Friday, 08:45am – 17:00pm)**, or**

the Emergency Duty Team (out of hours) **on 01254 587547**

Principles of Fairness

In undertaking the Safeguarding Adult Enquiry, it is important that it is carried out impartially and with fairness to all concerned. An Enquiry should be conducted without pre-judging its outcome.

The Enquiry should be undertaken objectively, based upon the finding of facts. An Enquiry should always be sufficiently thorough to ensure a balanced perspective is obtained in relation to the incident occurring (or alleged to have occurred).

The adult at risk should have the opportunity to give his/her account of what has happened to them and review the Enquiry findings.

Wherever practicable, a person alleged to have caused harm should be enabled to respond to allegations and the Enquiry findings, in respect to his/her actions/conduct. However, there will need to be consideration as to the timing that a person is informed, so as not to prejudice any investigation/enquiry required or place any person at risk.

Conducting Safeguarding Enquiries

A Safeguarding Enquiry Officer will gather and evaluate various sources of information, including:

- activities of other organisations, such as provision of expert reports e.g., specialist health reports;
- activities being undertaken by organisations through other enquiry/investigative processes, e.g., Police investigations, serious incident, complaint and disciplinary investigations;
- specialist reports in relation to aspects of the allegations/concerns, such as specialist health/medical reports;
- examination of documentary evidence such as files, accident and incident reports, daily logs, accounts, medical records etc.;

- interviews with the adult at risk, witnesses, the person alleged to have caused harm or representative(s) of the organisation alleged to have caused harm, and others who can provide relevant information;
- assessing relevant information provided by partner agencies.

Medical Treatment and Examination

In cases of physical abuse, it may be unclear whether injuries have been caused by abuse or some other means (for example, an accident). Medical or specialist clinical advice may need to be sought. If forensic evidence needs to be collected, the Police should always be contacted, and they will normally arrange for a Forensic Medical Examiner to be involved. Consent of the adult at risk should be sought for medical examination or the taking of photographs. Where the person does not have mental capacity to consent to medical examination or the taking of photographs, a decision should be made on the basis of whether it is in the adult's best interest.

Should it be necessary as part of the enquiry to arrange for a medical examination to be conducted, the following points should be considered:

- the rights, views and wishes of the adult at risk
- issues of capacity and consent
- the need to preserve forensic evidence
- the need for support/representation from family members or unpaid carers
- the need for independent advocacy

Interviews

Before any interviews take place, it must be established which agency is taking the lead and if the enquiries are Police led. Interviews must also be Police led whilst there are also criminal investigations.

Any interview needs to take into account the particular needs of the person being interviewed, regardless of whether that person is the adult at risk, a witness or the alleged person to have caused harm. The following points should be considered:

- does the person wish to be accompanied during the interview for emotional support or personal assistance?
- are there particular communication needs that need to be catered for?

- are there relevant cultural, spiritual or gender issues or particular support needs that need to be planned for?
- has the interview taken into account a person's cognitive abilities (for example, the person's
- concentration span, and the complexity of questions being asked)?

In addition, always ensure:

- the purpose of the interview is fully explained
- the venue for the interview is appropriate and private
- the person is aware of how the information they are sharing will be used
- that the individual understands what is taking place throughout the interview
- the interview is conducted at the individual's own pace; this may involve breaks or more than one
- interview to be conducted
- the adult at risk is not interviewed in the presence of the person alleged to have caused harm
- that everything is recorded as fully and accurately as possible
- that interviews are carried out sensitively and without any pre-judgement of the issues
- to avoid, wherever possible, repeat interviews of a person about the same incident

Safeguarding Adult Enquiry Report

Enquiry findings should be documented on the Blackburn with Darwen Borough Council's Adult Social Care electronic database, Mosaic. Detailed multi-agency findings should be documented on a Safeguarding Enquiry Report and external reports uploaded onto the electronic database.

This report should provide a summary of Enquiry activities and evidence obtained. The report may need to collate information from a range of sources and activities. In compiling the Safeguarding Enquiry report, the following principles should be adhered to:

- the report should be based upon the facts established within the Enquiry
- any opinions expressed within the report should be referenced as such
- the Enquiry report should be focused on the experience of abuse and what actions can safeguard the adult at risk from future harm
- if any person could not be interviewed or if certain records could not be accessed, the Enquiry report should record this and the reasons why

- the Enquiry report should make clear where evidence from different sources is contradictory
- the report should evidence how conclusions or recommendations have been reached
- Personal information concerning the adult at risk, the person alleged to have caused harm or any other parties, should be kept to the minimum necessary for the purposes of the report
- The report may contain information that relates to different individuals. It may be necessary for reports to be written in a way that enables particular sections to be shared as appropriate or be anonymised through use of initials or removal of names

The Enquiry Report should be agreed by the Safeguarding Adults Team Manager prior to Case Conference.

Target timescale: Enquiries should be completed within 28 consecutive days from the strategy meeting/discussion and where a case conference is required.

A draft report should be with the Safeguarding Adult's Team Manager 5 working days prior to the Case Conference. This will require approval prior to Case Conference.

Standards of Proof

In determining whether abuse has occurred, the standard of evidence for an Enquiry is 'on the balance of probability'. This is in contrast to the standard of proof for a criminal prosecution which is established as 'beyond reasonable doubt'. The balance of probability is based on the available evidence. For example, if there is more available evidence to suggest that abuse occurred, then abuse is substantiated. In contrast, if there is more available evidence to suggest that abuse did not occur, abuse is unsubstantiated.

The Safeguarding Enquiry Officer should make recommendations about whether abuse has been substantiated, unsubstantiated or was inconclusive, following the completion of Enquiries and this would be agreed by the Safeguarding Adults Team Manager. When a Case Conference is held following an Enquiry, the standards of proof is determined by all professionals involved casting a vote (see further information at Case Conference Discussion/Meeting section).

Additional Findings to the Safeguarding Adult Enquiry

Other findings may be discovered during the course of the Enquiry that do not relate to the Safeguarding Concern but are relevant factors and should be recorded. For example, this could relate to an area of poor practice not directly related to the harm or abuse.

The Safeguarding Protection Plan – Agreeing actions with the adult at risk

The Safeguarding Protection Plan should clearly set out the action that has been agreed to safeguard the adult/s at risk from the risk of abuse. The Plan should identify who is carrying out specific actions and the timescales for completion and review. Whilst developing a Safeguarding Protection Plan with an adult at risk, it is essential that they are at the centre of all decision-making. Practitioners should consider:

- **Empowerment**. It is vital that the adult at risk be in control of decisions as to how risks they face in his/her life are managed. Any intervention regarding family or personal relationships need to be carefully considered. The approach taken must consider how to support the adult to have the opportunity to develop, or maintain, a private life which includes those people with whom the adult at risk wishes to establish, develop or continue a relationship.
- **Prevention**. Clear actions should be in place to prevent harm or abuse from occurring or reoccurring. Risk assessments should include triggers/early warning indicators that could prevent harm or abuse, and adults at risk should be empowered to take action and seek the relevant support when they need it. Actions and Safeguarding Plans should be reviewed with the person to ensure that his/her safety and wellbeing is maintained.
- **Proportionality**. The Safeguarding actions taken should reflect the nature and seriousness of the risk, and wherever possible and appropriate, support the person to achieve his/her desired outcomes. While abusive relationships never contribute to the wellbeing of an adult, interventions which removes all contact with family members may also be experienced as an abusive intervention and risk breaching the rights to family life if not justified or proportionate.
- **Partnership**. Any Safeguarding Plan that impacts on the welfare of the adult at risk should be devised in partnership with them, taking into account his/her wishes and the impact of the Safeguarding Plan on his/her lifestyle and independence. This may include actions the adult at risk is taking, as well as the actions of the local authority and other organisations.
- **Protection**. Whilst it is important to support the person to work towards his/her desired outcomes where possible, this can never be at the expense of others being placed in a position of risk. Throughout any response within the Safeguarding Adults procedure, it is necessary to consider the safety of wellbeing of others. This may be those people living in the same family home, those in the same care environment or members of the wider public.

  An adult at risk with mental capacity to make decisions about their safety may decide not to accept a Safeguarding Protection Plan, however protection arrangements should be offered and work undertaken to understand the reasons for not accepting support. Support may need to be offered in a manner the person finds more acceptable.

  Where a person is without mental capacity to make decisions about his/her safety, decisions about protective arrangements should be made in his/her best interests taking into account his/her wishes, feelings, beliefs and values (Mental Capacity Act 2005). Decisions made should always be the least restrictive option.

- **Accountability**. All decisions need to be clearly recorded and shared with the person, the adult's representative, and all those who need to know, in agreement with the adult at risk.

Actions to Consider

Persons in a Position of Trust (PiPoT)

The Care Act 2014 introduced a single new statute to replace most existing adult social care law. The Care and Support Statutory Guidance formalised the expectations on local Safeguarding Adults Boards to establish and agree a framework and process for how allegations against people working with adults with care and support needs (i.e., those in a position of trust) should be notified and responded to.

Whilst the primary focus of safeguarding adults work is to safeguard one or more identified adults with care and support needs, there are occasions when incidents are reported that do not involve an adult at risk, but indicate, nevertheless, that a risk may be posed to adults at risk by a person in a position of trust (Care Act Guidance 2014, 14.121). Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults.

Examples of such concerns could include allegations that relate to a person who works with adults with care and support needs who has:

- behaved in a way that has harmed, or may have harmed an adult or child;
- possibly committed a criminal offence against, or related to, an adult or child;
- behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs;
- their conduct has raised concern as to their suitability to a role in a position of trust.

Allegations against people who work with adults should not be dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to an adult involved should be taken without delay and in a coordinated manner. This framework applies whether the allegation relates to a current or an historical concern. Where the allegation or concern is historical, it is important to ascertain if the person is currently working with adults with care and support needs or children, and if that is the case, to consider whether information should be shared with the current employer.

As well as the responsibility for the safety of adults with care and support needs, employers also have a duty of care to their employees. They should ensure they provide effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended. It is essential that any concern of abuse made against a member of staff or volunteer is dealt with very quickly, in a fair and consistent way that provides effective protection for the adult and, at the same time, supports the person who is the subject of the concern. The Care Act 2014 Statutory Guidance requires that employers, student bodies and voluntary organisations should have clear procedures in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Individuals should also be made aware of their rights under employment legislation and any internal disciplinary procedures.

The Care Act 2014 Statutory Guidance reinforces the requirement that if an organisation removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the Disclosure and Barring Service (DBS). It is an offence to fail to make a referral without good reason. If unsure, contact the DBS for further advice. In addition, where appropriate, employers should report workers to the statutory and other bodies responsible

for professional regulation, such as the Health and Care Professions Council, General Medical Council, Social Work England and the Nursing and Midwifery Council.

Any employer, student body, or voluntary organisation who is responsible for a person in a Position of Trust where there is a concern or allegation raised are expected to:

- Respond in individual cases where concerns are raised about people working in a Position of Trust, ensuring that the risk is assessed, investigated where appropriate through internal employment processes, and that risk management actions and identified and implemented as appropriate to the individual case;
- Ensure all adult or child safeguarding concerns that result from a concern about a Position of Trust are reported;
- Where appropriate, notify and refer to external agencies; to the CQC (where the person in a Position of Trust is working or volunteering in a CQC regulated organisation), statutory and other bodies responsible for professional regulation (such as the General Medical Council and the Nursing and Midwifery Council, The Charity Commission) and the DBS;
- Provide feedback at regular intervals to the relevant Local Authority (if there is a related S42 safeguarding enquiry) and to their commissioning agency (if they have one);
- Ensure the safety and protection of adults with care and support needs is central to their decision making;
- Employers, student bodies and voluntary organisations should have clear procedures in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with adults should be reported immediately to senior manager within the organisation. Employers, student bodies and voluntary organisations should have their own sources of advice (including legal advice) in place for dealing with such concerns;
- Share information in line with these procedures where it is known the person in a Position of Trust also has other employment or voluntary work with adults with care and support needs or children;
- If an organisation removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason. For full details of when to refer an individual to the DBS and referral when the situation does not meet the legal duty, please visit the DBS website;
- At the conclusion of any Position of Trust enquiries, consider if the findings demonstrate evidence of a theme or pattern in the context of past and historic Position of Trust concerns; identify potential themes or system wide issues within the organisation; and ensure that appropriate action is taken by their organisation so that learning from past events is applied to reduce the risk of harm to adults with care and support needs in the future;
- Record the information and decisions clearly, including the rationale for any decision made;
- Records should be maintained in line with internal agency record keeping policies and requirements;
- Annual assurance will be requested from the Blackburn with Darwen Safeguarding Adult Board regarding the number of referrals dealt with in a reporting year including themes and trends identified through the investigation process.

For additional information relating to managing allegations relating to Persons in a Position of Trust, please refer to the Blackburn with Darwen Safeguarding Adults Policy - 'Managing Concerns Relating to People in a Position of Trust (PiPoT) with adults who have care and support needs.'

For raising a concern relating to a Person in Position of Trust, this can be accessed online at: https://my.blackburn.gov.uk/portal/itouchvision/r/customer/category_link?cuid=D09AC39A2320299542382E063F50C0A8C03D54A3&lang=EN&P_LANG=en

Risk to others. Some Safeguarding actions will be focused on managing the risk to others. Consent is not required to take actions that safeguard the safety and well-being of others. However, it would be good practice to inform the person of actions being taken, unless to do so would place any person at further risk.

8.4. Case Conference

Purpose of the Case Conference

The purpose of the Case Conference is to review the findings of the Enquiry, identify risks and agree safeguarding actions required to respond to the concerns, with all the relevant partner professionals and individuals – including the adult themselves wherever possible.

The Case Conference involves:

- working towards wishes and desired outcomes of the adult at risk where possible
- reviewing the Formal Enquiry report
- determining whether abuse or neglect has occurred
- assessing the level of any ongoing risk
- agreeing a Safeguarding Plan where required
- agreeing further actions to be taken
- deciding how any Safeguarding Plan is reviewed and monitored

Target timescale:

Case Conference/Discussion should take place within 28 consecutive days from the strategy discussion/meeting.

Case Conference Discussion or Meeting?

A Case Conference may be held and may take the form of Case Conference Discussion (informal) or Case Conference Meeting (formal). The decision as to whether a Case Conference Meeting or a Discussion is required will be decided by the Safeguarding Adults Team Manager. The decision will need to be a professional judgement, taking into account the principle of proportionality, and the views and desired outcomes of the adult at risk.

A Case Conference Meeting will ordinarily be required where:

- a multi-agency perspective is required to review the findings of the Enquiry and contribute to the Safeguarding Plan.
- a Large-Scale Enquiry has been undertaken
- there are concerns about the safety of the service or organisational abuse
- formal actions may be required in relation to a 'Person in a Position of Trust' e.g., Referral to professional
- regulatory body or the Disclosure and Barring Service.
- the Enquiry findings are detailed or complex or indicate a significant difference of opinion about the outcome
- a Case Conference Meeting will assist the adult at risk/representatives to reach resolution and recovery from his/her experiences
- a serious crime has occurred.

Case Conference Discussion

A Case Conference Discussion will be led by the Safeguarding Adults Team Manager. The actions and decisions required within a Case Conference Discussion are the same as those required by a Case Conference Meeting.

Where a Case Conference Discussion is held, the Safeguarding Adults Team Manager will liaise with the Safeguarding Enquiry Officer and other relevant parties as required to reach a decision as to whether abuse has occurred. Such a decision, wherever possible, will take into account the views of the adult at risk and the person or organisation alleged to have caused harm.

Any decisions about safeguarding arrangements should be undertaken in consultation with the adult at risk and other relevant parties such as his/her representatives (e.g. advocates or family members). Where a person is without mental capacity in relation to decisions about his/her safety, plans will need to be agreed in his/her best interests.

The Safeguarding Adults Team Manager will be responsible for ensuring that Case Conference discussions are recorded by signing off the Case Conference report (within the Enquiry episode on the Local Authority's electronic recording system) and communicated with all relevant parties.

Case Conference Meeting

A Case Conference will be chaired by either the Safeguarding Adults Team Manager or Service Lead for Safeguarding Adults. Where possible, it is good practice to plan the provisional date and venue of the Case Conference Meeting at the time of the Strategy Discussion/Meeting, allowing attendee's sufficient notice to attend.

The Safeguarding Enquiry Officer and Safeguarding Adults Team Manager will need to determine who to invite to the Case Conference Meeting and how the views of any relevant people who are not to be invited will be represented.

The decision regarding who to involve in a Case Conference Meeting should be limited to those who need to know and who can contribute to the decision-making process. Attendance at the Case Conference should be agreed by the Safeguarding Adults Team Manager in advance. This may need to include a representative of any organisation that has a specific role in:

- undertaking enquiries into the allegation of abuse or neglect
- assessing the risk
- developing or carrying out the Safeguarding Plan, or
- taking action in relation to the person alleged to have caused harm

The person participating should be of sufficient seniority to make decisions concerning the organisation's role. The most appropriate representative from an organisation alleged to have caused harm needs to be invited to attend the Case Conference. This will depend on the nature and severity of the allegations.

Where the allegation/concern involves abuse occurring within a regulated or contracted service, the Safeguarding Enquiry Officer and Safeguarding Adults Team Manager should continue to consider involving, as appropriate:

- Care Quality Commission
- Local Authority Quality Team
- Contracts and Commissioning
- ICB

Any organisation requested to participate in a Case Conference Meeting should regard the request as a priority. If the invited person (or an appropriate representative) is unable to attend a Case Conference Meeting, they should provide information in writing as requested and make sure it is available for the Safeguarding Adults Team Manager in advance of the meeting.

Only people invited to attend the Case Conference Meeting should do so. Unexpected people may not be permitted to attend the meeting. Any person that would like to bring an additional person, a friend or family member or a colleague from his/her organisation for example should inform the Safeguarding Adults Team Manager in advance of the meeting.

Invitations should include the adult at risk. Where the adult at risk lacks the mental capacity to decide about attendance, a best interest decision will be required. Where a person has a 'substantial difficulty' or lacks mental capacity in relation to decisions, consideration should be given to the need for an advocate. If the adult at risk prefers, they may choose to not attend and have his/her views reported via a representative or in writing. When the adult at risk is present at the Case Conference Meeting it may be difficult for them to express his/her feelings/views. If the adult at risk requires support to express his/her views, the chair needs to identify how this can be done effectively.

There may be occasions where an adult does not feel that they have been harmed or abused and this should be noted and respected. Others may however take a view that abuse has taken place because of the nature and context of the allegation (e.g., that the person responsible is in a 'position of trust'). Factors such as this should be clearly recorded, and any Safeguarding Protection Plan should take account of these issues accordingly.

If the adult at risk is not present, the Case Conference Discussion/Meeting will need to agree who is the best person to provide feedback to them. This should take place as soon as possible and be in addition to any minutes received. The adult at risk should be supported to raise any issues they may have about the decisions taken and the Safeguarding Protection Plan that has been developed/proposed.

Involving the Person or Organisation alleged to have caused harm

It is important that the Safeguarding Adult's procedure is carried out with openness and transparency.

Unless there are exceptional circumstances, the person alleged to have caused harm should also be invited to the Case Conference Meeting. If the person alleged to have caused harm has chosen to attend, they are entitled to bring an appropriate person to support them. They may also choose not to attend and have his/her views reported via a representative or in writing.

In the event that the adult at risk and the person alleged to have caused harm both choose to attend; arrangements will need to be planned so as to enable both parties to participate as appropriate. If it is difficult for one or other party to be present at the same time as the other, it may be decided for the both of them to attend different parts of the meeting in turn. The decision as to how this can be best managed will need to be made on a case-by-case basis by the Safeguarding Adults Team Manager.

The view of the person(s) or organisations alleged to have caused harm should always be sought, noted and carefully considered by the Safeguarding Adults Team Manager in a Case Conference Discussion and by attendees at a Case Conference Meeting. If the person alleged to have caused harm is not present, his/her views should still be fully considered within the decision-making process.

A decision must be made at the Case Conference Discussion/Meeting about what feedback should be provided to the person alleged to have caused harm and who should provide it. If the person alleged to have caused harm does not have mental capacity (and is also an adult at risk), feedback will be given to his/her representative.

Information provided through the Safeguarding Enquiry Officer's report

Where a Case Conference Meeting is being held, the Safeguarding Enquiry Officer's draft report must be forwarded to the Safeguarding Adults Team Manager prior to the Case Conference Meeting. It is important that the Safeguarding Adults Team Manager receives the Safeguarding Enquiry Officer's draft report 5 working days prior to the Case Conference Meeting.

Case Conclusions

The primary focus of the Safeguarding Adult's procedure is to support people to safeguard themselves from abuse or neglect. It is necessary to establish whether, on the balance of probabilities, abuse has occurred in order to assess the extent of any ongoing risk. This assessment of risk will guide the development of any 'Safeguarding Protection Plan' that is needed to keep the person safe from future harm.

It should be concluded whether abuse has occurred for each type of abuse that has been considered during the Enquiry. Conclusions should only be reached in relation to concerns of abuse specifically covered within the course of the Enquiry and where the Enquiry has been sufficiently robust to reach a fair and defensible decision.

New or emerging issues that are beyond the scope of the Enquiry undertaken will need to be addressed in their own right. This may require another Enquiry or an appropriate alternative response/process.

Case Conclusion for each type of Abuse

A case conclusion for each type of alleged abuse is needed, for example physical or financial abuse. The decision will need to be made on the basis of the evidence obtained within the Enquiry.

The burden of proof should be consistent with the civil standard of proof which is "on the balance of probabilities".

There are four possible outcomes to this decision:

- **Substantiated** - This refers to cases where "on the balance of probabilities" it was concluded that all the allegations made against the individual or organisation were verified.
- **Inconclusive** - This refers to cases where there is insufficient evidence to allow a conclusion to be reached.
- **Not substantiated** - This refers to cases where "on the balance of probabilities" the allegations are unfounded, unsupported or disproved.
- **Investigation ceased at individual's request** - This refers to cases where the individual at risk does not wish for the Enquiry to proceed for whatever reason and so preclude a conclusion being reached. Enquires which proceed despite this, for example where a Local Authority has a duty of care to protect other residents in a care home setting or multiple individuals in supported housing, will not come under this definition.

Note: For each type of abuse there may be more than one incident or allegation. If just one incident or allegation amounting to abuse is found to have occurred, then that type of abuse has been substantiated (regardless of findings in relation to other incidents or allegations).

Overall Case Conclusion

It will also be necessary to record an overall case conclusion whether there was one type of abuse or more. The following guidance should be followed.

The burden of proof should be consistent with the civil standard of proof which is "on the balance of probabilities". There are five possible outcomes to this decision:

- **Substantiated fully** - This refers to cases where "on the balance of probabilities" it was concluded that all the allegations made against the individual or organisation were verified "on the balance of probabilities". Where allegations of multiple types of abuse are being considered against an individual or organisation then all will need to be proved for it to be defined as fully substantiated.
- **Substantiated – partially** - This refers to cases where there are allegations of multiple types of abuse being considered against an individual or organisation. Verification will be partial where "on the balance of probabilities" it was concluded that one or more, but not all, of the alleged types of abuse were proved. For example, where a concern includes allegations of physical abuse and neglect, if the physical abuse can be proved on the balance of probabilities, but there is not enough evidence to support the allegation of neglect, it will be partially substantiated.
- **Inconclusive** - This refers to cases where there is insufficient evidence to allow a conclusion to be reached. This will include cases where, for example, the adult at risk, the individual believed to be the source of the risk or a key witness passed away before they could provide statements as part of the assessment or investigation.

- **Not substantiated** - This refers to cases where "on the balance of probabilities" the allegations are unfounded, unsupported or disproved.
- **Investigation ceased at individual's request** - This refers to cases where the individual at risk does not wish for the Enquiry to proceed for whatever reason and so preclude a conclusion being reached. Enquiries which proceed despite this, for example where a Local Authority has a duty of care to protect other residents in a care home setting or multiple individuals in supported housing, will not come under this definition.

Case Conference Decision Making

It is the role of the Safeguarding Adults Team Manager to facilitate the collective decision-making process as to the case conclusion. This decision is a multi-agency/multi-disciplinary responsibility that must be made and owned by those professionals who contribute and/or attend. Parties involved in the collective decision-making process must have no vested interest in the decision and must outline clear, evidence-based reasons for their views that are recorded in the minutes. Decision making must take into account the views of all relevant parties, including the adult at risk and the person or organisation alleged to have caused harm.

The Safeguarding Adults Team Manager must always seek, through discussion, a consensus view as to the occurrence of abuse. However, in circumstances where a consensus cannot be achieved, or it is inconsistent with the evidence, the chair may, where appropriate, propose a decision on behalf of those attending the meeting. Any person disagreeing with the proposed decision would have his/her disagreement recorded in the minutes.

The findings in the draft Enquiry report are provisional and following the Case Conference a final version of the report should be produced reflecting the evidence and decisions agreed in the Case Conference. This final report can be shared with the person at risk or their agreed advocate should they request a copy, unless it would be detrimental to the adult at risk for them to do so. The final report can only be shared with the individual when deemed safe to do so by the Safeguarding Adults Team Manager and all cases must be looked at individually.

Where a commissioned provider is the person alleged to have caused harm, the final report should also be shared with the provider following the incorporation of final Case Conference decisions.

Assessment of Risk and Safeguarding Protection Plan

Assessments of risk will need to be reviewed in light of the decision as to whether abuse has occurred and, if so, its type. The findings of the Enquiry may impact on the assessed risk to the adult at risk or other people. There may also be changes in the circumstances of the adult at risk (or that of the person alleged to have caused harm) that impact on the risk.

The Safeguarding Protection Plan is the risk management plan that is put in place to remove or reduce the risk of harm. The Safeguarding Protection Plan should serve to safeguard the adult's safety and wellbeing. Any changes in the assessment of risk will need to be reflected in the Safeguarding Protection Plan.

The Safeguarding Adults Team Manager will need to ensure that agreed Safeguarding Protection Plans are implemented and it should be agreed how completed actions are fed back and evidenced to the

Safeguarding Adults Team Manager. Any party that is unable to complete an agreed action should notify the Safeguarding Adults Team Manager at the earliest opportunity.

It is important to consider other actions that do not directly relate to the adult at risk, such as a person in a position of trust and persons causing harm who are also adults at risk.

Feedback to the Person raising a Safeguarding Concern

Consideration should again be given to the appropriateness of providing feedback to the person raising a Safeguarding Concern, taking into account the nature of the relationship, confidentiality, data protection issues and the wishes of the adult at risk concerned.

Decision to hold a Review Meeting

Where a Case Conference results in outstanding actions or recommendations to achieve the required outcomes, a further Review Meeting will likely be required to follow up and ensure the Safeguarding Plan has been implemented and is working effectively.

The Safeguarding Protection Plan may alternatively continue to be reviewed as part of ongoing care / case management.

8.5. Case Conference Review

Purpose of the Review

Where a Case Conference Meeting is held, any subsequent Review meeting will be chaired by either the Safeguarding Adults Team Manager, or Service Lead for Safeguarding Adults. The purpose of the Review is to ensure that the actions agreed in the Safeguarding Protection Plan have been implemented, the risk is being managed and to decide whether further actions are required. In some circumstances, more than one review meeting will be required within the Safeguarding procedure.

Target timescale:

The Case Conference Review should take place within 3 months of the initial Case Conference, depending upon the level of risk identified and as decided at Case Conference.

Who should attend?

The Safeguarding Adults Team Manager will need to determine the appropriate invitees for the Case Conference Review. This may need to include an appropriate representative of any organisation that has a specific role in:

- assessing risk
- developing or carrying out the Safeguarding Protection Plan

Invitations should include the adult at risk. Where the adult at risk lacks the mental capacity to decide about attendance, a decision will be required in his/her 'best interests' as to whether they should be invited and should attend. The adult at risk may choose to be supported by an appropriate person(s), such as a family member, friend, or this may be decided in his/her 'best interests' where they lack the mental capacity to decide for themselves. Where the adult has a 'substantial difficulty' or lacks mental capacity in relation to decision making, consideration should be given to the need for an advocate.

The adult at risk may also choose not to attend and have his/her views reported by a representative or in writing. Where an IMCA has been appointed, they will be invited to attend.

Actions required during the Case Conference Review

The Review will:

- work towards the wishes, needs and desired outcomes of the adult at risk
- record the feedback of the adult at risk or his/her personal representative about the Safeguarding Protection Plan and/or other matters of importance to them
- re-evaluate the risk of harm
- ensure all required actions have been progressed or completed
- decide in consultation with the adult at risk and/or his/her personal representative what changes, if any, need to be made to the Safeguarding Protection Plan to decrease the risk or to make the plan fit more closely with his/her wishes
- make decisions about what changes/additions are needed to the care plan
- decide whether to exit the safeguarding adults procedure
- decide whether there is need for a further review and, if so, set a date

Agreeing actions with the adult at risk

It is vital that the adult at risk be in control of decisions as to the how risks they face in his/her life are managed. The adult at risk should experience the safeguarding process as empowering and supportive. The response taken should reflect the nature and seriousness of the risk, and wherever possible and appropriate, support the person to achieve his/her desired outcomes. This may include actions the adult at risk is taking, as well as the actions of the Local Authority and other organisations.

8.6. Safeguarding Adults Enquiry Closure

Duty to make Enquiries fulfilled

The Safeguarding procedure can be ended at any point where it is appropriate to do so.

The purpose of the Safeguarding Adults' procedure is to safeguard people from abuse and neglect. Where actions are no longer needed within this procedure, it should be discontinued. The duty to make Enquiries will be fulfilled where:

- No further enquiries are needed to establish whether any action should be taken
- No further Safeguarding actions are required to keep the adult at risk or others with care and support needs, safe from abuse and / or neglect.

An Enquiry may commence but be discontinued because, for example, the adult at risk has decided that they no longer want this intervention for themselves, and there are no other persons at risk.

The person's desired outcomes should be considered throughout the Safeguarding procedure and where possible, the persons desired outcomes will be met. However, these desired outcomes may not always be realistic or achievable, and there may be occasions where the duty to make Enquiries is fulfilled without these being met.

Although the Safeguarding procedure is no longer being continued, there may continue to be plans and actions to be reviewed as part of the ongoing review, care / case management processes.

Safeguarding Adult Enquiry Closure Actions

The following actions should be carried out before exiting the Safeguarding Adults' procedure:

- all records are completed
- the adult at risk knows that the process is concluded and where/who to contact if they have any future concerns about abuse
- where an Enquiry has been undertaken, the person alleged to have caused harm knows the process is concluded and is aware of any decisions relating to themselves
- all those involved with the person know how to raise a Concern if there are further or additional concerns
- all relevant partner organisations are informed about the ending of the multi-agency Safeguarding Adults procedure.

9. Safeguarding Adults Board

S.43 of the Care Act (2014) requires a Local Authority to establish a Safeguarding Adults Board (SAB). The role of the SAB is to work collaboratively as a Multi-Agency Partnership to oversee and seek assurance of the local safeguarding arrangements. Statutory partners consist of the Local Authority, Police & the Integrated Care Board.

The SAB has 3 statutory duties under the Care Act (2014):

- Produce a strategic plan setting out the changes the Board wants to achieve and how organisations will work together
- Publish an annual report setting out the safeguarding concerns it has dealt with in the last year as well as plans to help keep people safe
- Undertake a Safeguarding Adult Review (SAR) where it believes someone with needs for care and support has died or experienced serious harm as a result of abuse or neglect

9.1. Blackburn with Darwen Safeguarding Adults Board (SAB)

Vision:

"Our vision is for Blackburn with Darwen to be a place where safeguarding adults is everyone's business and where people are supported in their right to live safe, independent and healthy lives."

Strategic Aims:

- Providing Leadership in Safeguarding
- Prevention and Early Intervention
- Listening, Learning, Acting and Embedding
- Delivering Safeguarding Excellence
- Information is effectively shared within the Safeguarding Partnership
- The public feel confident that people are protected.

Blackburn with Darwen Safeguarding Adults Board amends safeguarding policy to make it clear that when professionals become aware that systems are not working for a vulnerable adult and their circumstances are not improving, professionals should escalate the matter to management. Please also refer to 'Resolving Professional Differences – Escalation Policy for Safeguarding Adults.'

10. Safeguarding Adult Review (SAR)

10.1. What is a Safeguarding Adult Review

Section 44 of the Care Act 2014 requires the Safeguarding Adult Board (SAB) to arrange a Safeguarding Adult Review (SAR) when an adult in its area:

- Dies as a result of abuse or neglect, or
- Has experienced serious abuse and / or neglect, whether known or suspected, and
- There is concern that partner agencies could have worked more effectively to protect the adult.

Where practice gives rise to concerns about how agencies have worked together when the death or serious injury of an adult at risk has occurred, the Blackburn with Darwen Safeguarding Adults Board will consider requests to conduct a Safeguarding Adults Review.

10.2. Purpose of SAR

The purpose of having a Safeguarding Adults Review is neither to investigate nor to apportion blame.

The objectives include:

- preparing or commissioning an overview which brings together and analyses the findings of the various agencies in order to make recommendations for future action
- establishing whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard adults at risk
- reviewing the effectiveness of both multi-agency and individual agency procedures
- informing and improving local inter-agency practice

- improving practice by acting on learning and developing best practice

Completion of a SAR referral should be made at the earliest point that it is recognised that the above criteria has been met.

If you think that a case meets the criteria for a SAR at any stage during the safeguarding process, please refer to Blackburn with Darwen Safeguarding Adults Board via email:

safeguardingpartnerships@blackburn.gov.uk

11. Further Procedures to Consider

11.1. Record Keeping and Confidentiality

Organisations should refer to their own internal policies and procedures for additional guidance on recording and storage of records. The following considerations should be given with regards to recording:

- Detailed factual records must be kept. This includes a record of all decisions taken relating to the process.
- Records may be disclosed in court as part of the evidence in a criminal action/case or may be required if the regulatory authority (CQC) decides to take legal action against a provider.
- Records kept by providers of services should be available to service commissioners and to regulatory authorities.
- Agencies should identify arrangements, consistent with legal requirements and the principle of fairness, for making records available to those affected by, and subject to enquiries, with due regard to confidentiality
- Where the person alleged to have caused harm is also another service user, information about that person's involvement in a Safeguarding Adults Enquiry, including the conclusion and outcome of the enquiry, should be included in his/her records.

11.2. Recording on Blackburn with Darwen Borough Council's Electronic Database

All Safeguarding activity should be recorded in case notes and within the Safeguarding episode on Blackburn with Darwen Borough Council's Adult Social Care electronic database. This includes recording the rationale for decisions made at the Information Gathering stage right through to Enquiry and Case Conference. The Safeguarding Adults Team Manager will need to ensure that the Safeguarding Enquiry Officer has completed and uploaded all relevant safeguarding documentation to the electronic database.

11.3. Safeguarding Meeting Minutes

Minutes are needed to record the discussions and decisions at Strategy, Case Conference, and Case Conference Review Meetings and evidence how decisions were reached. Minutes will ordinarily be distributed to:

- all attendees and invitees to the meeting
- all those contributing to the Safeguarding Protection Plan
- the Care Quality Commission where the meeting relates to a service that it regulates
- all other relevant regulatory bodies, as appropriate

A copy of the minutes should be sent to the adult at risk or, with his/her permission, to another person unless it would increase the level of risk. If the adult at risk does not have mental capacity, a decision should be made in his/her best interests about who to send the minutes to.

Where minutes are sent to a carer (with permission of the adult at risk or in his/her best interests) the Safeguarding Adults Team Manager will need to decide what information can be shared about the person alleged to have caused harm.

Where there is information that cannot be shared, it should be redacted from versions of documents sent out. Data Protection Act 2018 principles must be adhered to. For example, where a person was requested to leave the room during part of a Safeguarding meeting, the Safeguarding Adults Team Manager will need to consider whether the section of the minutes relating to that part of the meeting should be redacted from the copy sent to the person concerned.

Target timescale:

Safeguarding Meeting Minutes should be distributed within 10 working of the meeting being held.

Immediately after any Safeguarding meeting, the Safeguarding Adults Team Manager should distribute a summary of actions agreed to be taken, by whom and by when.

12. Information Processing

Blackburn with Darwen Safeguarding Adults Board Multi Agency Safeguarding Procedures are underpinned by legal requirements regarding the processing of personal information.

There is a distinct difference between engaging with an individual and empowering them to engage in the Safeguarding process and the definition of 'consent' as set out in GDPR. The Local Authority are required to carry out processing of data in line with our statutory duties as set out in The Care Act 2014.

The legal basis for processing and or sharing personal information as described within Blackburn with Darwen Borough Council's Safeguarding Adults Board Multi Agency Procedures is as follows:

- Article 6 of the GDPR which allows for the processing of individual data in line with the public task requirements under The Care Act (2014). This includes requirements contained within the Act relating to the Safeguarding of Adults. Article 6(1)(d) processing is necessary in order to protect the vital interests of the data subject or of another natural person – Article 6(1)(e) – Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.
- Article 9 of the GDPR allows for the processing of special data for the provision of health and social care. Article 9 (2) (c) processing is necessary to protect the vital interests of the

data subject or of another natural person where the data subject is physically or legally incapable of giving consent.

Further information on individual rights regarding processing of individual data can be found at: https://ico.org.uk/

13. Escalation Policy

NOTE: If an adult is thought to be at imminent risk of harm, the matter should be referred immediately to the Police/Social Care to decide what action to take to safeguard/protect them whilst the dispute is being resolved.

13.1. Resolving Differences of Opinion / Stages of Resolution

Stage One: Discussion between workers

The people who disagree should have a discussion to try to resolve the problem. This discussion must take place as soon as possible and could be a telephone conversation or a face-to-face meeting. It should be recognised that differences in status and /or experience may affect the confidence of some workers to pursue this unsupported.

Stage Two: Discussion between Line Managers

If the problem is not resolved and concerns remain, the worker should contact their supervisor / line manager / safeguarding lead within their own agency to consider the issue raised, what outcome they would like to achieve and how differences can be addressed. The line manager should contact their respective counterpart to try to negotiate an agreed way forward. This could involve a professionals meeting if deemed appropriate.

Stage Three: Discussion between Operational/Senior Managers

If the issue is not resolved at stage two, the supervisor/ line manager reports to their manager or named/ lead safeguarding representative. These two senior managers of both individuals/organisations must liaise and attempt to resolve the professional differences through discussion.

If there remains disagreement, escalation continues through the appropriate tiers of management in each organisation until the matter is resolved.

Stage Four: Resolution by Blackburn with Darwen, Blackpool and Lancashire Adult Boards

If there is no resolution, and having exhausted all other routes, the matter should be escalated to the Chair of the relevant Safeguarding Adult Board (SAB). The escalation to the SAB should be made via the Head of Service (for each individual/agency) to the Head of Service for the Safeguarding Adult Board via email to safeguardingpartnerships@blackburn.gov.uk. They will then liaise with the Chair of the Safeguarding Adult Board.

The Chair will convene a Resolution Panel, membership will consist of a senior officer from the three agencies, LA, Police and ICB. The Panel will receive representations from those involved in the dispute and will collectively resolve the professional differences concerned.

Additional Note:

At each stage professionals must ensure that appropriate records are made in the adult at risk's case records. This should include the concern, action taken to resolve, agreed actions from resolution process, timescales, and the outcome. This should be clear, evidenced, and factual.

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Cath Taylor, Consultant in Public Health
DATE:	5th March 2024

SUBJECT: Live Well update: Mental and physical health and wellbeing

1. PURPOSE

To provide an update on delivery of the Joint Local Health and Wellbeing Strategy 'Live Well' priorities and actions, specifically those relating to mental and physical health and wellbeing.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board are recommended to:

a. Note the contents of this report which is for information and update on progress.

3. BACKGROUND

In December 2023, the Health and Wellbeing Board approved the introduction of a new annual schedule of life-course updates. The aim of these updates is to provide assurance to the Board that the strategy priority areas and objectives are being delivered.

Whilst the board already receives annual Start Well and Age Well updates, there was no formal schedule for providing updates on the three priorities covering the 'Live Well' within the Joint Local Health and Wellbeing Strategy (figure 1):

- Priority 2: Healthy homes, places and communities
- Priority 3: Mental and physical health and wellbeing
- Priority 4: Good quality work and maximising income

There is a wide span of groups across the Council and broader partners which are delivering activity aligned to these priorities. A mapping exercise was undertaken to identify key strategic groups and other supporting groups or services involved with the delivery of each of the actions.

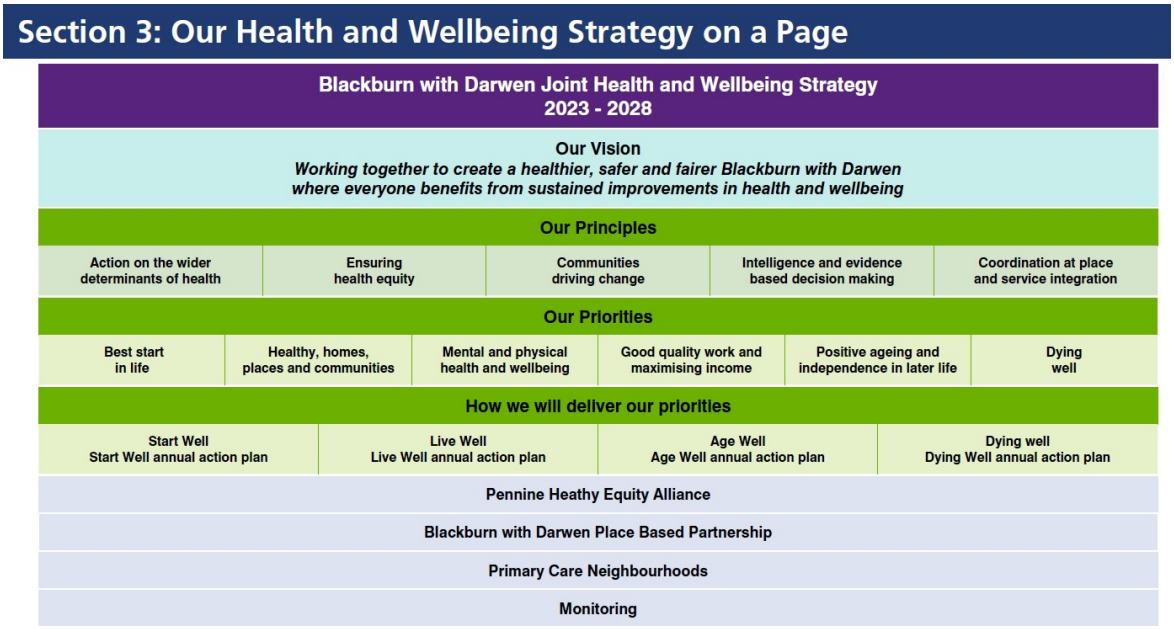
In recognition of the breath of the Live Well agenda, the board agreed that two Live Well updates be provided per year as follows:

1. Mental and Physical Health (Priority 3)
2. Wider Determinants of Health (Priority 2 and 4)

In addition, it was agreed that key strategic groups identified through the mapping were asked to provide a short highlight report to the Board in order to demonstrate their activity in support of the strategy.

An annual Dying Well update will also be received by the Board.

Figure 1: Joint Local Health and Wellbeing Strategy on a page



A summary of activity by key groups identified in relation to mental and physical health and wellbeing is shown in Figure 2.

Figure 2: Key strategic groups delivering against Priority 3 of the JLHWB Strategy

	Eat Well Move More Strategic Group	Health Protection Board	Changing Futures Board	Combatting Drugs Partnership	Mental Health and Suicide Prevention	Trauma Informed Strategic Group
1. Deliver a coordinated prevention at scale programme with a focus on health inequalities; - Reducing the prevalence of key risk factors for long term conditions including smoking, obesity, alcohol and inactivity - Early detection and diagnosis of long-term conditions and cancers through increasing uptake of cancer screening and NHS Health Checks - Increasing uptake of vaccination and immunisations	■	■		■		
2. Reduce inequalities by placing a concerted focus on the most vulnerable including people who are experiencing homelessness, asylum seeker and refugees, sex workers and other socially excluded groups			■	■		
3. Refresh and deliver the Mental Health and Wellbeing and Suicide Prevention Strategies, building on the Prevention Concordat.					■	
4. Develop a real time surveillance model which will support the collaborative use of data in the provision of suicide and self-harm prevention strategies.					■	
5. Embed mental health and wellbeing as a core priority across the life-course and in all settings including health, social care, education, criminal justice, children and young people's services, adults, neighbourhoods and voluntary, community and faith sector partners.					■	
6. Accelerate our work towards becoming a fully trauma informed borough			■			■
7. Tackle loneliness and social isolation among children, young people, working age adults and older adults			■		■	
8. Use findings from the "Beyond Imagination Life Survey" to influence the development of strengths-based interventions for the people with lowest levels of wellbeing in the borough.	■				■	

4. RATIONALE

In order to provide assurance to the Health and Wellbeing Board that the vision and priorities within the Joint Local Health and Wellbeing Strategy are being delivered, there is a need for clear reporting arrangements between the Board and any key strategic groups.

5. KEY ISSUES

The highlight reports from each group are provided in Appendix A and summarised below.

Eat Well, Move More (EWMM) Strategic Group: This group oversees the implementation of the EWMM strategy, adopted in 2022, and provides oversight of the operational groups which lead on the key strategy themes. The group is attended by a broad range of stakeholders and aims to ensure alignment to local and national policies and equitable delivery of the strategy the life-course.

Over the last 12 months a strategy implementation plan has been developed, including activity delivered over seven themes:

1. Early Years / Healthy Foundations
2. Children and Young People's Healthy Weight
3. Active Travel
4. Green and Blue Spaces:
5. Food Environment:
6. Reducing Health Inequalities/Targeted Interventions:
7. Supporting the Workforce

Key activity for the year ahead includes delivery of a Health and Wellbeing Board Development Session, a Food Conference in May, a refreshed Healthy Weight Declaration and launch of the We Are Undefeatable campaign in June.

Health Protection Board: This group enables the Director of Public Health as part of their statutory responsibilities, ensure there are safe and effective arrangements and plans in place to protect the health of the population. The group promotes integration and partnership working on health protection between the Local Authority, NHS England, UK Health Security Agency (UKHSA), NHS Trusts and other key local stakeholders and services. *A separate annual Health Protection Assurance Report is provided to the Health and Wellbeing Board. However, this gives an overview of Board activity since the last update in September 2023.*

Recent activity within this group has included:

- Delivery of the 2023/24 Seasonal flu vaccination programme including collaborative work across primary care, the ICB and the school-aged immunisations service to facilitate pop-up flu vaccination sessions via our family hubs during the October half-term holidays resulting in additional 220+ residents receiving the flu jab.
- Completion of a new Infection Prevention & Control service level agreement with Lancashire County Council to ensure that the Council can provide complex settings, e.g. care homes, with specialist IPC advice and guidance alongside outbreak management support.
- Screening & Immunisations workshop undertaken by the Lancashire and Cumbria Public Health Collaborative in February 2024, to agreed system wide actions to improve uptake of screening and immunisations. Particular areas of focus for Blackburn with Darwen include uptake of bowel cancer and AAA screening and the HPV vaccination which are currently a suboptimal levels.
- Activities in response to rising measles cases, which has now seen UKHSA declare a national incident. Locally primary care, ICB and local authority colleagues are working together to communicate facts clearly to residents and improve uptake of the MMR vaccine to reach the 95% recommended coverage within the population.

Changing Futures Board: Changing Futures Lancashire has been delivering in the East Locality since January 2022 and seeks to support those experiencing multiple disadvantage. The delivery model was entirely co-produced with people who have lived experience of multiple disadvantage and adopts principles such as information sharing rather than reassessment (avoiding repeat trauma disclosing personal history) at the point of entry, and a named worker as a Navigator (guide) and also wider specialist services all funded within one team.

Since the service started 312 people have been accepted on to the programme and currently the East locality are actively supporting 70 people with complex multiple disadvantages, the majority of whom reside in BwD. Many of the people open to the programme are frequent attenders or high intensity users of emergency care and health services. New referrals have been paused as the service is at capacity and capping caseloads is essential to enable person centred working.

The funding for the delivery of CFL will end on 31/3/2025, creating a risk that the Navigators via Lived Experience Teams will be lost unless further funding is identified. An evaluation has been undertaken which suggests that the programme provides a return on investment by reducing frequent use of healthcare and criminal justice costs. Learning from the programme is also being used to inform systemic change within the BwD system to support people experiencing multiple disadvantage by identifying three pillars of improved practice:

1) Co-production with people who have lived experience in service design, redesign and monitoring;
2) A no wrong door / one front door service system; and
3) True integrated working as one system, engendering trust to work smarter, not harder.

Combating Drugs Partnership (CDP): This group is a mandatory multi-agency partnership which aims to reduce drug use and drug-related harm across Blackburn with Darwen in line with the government's 10-year drug strategy 'From Harm to Hope' and by delivering against the national Combating Drugs Outcomes Framework.

Recent work by the CDP has included undertaking a population-based needs assessment and consultation with key stakeholders to identify actions for the partnership moving forwards. Further discussions are planned around ongoing challenges within the borough such as responding to unmet drug and alcohol needs amongst different populations, tackling issues of around suitable and stable accommodation, and providing effective and consistent support for those in the criminal justice system.

Mental Health and Suicide Prevention Strategic Group represents a partnership of local interests, working at a strategic level, towards improving the mental wellbeing and mental health of their population and minimising the harm caused by suicide.

This year the group has overseen the development of a Joint Strategic Needs Assessment Chapter on Mental Health and Suicide. This document pulls together data that outlines the local needs and assets of the borough, in regard to Mental Health. This has been published on the council's website and will support commissioning of new services and allocating of resources.

This work is supporting development of a new Mental Health and Suicide Prevention Strategy, which with the emerging structure of the Place Based Partnership, and Integrated Care Board's Mental Health and Population Health Teams, has been delayed and will be completed in Spring 2024. This delay will prove beneficial as the emerging teams within BwD engage with and contribute to the strategy, and the vision that it sets out for the borough over the next 5 years.

Trauma Informed Strategic Forum: This group supports and represents the three local Trauma Informed (TI) Managed Networks that are collectively working towards reducing the incidence and minimising the impact of trauma across the borough. The networks are now well established and meet quarterly, covering the following areas:

- Early Years
- Education
- Communities

Key activity over the past 12 months has included:

- The development of a trauma informed resource library.
- Presentation on TI at the Adults and Health Engagement Session in January 2023.
- TI training delivered to Extended Leadership Team by Lancashire Violence Reduction Network (VRN) in March 2023.
- TI Community Champions programme secured and being delivered in the community via BwD Healthy Living.
- TI Service Leads (including VCFS partners) workshops underway to support self-assessment audits and action planning.
- Evaluation into the effectiveness of our current approach to developing TI organisations and communities being undertaken by Prova Research.
- Adult's and Health Community of Practice network established.

Planned activity for the year ahead includes:

- TI Basic Awareness training to be launched and rolling programme delivered over the year, via a train the trainer model.
- ELearning programme to be launched for Council staff.
- 50 services/settings to complete the VRN self-assessment toolkit and develop appropriate action plans for peer review.
- Vulnerable Young People's Network to be established and quarterly meetings to begin.
- One service/setting to have achieved the One Small Thing TI Quality Mark.

6. POLICY IMPLICATIONS

Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)

From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

Changing Futures programme - Changing Futures - GOV.UK (www.gov.uk)

Suicide prevention strategy 2023-28 - Suicide prevention strategy for England: 2023 to 2028 - GOV.UK (www.gov.uk)

Levelling Up White Paper - Levelling Up the United Kingdom - GOV.UK (www.gov.uk)

7. FINANCIAL IMPLICATIONS

The Health and Wellbeing Strategy priorities are delivered within existing financial commitments.

8. LEGAL IMPLICATIONS

There are no legal implications.

9. RESOURCE IMPLICATIONS

A planning and governance officer post in Public Health will support the reporting and monitoring of the Joint Local Health and Wellbeing Strategy 2023-28.

10. EQUALITY AND HEALTH IMPLICATIONS

No EIA required.

11. CONSULTATIONS

Identification of the key groups that have provided highlight reports for this report were identified through a mapping exercise, undertaken by the Public Health Team and BwD Place-Based ICB colleagues.

The work has also been informed through consultation with a range of teams across BwD Council, including the Adults & Health and Growth & Development departments.

VERSION:	**1**

CONTACT OFFICER:	Cath Taylor, Consultant in Public Health, BwD Public Health Team
DATE:	16th February 2024
BACKGROUND PAPER:	Appendix A – Highlight reports from key groups

Live Well update: Mental and physical health and wellbeing

APPENDIX A: Highlight reports from Key Groups

Name of Group:	**Eat Well Move More Strategic Group**
Name and role of Contact:	Charlotte Pickles Public Health Specialist

Objective(s) aligned to group activity	
Please tell us which objectives from the BwD Health and Wellbeing Strategy (Priority 3 – page 13) best align with the work of your group (also see attached slide):	
1. Deliver a coordinated prevention programme, with a focus on health inequalities, to reduce key risk factors for and early detection of long term health conditions, and increase vaccination.	☒
2. Focus on reducing inequalities for the most vulnerable groups.	☐
3. Refresh and deliver the Mental Health and Wellbeing and Suicide Prevention Strategies, building on the Prevention Concordat.	☐
4. Develop a real time surveillance model which collaboratively uses data to within suicide and self-harm prevention strategies.	☐
5. Embed mental health and wellbeing as a core priority across the life-course and in all settings.	☐
6. Become a fully trauma informed borough.	☐
7. Tackle loneliness and social isolation among all age groups.	☐
8. Develop strengths-based interventions to improve wellbeing, based on Beyond Imagination Life Survey findings.	☒

Brief overview of group purpose
The function of the Eat Well Move More (EWMM) Strategic Steering Group is: 1. To raise the profile of the EWMM strategy with decision makers across the Council, Health and Social Care and across the voluntary, community and faith sectors. 2. To provide strategic direction, oversight and governance to the operational groups leading on the key deliverables of the EWMM strategy. 3. To ensure the EWMM guiding principles are aligned to local and national policies and that they are a core component of Primary Care Neighbourhoods and Place-Based Partnership priorities as they emerge. 4. To ensure an equitable approach to delivering the strategy is maintained and that the needs and views of communities are central to development and delivery plans. 5. To link to activity across the three life stages of the Joint Health & Wellbeing Strategy, to include Start Well, Live Well and Age Well.

Highlight Report

Please provide a brief summary of key activity of your group over the past 12 months and planned activity/key milestones for the next year. **(300 words max)**

EWMM Strategic Meetings take place quarterly. There is a wide membership and work has taken place to ensure the correct representatives have been invited to attend and where roles have changed, new representatives have been sought.

The main focus over the last 12 months has been to develop an implementation plan for the current strategy which was agreed in 2022.

Below is a summary of key activities/progress under each theme:

1) **Early Years / Healthy Foundations and**
2) **Children and Young People's Healthy Weight**
   - Face to face and online workshops completed for colleagues supporting the Early Years and CYP agenda to set objectives for the year ahead.
   - Delivery groups yet to be defined.
   - School Food Grant – 72 schools have benefited from the HSF grant funding
   - Play and Stay at Teatime Activities (PASTA) pilot has started within 3 settings delivered by IMO via CVS.
   - GULP continues to be delivered in primary schools
   - New NCMP letters agreed to support CYP and their families re healthy weight

3) **Active Travel**
   - BwD Walking and Cycling Group leads on the delivery of this Key Theme
   - LCWIP approved at Exec Board November 2023
   - Good relationships formed with Active Travel England

4) **Green and Blue Spaces**:
   - BwD Walking and Cycling Group and the Active BwD Network lead on the delivery of this Key Theme which still requires further developing and actions to be set
   - Intention is for this to be informed by the newly adopted Local Plan
   - New PHDM to provide additional support to this key theme

5) **Food Environment:**
   - BwD Food Alliance leads on this key theme
   - Sustainable Food Places Bronze Award achieved November 2023
   - New co-ordinators appointed to drive agenda forward
   - BwD Food Club established September 2023 delivered by CBP
   - My Food Community partnership underway

6) **Reducing Health Inequalities/Targeted Interventions:**
   - We Are Undefeatable campaign to improve physical activity levels amongst those living with long term health conditions is in development to be launched Spring 2024
   - Health Check programmes have been reviewed; NHSHC tender exercise complete.
   - Working with ICB colleagues to consider specific work programmes to support CVD and diabetes

7) **Supporting the Workforce:**
    - Small T&F group has been established to agree key objectives and actions; considering Workplace Wellbeing Champions, MECC and other core workstreams to take this forward

Key Activity/Milestones for the year ahead:

1) Health and Wellbeing Board Development Session to be delivered.
2) Place Based Partnership Board – presentation and commitment to support
3) Food Conference – to be delivered May 2024
4) Healthy Weight Declaration refresh completed and signed off June 2024
5) We Are Undefeatable campaign launched June 2024
6) Progress made on each of the Key Themes identified; interim progress report to be completed January 2025

Name of Group:	**Health Protection Board**
Name and role of Contact:	Rabiya Gangreker Public Health Development Manager Health Protection

Objective(s) aligned to group activity	
Please tell us which objectives from the BwD Health and Wellbeing Strategy (Priority 3 – page 13) best align with the work of your group (also see attached slide):	
9. Deliver a coordinated prevention programme, with a focus on health inequalities, to reduce key risk factors for and early detection of long term health conditions, and increase vaccination.	☒
10. Focus on reducing inequalities for the most vulnerable groups.	☐
11. Refresh and deliver the Mental Health and Wellbeing and Suicide Prevention Strategies, building on the Prevention Concordat.	☐
12. Develop a real time surveillance model which collaboratively uses data to within suicide and self-harm prevention strategies.	☐
13. Embed mental health and wellbeing as a core priority across the life-course and in all settings.	☐
14. Become a fully trauma informed borough.	☐
15. Tackle loneliness and social isolation among all age groups.	☐
16. Develop strengths-based interventions to improve wellbeing, based on Beyond Imagination Life Survey findings.	☐

Brief overview of group purpose
To enable the Director of Public Health as part of their statutory responsibilities, to provide assurance to Blackburn with Darwen Borough Council's Health and Wellbeing Board, on behalf of the population of Blackburn with Darwen, that there are safe and effective arrangements and plans in place to protect the health of the population, across the life-course (Start Well, Live Well, Age Well). To promote integration and partnership working on health protection between the Local Authority, NHS England, UK Health Security Agency, NHS Trusts and other key local stakeholders and services.

Highlight Report

Please provide a brief summary **(300 words max)** of:

- Key activity your group has undertaken over the past 12 months which meet the above strategy objectives
- And planned activity/key milestones for the next year.

23/24 Seasonal flu vaccination programme

BwD historically has had a low uptake of the annual flu vaccination across all eligible groups. This season, the Council collaborated with partners, including primary care, the ICB and the school-aged immunisations service to facilitate pop-up flu vaccination sessions via our family hubs during the October half-term holidays. This initiative resulted in an additional 220+ residents receiving the flu jab, which helped raise the profile of the family hubs among local families.

Infection Prevention & Control

The service level agreement with Lancashire County Council's Infection Prevention & Control (IPC) service ensures that the Council can provide complex settings, e.g. our care homes with specialist IPC advice and guidance alongside outbreak management support. It includes auditing care settings to review standards of IPC practice.

Screening & Immunisations

The screening and immunisation uptake rates in the NW have declined in recent years. The PH Collaborative has identified this area as a priority in its current work programme. The collaborative hosted a workshop on the topic in February 2024 and agreed that several actions were necessary across the wider system to improve upon the work already underway. It has been agreed that the NHS England NW Screening & Immunisations team will facilitate a Lancashire & South Cumbria Oversight Board to help drive service improvement and delivery.

Measles

The uptake of routine childhood vaccinations, including the MMR vaccine is the lowest it has been in a decade. It is well below the recommended 95% uptake needed to protect the population and prevent outbreaks. There has been a recent increase in measles cases in England, including an ongoing outbreak centred in Birmingham and around the West Midlands region. The majority of cases have been in children under the age of 10 years with many outbreaks linked to nurseries and schools.

As a result, the UKHSA has declared a national incident to coordinate the investigation and response to the rise in measles cases. Locally, primary care, ICB and local authority colleagues are working together to communicate facts clearly to residents and encourage action among those who are unvaccinated.

Name of Group:	**Changing Futures Board**
Name and role of Contact:	Lancashire Programme Manager: ian.treasure@blackburn.gov.uk https://www.linkedin.com/in/iantreasure East Locality Team Manager victoria.holmes@blackburn.gov.uk

Objective(s) aligned to group activity	
Please tell us which objectives from the BwD Health and Wellbeing Strategy (Priority 3 – page 13) best align with the work of your group (also see attached slide):	
1. Deliver a coordinated prevention programme, with a focus on health inequalities, to reduce key risk factors for and early detection of long term health conditions, and increase vaccination.	☐
2. Focus on reducing inequalities for the most vulnerable groups.	☒
3. Refresh and deliver the Mental Health and Wellbeing and Suicide Prevention Strategies, building on the Prevention Concordat.	☐
4. Develop a real time surveillance model which collaboratively uses data to within suicide and self-harm prevention strategies.	☐
5. Embed mental health and wellbeing as a core priority across the life-course and in all settings.	☐
6. Become a fully trauma informed borough.	☒
7. Tackle loneliness and social isolation among all age groups.	☒
8. Develop strengths-based interventions to improve wellbeing, based on Beyond Imagination Life Survey findings.	☐

Brief overview of group purpose
The Changing Futures Lancashire programme has been delivering in the East Locality since January 2022, and was fully rolled out across Lancashire by April 2022. The programme seeks to support those experiencing multiple disadvantage. At the time of writing, new referrals have been paused as the service is at capacity, and as the delivery model takes cognisance of the evidence base from the Fulfilling Lives programme, capping caseloads is essential to enable person centred working. The delivery model was entirely coproduced with people who have lived experience of multiple disadvantage. The funding bid itself written in 2021, was subject to a cycle of weekly engagement, using the feedback to iteratively develop a service model adapted to meet expressed needs of people experiencing multiple disadvantage. Simple principles such as information sharing rather than reassessment (avoiding repeat trauma disclosing personal history) at the point of entry, and a named worker as a Navigator (guide) and also wider specialist services all funded within one team, as well as providing specialist links to other local services. The programme had a notional target of helping 1220 people across Lancashire up to March 2024. As at 31/12/2023, the programme activity since the start was as follows:

Locality	Total Referrals	Referrals Not Eligible - Closed (Not-eligible)	Beneficiaries supported since start of programme	Percentage Accepted (Referrals)	Beneficiaries currently being supported	Beneficiaries supported in the last quarter
East	527	168	312	68.1%	70	118
Fylde Coast	496	184	262	62.9%	95	154
Central and West	424	84	288	80.2%	112	159
North	219	16	196	92.7%	46	84
Lancashire	1,666	452	1058	72.9%	323	515

The programme has also produced some communications about its aim and purpose:

In 2022 we created this film to explain what the programme is and its aims so please watch here https://www.youtube.com/watch?v=n2cgfywKBB8

In 2023 we coproduced a film on Stigma, which was identified as a major issue for people experiencing multiple disadvantage. Please watch to understand what you can do to help https://www.youtube.com/watch?v=GGzwsJIIOlU

Prefer Audio? Do you like podcasts? Here is a link into our Spotify account https://open.spotify.com/show/40gWTfh2UmDjpVlNwQ7nU3

The funding for the delivery of CFL will end on 31/3/2025. Although the specialist staff for Mental Health, Probation, Housing, Drug Services etc can continue to work in integrated teams after 31/3/2025, the loss of the Navigators via Lived Experience Teams means that the model will collapse. The search for continuation funding of £1.4million per annum across Lancashire continues. This makes embracing and assuring implementation of the three pillars of system change by the recurrent system even more important and urgent.

Highlight Report

Please provide a brief summary of key activity of your group over the past 12 months and planned activity/key milestones for the next year. **(300 words max)**

There are 2 key programmes of work within the Changing Futures Programme over the final 12 months, the evaluation and also embedding systemic change.

1. **The Evaluation**

The delivery model for Changing Futures Lancashire is a means to the end which is the evaluation. The programme has two fundamental questions:

a) Do people get better, measured by the NHS Validated 'New Directions Team Assessment' or NDTA?
b) Does Changing Futures Lancashire realise a cost avoidance / Return on Investment (ROI)?

The answer to both is yes, and evidence is on the accompanying powerpoint slide.

All participants in the 'Live Well' arena are asked to consider the domains of health, social care and criminal justice and suggest other areas that could have the impact measured (but only if a clear road map about how to get there is also stated by the proposer).

2. **Systemic Change**

The Changing Futures programme aim is to change systems so that people experiencing multiple disadvantage do not experience systemic barriers in the future. To assist 'the system' in implementing changes, the programme has coproduced the following three pillars of system change, and we ask you to ensure any new work is aligned to these three pillars:

1) **Coproduction with people who have lived experience in service design, redesign and monitoring;**
2) **A no wrong door / one front door service system; and**
3) **True integrated working as one system, engendering trust to work smarter, not harder.**

The programme also has several partnership workstreams chosen by people with lived experience and also backed up with 'issues logs' taken early in the programme to identify commonality of barriers (thus coproduced). The workstreams are:

1. Lived Experience in the workforce
2. Mental Health Services (dual diagnosis)
3. Domestic Violence Workstream
4. Substance Misuse Services
5. Reducing Reoffending

Name of Group:	**Combatting Drugs Partnership**
Name and role of Contact:	Lee Girvan Public Health Specialist

Objective(s) aligned to group activity	
Please tell us which objectives from the BwD Health and Wellbeing Strategy (Priority 3 – page 13) best align with the work of your group (also see attached slide):	
17. Deliver a coordinated prevention programme, with a focus on health inequalities, to reduce key risk factors for and early detection of long term health conditions, and increase vaccination.	☒
18. Focus on reducing inequalities for the most vulnerable groups.	☒
19. Refresh and deliver the Mental Health and Wellbeing and Suicide Prevention Strategies, building on the Prevention Concordat.	☐
20. Develop a real time surveillance model which collaboratively uses data to within suicide and self-harm prevention strategies.	☐
21. Embed mental health and wellbeing as a core priority across the life-course and in all settings.	☐
22. Become a fully trauma informed borough.	☐
23. Tackle loneliness and social isolation among all age groups.	☐
24. Develop strengths-based interventions to improve wellbeing, based on Beyond Imagination Life Survey findings.	☐

Brief overview of group purpose
This group undertakes the mandatory role of Combatting Drugs and Alcohol across Blackburn with Darwen as a placed based partnership involving multi agency partners for the Borough

Highlight Report

Please provide a brief summary of key activity of your group over the past 12 months and planned activity/key milestones for the next year. **(300 words max)**

Following the recent BwD Combating Drugs Partnership (CDP) needs assessment, a consultation across partners was conducted to identify key priorities for the partnership (linked to the national CDP outcome framework). The consultation involved:
- partner survey of needs and priorities
- forum activity session and focus group with members of Roots Recovery
- partner responses from Spark Recovery Collaborative anniversary event
- wider interviews / meetings with community justice partners

Consultation responses have been collated and compiled into a draft long-list of Strategic Objectives for Blackburn with Darwen, which will underpin development activity to address the outcomes identified in the government's 10-year drug strategy 'From Harm to Hope' and the national Combating Drugs Outcomes Framework.

This document is intended to be used as a discussion point for refining and focussing objectives and priorities for the CDP over the coming year(s). It is suggested that this takes place with a small group of stakeholders before a refined iteration is shared more widely. This enables clarification of objectives and allows for some suggested prioritisation prior to a wider engagement process. *Note: These objectives focus on the additional activity or alternative approaches identified by stakeholders to further improve and enhance provision and outcomes for those with drug and alcohol concerns - there is already significant good practice taking place across Blackburn with Darwen, and this is expected to be continued.*

Local objectives are intentionally strategic, and rarely contain the level of detail provided through the consultation process. In some places top level objectives are accompanied by sub-objectives, included to provide more information for consideration / inclusion at a later stage of the process (though they may not be included in top-level summaries). Future action points and plans will, however, consider these lower-level objectives along with the more detailed suggested actions provided in consultation responses. There should also be further discussions with partners about the best ways of tackling some of the enduring challenges and 'wicked issues' such as responding to unmet drug and alcohol needs among different populations, tackling issues of suitable and stable accommodation, and providing effective and consistent support for those in the criminal justice system.

There is some inevitable repetition / overlap across thematic areas – this can be addressed in the subsequent refining of objectives and clarification of where overlapping themes (e.g. young people and criminal justice) are best located.

Local objectives / priorities for Blackburn with Darwen are presented alongside the intended outcome(s) of the action. These are 'mapped' to central elements of the National Outcomes Framework, both in terms of national strategic outcomes and intermediate outcomes that are more specific. Some of the objectives link to specific intermediate outcome elements of the national framework, whilst others are considered important in achieving overall strategic aims of reducing drug use and drug-related harm across Blackburn with Darwen.

Name of Group:	**Mental Health and Suicide Prevention Strategic Group**
Name and role of Contact:	Frances Riley Public Health Specialist

Objective(s) aligned to group activity	
Please tell us which objectives from the BwD Health and Wellbeing Strategy (Priority 3 – page 13) best align with the work of your group (also see attached slide):	
1. Deliver a coordinated prevention programme, with a focus on health inequalities, to reduce key risk factors for and early detection of long term health conditions, and increase vaccination.	☐
2. Focus on reducing inequalities for the most vulnerable groups.	☐
3. Refresh and deliver the Mental Health and Wellbeing and Suicide Prevention Strategies, building on the Prevention Concordat.	☒
4. Develop a real time surveillance model which collaboratively uses data to within suicide and self-harm prevention strategies.	☒
5. Embed mental health and wellbeing as a core priority across the life-course and in all settings.	☒
6. Become a fully trauma informed borough.	☐
7. Tackle loneliness and social isolation among all age groups.	☒
8. Develop strengths-based interventions to improve wellbeing, based on Beyond Imagination Life Survey findings.	☒

Brief overview of group purpose

The Blackburn with Darwen Mental Wellbeing and Suicide Prevention Strategic Group represents a partnership of local interests, working at a strategic level, towards improving the mental wellbeing and mental health of their population and minimising the harm caused by suicide.

Purpose:

- To improve the mental wellbeing and mental health of the population with a focus on addressing inequalities, taking a life course approach, using evidence, data and local insights.
- Reduce the risk of suicide across the whole population
- To minimise the harms caused by suicide by providing effective support to those who are affected or bereaved by suicide.
- To provide strategic leadership and coordination of mental wellbeing and suicide prevention programmes, initiatives and services to maximise and target resources to improve the equity of mental wellbeing outcomes

Outputs of the Group

- Annual Data Report, outlining the local needs and assets
- 5 year Mental Wellbeing, Mental Health and Suicide Prevention Strategy, with annual Action Plans

Highlight Report

Please provide a brief summary of key activity of your group over the past 12 months and planned activity/key milestones for the next year. **(300 words max)**

This year the group has overseen the development of a Joint Strategic Needs Assessment Chapter on Mental Health and Suicide. This document pulls together data that outlines the local needs and assets of the borough, in regard to Mental Health and forms the basis for the new strategy. This has been published on the council's website and will support commissioning of new services and allocating of resources.

It has been supporting the development of a new strategy, which with the emerging structure of the Place Based Partnership, and Integrated Care Board's Mental Health and Population Health Teams, has been delayed and will now be completed next year. This delay will prove beneficial as the emerging teams within BwD engage with and contribute to the strategy, and the vision that it sets out for the borough over the next 5 years.

Next year the group will:

- Be part of a new Place Based Mental Health Governance Structure
- Oversee the finalising of a new Place Based MH and SP Strategy
- Implement and deliver it's part of the 1st annual Action Plan from the Strategy

Name of Group:	**Trauma Informed Strategic Forum**
Name and role of Contact:	Charlotte Pickles Public Health Specialist

Objective(s) aligned to group activity
Please tell us which objectives from the BwD Health and Wellbeing Strategy (Priority 3 – page 13) best align with the work of your group (also see attached slide):

25. Deliver a coordinated prevention programme, with a focus on health inequalities, to reduce key risk factors for and early detection of long term health conditions, and increase vaccination. ☐
26. Focus on reducing inequalities for the most vulnerable groups. ☐
27. Refresh and deliver the Mental Health and Wellbeing and Suicide Prevention Strategies, building on the Prevention Concordat. ☐
28. Develop a real time surveillance model which collaboratively uses data to within suicide and self-harm prevention strategies. ☐
29. Embed mental health and wellbeing as a core priority across the life-course and in all settings. ☐
30. Become a fully trauma informed borough. ☒
31. Tackle loneliness and social isolation among all age groups. ☐
32. Develop strengths-based interventions to improve wellbeing, based on Beyond Imagination Life Survey findings. ☐

Brief overview of group purpose

The Blackburn with Darwen Trauma Informed Strategic Forum supports and represents the local Trauma Informed Managed Networks that are collectively working towards reducing the incidence and minimising the impact of trauma across the borough.

The Forum provides system's leadership and strategic oversight in support of the borough's ambition of developing fully trauma-informed and trauma-responsive communities and organisations.

Highlight Report

Please provide a brief summary **(300 words max)** of:

- Key activity your group has undertaken over the past 12 months which meet the above strategy objectives
- And planned activity/key milestones for the next year.

Three Managed Networks are now well established and have met quarterly over the past 12 months.

These currently cover:

- Early Years
- Education
- Communities

Highlights from networks this year include:

- The development of a trauma informed resource library
- Guest speakers attending networks to share good practice and inspire change
- Shared learning and support across the networks
- Shared language developing across the networks
- TI becoming a regular agenda item in team meetings
- More partners coming on board to join the conversation
- Building momentum to work towards becoming a trauma informed Borough.

Key strategic events/milestones achieved:

- Presentation at Adults and Health Engagement Session – January 2023
- Strategic Leads Training delivered by Lancashire VRN – March 2023
- Growth of the TI Strategic Forum to include strategic and service leads
- TI Community Champions programme secured and being delivered in the community via BwD Healthy Living
- TI Service Leads (including VCFS partners) workshops underway to support self-assessment audits and action planning
- Evaluation into the effectiveness of our current approach to developing TI organisations and communities is underway carried out by Prova Research
- Vulnerable Young People's Network – leadership agreed
- Adult's and Health Community of Practice network established

Planned activity for the year ahead:

- TI Basic Awareness training to be launched and rolling programme to be delivered over the year:
  - 20 trainers from across the system have been identified to support the roll out of this programme
  - Train the trainer to be delivered in March 2024
  - Training programme launched – April/May 2024
  - Ambition is to train 400 members of staff during the first 12 months
- ELearning programme to be launched – available to book through MeLearning:
  - Launch to coincide with the launch of the face to face Basic Awareness Programme in April/May 2024
- 50 x services/settings to have completed the VRN self-assessment toolkit and developed appropriate action plans for peer review via various networks/support available
- Vulnerable Young People's Network to be established and quarterly meetings to begin
  1 x service/setting to have achieved the One Small Thing TI Quality Mark
- Continue to support research proposals in partnership with UCLan to evidence outcomes

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Philippa Cross, Associate Director Place Development and Integration, Blackburn with Darwen
DATE:	Tuesday, 5 March 2024

SUBJECT: Dying Well Update

1. PURPOSE

To provide and update of what is happening across Lancashire and South Cumbria and Blackburn with Darwen regarding the 'Palliative and End Of Life Care (PEOLC) and Dying Well' work programme. The report also provides the Health and Wellbeing Board with an overview of key emerging priorities for Blackburn with Darwen in regards to improving palliative and end of life care, following a recent "Getting to Outstanding" review.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board are recommended to:

- Note the updated provided in regards to the development of plans to improve end of life care in Blackburn with Darwen and across the wider Lancashire and South Cumbria footprint
- Agree to the establishment of a BwD Dying Well Steering Group to collaboratively refine the improvement plan for palliative and end of life care and oversee its delivery.

2. BACKGROUND

It is broadly recognised that opportunities to support people to die in their preferred place of death, with appropriate early identification of end of life and high-quality advance care planning are significant. The potential for improved patient experience and system wide efficiencies could be realised with more integrated working and transformation to service provision. There is one opportunity to get it right for people when they die and to support their loved ones, carers, and family in the journey of death and bereavement.

<u>National context</u>

The Health and Social Care Act 2022 places statutory responsibilities for Integrated Care Board's to commission palliative care services to meet the needs of their population. Alongside this the new Care Quality Commission inspection framework requires adult social services directorates to show how they are supporting people at the end of their life to have comfortable, dignified and pain-free deaths.

The national "Ambitions for Palliative and End of Life Care framework for local action 2021 – 26" around set out six very clear ambitions.

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing

4. Care is co-ordinated
5. All staff are prepared to care
6. Each community is prepared to help

Lancashire and South Cumbria context

The Lancashire and South Cumbria Integrated Care Partnership Strategy sets out clear system level ambitions for end of life care which include:

- The citizens of Lancashire & South Cumbria to be supported to live well before dying in peace and with dignity in the setting of their choice.
- Equitable access to end of life care for the citizens of Lancashire and South Cumbria.
- End of life care to be of high quality and person centred.
- End of life care in Lancashire and South Cumbria to reflect national best practice; fulfil the priorities set out in the NHS long term plan and achieve the ambitions within the ICB joint forward plan.

The Lancashire and South Cumbria (LSC) Integrated Care Board (ICB) has committed to the following actions in order to achieve these ambitions:

- We will define what the commissioning of an outstanding PEOLC patient journey looks like from the point of identification, through to death and bereavement;
- We will utilise the North-West model for life limiting conditions and the national ambitions framework to frame the journey
- The Integrated Care System as a whole, will then use the defined outstanding patient journey as a specification for the provision and commissioning of PEOLC across Lancashire and South Cumbria
- Place Based Partnerships will benchmark services against the defined outstanding journey
- The AMBITIONS self –assessment tool will be adapted to support the review.

The ICB have worked with the LSC PEOLC clinical network, part of the Northwest Coast clinical networks to transform the local approach to PEOLC to reflect the National Ambitions Framework and NHS Long Term Plan commitments and subsequently developed a “Getting to Outstanding” (GTO) framework. All the place-based partnerships (PBPs) in LSC were then requested to complete a baseline review against the GTO framework, in order to help them understand where key improvements in support for patients and their families could be made. It should be noted that the first phase of this framework was to consider care and support for adults, and the second phase, which is currently being developed by the ICB, is to look at care and support for children and young people.

Blackburn with Darwen context

In Blackburn with Darwen we know that:

- More people die in hospital than in any other place and this is higher than the England average
- There are significantly less people dying in care homes compared to the North West and England average
- Fewer people are identified as being at end of life in primary care, than in Lancashire and South Cumbria and in England as a whole

The JSNA highlights specifically that:

- a greater proportion of the borough’s residents die in hospital compared to England, and a lower proportion die in care homes
- a greater proportion of people aged 85 and over die in hospital compared to England (44.1% compared to 38.8%)
- For residents aged 65 to 84, the proportion who die in a hospital is 56.9% compared to 47.9% nationally.

The Blackburn with Darwen Health and Wellbeing Strategy confirms that dying well is a key ambition for through borough, the strategy sets out key commitments for delivery, which are intended to address health inequalities, these are:

- Engage with communities to inform our approach to end of life planning and bereavement support considering the differing requirements of our communities and how we can best we can support these.
- Normalise conversations around end of life and planning for end of life by raising awareness of talking about dying with the public through community campaigns.
- Develop and deliver our local approach to end of life planning for our residents and build capacity through a network of End of Life Champions.
- Support people to complete advance and emergency care plans with their loved ones and the professionals who are supporting them.
- Working with our partners across Lancashire and South Cumbria to gain a full understanding of bereavement support availability and capacity across and ensure that our residents have improved access to this support.
- Develop and implement a Bereavement Improvement Plan to develop knowledge, skills and confidence with our communities

The Getting to Outstanding review was undertaken in Blackburn with Darwen from September – November 2023 and involved focus groups and discussion sessions with a wide range of stakeholders from across the NHS, local authority, VCFSE and hospice sector. Improvement planning against the review findings remains underway at the time of writing, but the key emerging actions are summarised within this report for the benefit of the Health and Wellbeing Board.

In support of the GTO review, the PBP commissioned Healthwatch Blackburn with Darwen, to undertake resident insight work over the summer of 2023 in order to understand residents views and experiences of end of life care. This work was the first of its kind in LSC and has subsequently informed not only the BwD improvement planning, but also the wider LSC planning. The full report is attached at Appendix A for the information of the Health and Wellbeing Board.

This report now sets out key issues and findings in relation to palliative and end of life care in BwD, and outlines proposed next steps.

3. RATIONALE

The work outlined in this report supports the Health and Wellbeing Board's strategic priority around dying well where all residents are encouraged to feel comfortable in talking about planning for dying, and to be well supported when a loved one dies. The aim of the Health and Wellbeing Strategy is to ensure that the adults, children and young people of Blackburn with Darwen to live well, before dying with peace and dignity, in the place where they would like to die, supported by the people important to them.

It should be noted that, at this present time, the main contents of this report focus on care and support for adults, work to identify key improvement actions for children and young people will be undertaken during 2024, in line with the ICB's current phased approach to the Getting to Outstanding reviews.

4. KEY ISSUES

Healthwatch Blackburn with Darwen carried out six focus groups across the borough in Summer and Autumn 2023 with residents from a range of ages and ethnic backgrounds. The focus groups were framed around four key areas of: -

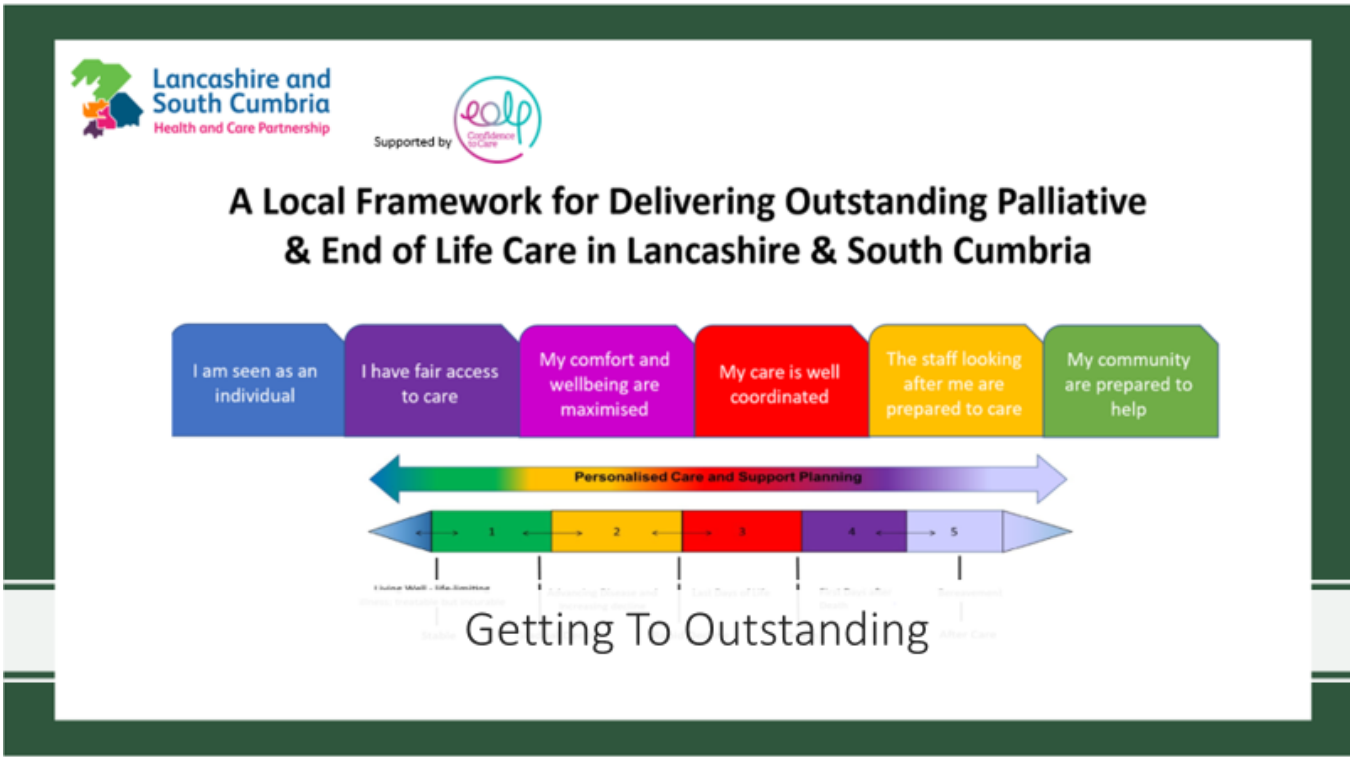
- The individual's needs and wishes
- Family and carers needs and wishes
- Involvement of Health and Care Professionals at the end of life
- Talking about dying within our community

The following recommendations were made based on feedback from residents:

- Importance of flexible advanced care planning - there was an overall lack of awareness around advanced care planning. Residents also felt that professionals should respect individual's decisions to change these plans and be flexible in the support they provide at end of life.
- Respect for individuals' wishes – this was particularly important for Muslim residents who felt that hospital professionals should listen rather than do what they think is best.
- Funeral planning – greater support for individuals and families to plan financially for end of life would be beneficial including join promotion between the voluntary sector and local law firms of free wills month.
- Bereavement Support – the need for better awareness and wider provision of bereavement support that is person centred as well as a need for 'anticipatory' bereavement support.
- Education for young people on death and coping with bereavement – education on bereavement should be included in PHSE lessons in both primary and secondary schills to help young people talk freely about it. Wellbeing champions in schools could also offer peer to peer support. Young people also wanted suicide awareness training in schools.
- Role of GP and other professionals in starting the conversation early – GPs should initiate conversations about end of life. Also the wider involvement of professionals should include organisations such as the Council's social prescribers, the Hospice and voluntary sector organisations.

Getting to outstanding review in Blackburn with Darwen

The GTO approach is structured to allow local systems to "score" themselves against a range of criteria aligned to the six national ambitions for Palliative and End of Life Care.



Level	Locality Level Descriptor
Level 0	Not at all ready to achieve/ anticipate barriers to achievement
Level 1	Desire to achieve this ambition but there are currently no plans in place
Level 2	Plans are in place towards achieving this ambition
Level 3	Limited achievement across one or two organisations within Place only
Level 4	Partially achieving e.g. across most, but not all care settings within Place
Level 5	Fully achieving e.g. across all care settings at Place, with supporting evidence available
Level 6	Fully embedded at Place including regular outcome monitoring and review

Marie Curie UK were engaged by the ICB to support place-based partnerships in undertaking their Getting to Outstanding reviews. In Blackburn with Darwen the review was undertaken in a manner that aimed to ensure as many stakeholders were able to input as possible. The approach included:

- Self-assessment against getting to outstanding ambitions undertaken internally
- Ambitions 1, 3 and 4 identified for broader stakeholder input and a “deep dive” review
- On-line survey to wider partnership group
- Smaller focus groups completed with Intermediate Care Allocation Team (ICAT); District nurses and East Lancashire hospice; BwD Council; Care sector; ELHT Specialist Palliative Care and bereavement support leads
- Workshop 1 – testing what we’ve heard, identifying key priorities to action plan against
- Workshop 2 – action planning
- Cross-referencing of Healthwatch insight and recommendations as a proxy for patient/resident voice

A range of key actions were identified through this process including:

- Early identification and advance care planning needs to be undertaken more consistently – there is an opportunity to explore the role of wider workforce e.g. social care and VCFSE in supporting identification
- More focus needed on Gold Standard Framework reviews and INT meetings to ensure people’s care is co-ordinated – support early identification in general practice
- Increase bereavement support including anticipatory support to prepare people for grief – opportunity to raise awareness of wider support that is available, including wellbeing support for people who don’t need formal therapy
- Record sharing is still difficult – supporting the planned role out of “My Wishes” will help put people in control of their own information and and allow them to chose who to share with
- Improve relationships with care homes and offer more support including training on care planning
- Carers identification and support – people don’t recognise themselves as being “carers” they are “just” loved ones – opportunity to support better identification and referral for carers assessment with social care
- Massive opportunities with our young people – normalise conversations – explore including in local schools
- Opportunity to learn from our communities and stop over medicalising everything
- Seize opportunities to work with faith sector and strengthen their role

Work is underway, with partners to establish a detailed action plan, with milestones and key impact metrics against these key improvement areas.

As some health and care providers deliver support for residents across Blacburn with Darwen and East Lancashire, specifically East Lancashire Hospitals Trust, North West Ambulance Service and East Lancashire/Pendleside Hospice, the GTO review has been developed in tandem with the East Lancashire locality team. A joint action planning session, with professionals from across both places, is schedule for 27 February, this will allow the opportunity to identify actions that can be delivered once across Blackburn with Darwen and East Lancashire; actions that are important to both that can be recommended to the ICB/LSC system for delivery and those actions which need

to be delivered, uniquely, in each place. Following this session the BwD improvement plan will then be finalised and socialised with all stakeholders.

Dying Well Steering Group

Following the development and finalisation of the BwD improvement plan, it will be necessary to ensure that all partners are taking action to deliver relevant actions and that progress and impacts are monitored. It is therefore proposed that a BwD Dying Well Steering Group be established to collaboratively refine the improvement plan and oversee its delivery. The Steering Group would hold the following remit:

- Assure the HWBB against the delivery of actions detailed within the Health and Wellbeing Strategy and the impact for people
- Assure the ICB against the delivery of actions detailed within the GTO improvement plan
- Advise the PBP Board of key actions that need to be delivered and seek commitment to delivery
- Alert the PBP to any barriers/delays to delivery and secure actions to mitigate these
- Assure themselves that any actions identified for delivery by the ICB or wider system are delivered effectively for the people of BwD and escalate as necessary should these actions not be delivered

Next steps

Following discussion with the HWBB, the steps to complete the improvement plan for palliative and end of life care in BwD will be undertaken. This will involve collaboration with partners with BwD and wider across the East Lancashire and ICB footprint, in order to ensure those actions that can be delivered once across the system are owned and that those actions relevant to BwD are clear and understood.

If supported, a Dying Well Steering Group will be established with membership drawn from local organisations as relevant to drive the delivery of the improvement plan.

An progress report will be provided back to the HWBB in due course.

6. POLICY IMPLICATIONS

There are no changes to local policy required as a result of this report.

The actions and approaches outlined within this paper support the Council and the ICB to deliver on the national requirements to provide people with effective care and support as they approach the end of their life.

As the Getting to Outstanding improvement plan is finalised, any changes to local policy or processes that are identified will be subsequently discussed with the Council, ICB and any other relevant organisations, with changes being enacted through organisational governance as required.

7. FINANCIAL IMPLICATIONS

There are no financial implications resulting from this report. As the Getting to Outstanding improvement plan is finalised, work will be undertaken to identify any costs required to deliver improvement actions, these will be subsequently discussed with the LSC ICB and any other relevant organisations. However, it is recognised that given the financial constraints on the health and care system, most of the actions will be no cost and will likely require changes to existing processes or use of existing capacity, rather than additional investment.

8. LEGAL IMPLICATIONS
There are no legal implications resulting from this report.

9. RESOURCE IMPLICATIONS
Organisations are recommended to support their workforce to increase their skill knowledge and confidence to deliver high quality end of life care. This will include increasing the number of staff and volunteers across Blackburn with Darwen who have completed training in palliative and end of life care, personalised care and support planning and whom report improved confidence, knowledge and skills.

10. EQUALITY AND HEALTH IMPLICATIONS
The Healthwatch insight work identified that different members of our community experience death and dying in different ways and as such and actions that are developed through the Getting to Outstanding review will need to be developed in a culturally sensitive, inclusive way, in order to ensure that right interventions are developed for different communities, different health inclusion groups and for people with different conditions, such as dementia. It is anticipated that further engagement and co-production work will be required in order to tailor actions accordingly, this will be a key piece of work for the Dying Well Steering Group to develop.

An EIA toolkit has not been completed at this time as no definitive actions are proposed. Once actions have been fully identified the appropriate EIAs will be undertaken.

11. CONSULTATIONS
Various stakeholders were engaged in the Getting to Outstanding review process, including representatives from all health and care organisations, VCFSE and hospice sector. Local residents were engaged for their views through the Healthwatch insight work.

VERSION:	**1**

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DATE:	22.02.24
BACKGROUND PAPER:	n/a

Dying Well - Views and Experiences of Residents in Blackburn with Darwen

healthwatch
Blackburn with Darwen

Contents

Background to Our Engagement

Dying Well Strategy Development

Blackburn with Darwen Borough Council is developing a 'Dying Well Strategy' for the first time which will form part of the borough's overall Health and Wellbeing Strategy 2023-2028. The reason for the development of this strategy is laid out in a policy document as described below.

"It is our aim for the adults, children and young people of Blackburn with Darwen to live well, before dying with peace and dignity in the place where they would like to die supported by the people important to them.

Poor end of life care and planning hugely impacts families and friends who suffer and find not knowing end of life arrangements stressful, hard work and difficult emotionally, as well as health and care partners, local authorities and local community organisations who may end up dealing with a person's matters that they sadly know little about.

"We also recognise that the loss of loved ones, whether anticipated or sudden, can have a significant and long-lasting impact of individuals, families and communities. We aim for those affected to be able access to excellent bereavement support.

"More people die in hospital than in any other place and this is higher than the England average. There are significantly less people dying in care homes compared to the North-West and England average. Fewer people are identified as being at end of life in primary care than in Lancashire and South Cumbria and in England as a whole."

'Getting to Outstanding' for Palliative and End of Life Care

In addition to the development of this strategy, Blackburn with Darwen Place Based Partnership is working with Marie Curie to undertake a review of palliative and end of life care services and support in the borough, in order to understand how we are delivering against the National Ambitions for End of Life Care and the National Quality Improvement Programme of 'Getting to Outstanding'. In Blackburn with Darwen we want to take a whole partnership approach to defining an outstanding Palliative and End of Life Care Patient journey from the point of identification, through to death and bereavement.

Healthwatch Blackburn with Darwen's Engagement

Listening to people's views and experiences of support for individuals and families/carers is key to developing an approach to end of life care that meets the needs of our residents. Healthwatch Blackburn with Darwen carried out engagement with groups to gather this feedback and share this with Blackburn with Darwen Council's Health and Wellbeing Board and Place Based Partnership. The findings from this engagement are captured within this report.

Methodology

Healthwatch Blackburn with Darwen carried out six focus groups across the borough in Summer and Autumn 2023 with residents from a range of ages and ethnic backgrounds. The focus groups were framed around four key areas of:-

- The Individual's Needs and Wishes
- Family and Carers' Needs and Wishes
- Involvement of Health and Care Professionals at the end of life
- Talking about Dying within our Community

We engaged with 43 residents through our work and the focus groups we carried out were with:-

BwD Carers' Service Asian Carers Group – 6 members, all British Asian background
Ash Grove Food Club in Darwen – 5 members, all White British Background
Kiran Ladies Group in Bastwell – 6 members, all British Asian background
Little Harwood Ladies Group – 9 members, all British Asian background
Newground Hub group in Shadsworth – 5 members, all White British background
Strategic Youth Alliance Youth Forum – 12 members, 9 British Asian background and 3 White British background

Healthwatch Blackburn with Darwen would like to thank all the members of the group for their time and being so open about their views and experiences of a sensitive topic.

Executive Summary and Recommendations

The findings from our focus groups are included within the body of this report. However, please find below recommendations for organisations within the borough.

Importance of flexible advanced care planning

There was a lack of awareness amongst people we spoke with about advanced care plans to help ensure that people have choice and control over what happens to them and improve the quality of end of life care they receive. These should be made available on websites of health and social care professionals and voluntary sector support agencies. Residents also felt that professionals should respect individuals' decisions to change these plans and be flexible in the support they provide at end of life.

East Lancashire Hospice delivers education sessions for employees of the local authority, primary and secondary care, care agencies, education settings and voluntary sector on advanced care planning. Increased awareness and uptake of this training would help increase the number of organisations across the borough who can support individuals to do this.

Respect for individuals' wishes

A key message from residents we spoke with was for professionals to respect individuals' wishes. This was very important for Muslim residents we spoke with – hospital staff should limit touching the body and respect families' refusal of a post mortem.

Funeral planning

Greater support for individuals and families to plan financially for end of life would be beneficial including joint promotion between the voluntary sector and local law firms of free wills month.

Bereavement Support

The need for better awareness and wider provision of bereavement support in the borough was a key theme from discussions in our focus groups. It was clear that people felt that this provision should be person-centred because people's experiences of grief at the loss of a loved one can be very different. A need for 'anticipatory' bereavement support was also highlighted through our discussions.

In addition to our engagement through focus groups, we spoke with the Head of Community Supportive Care at East Lancashire Hospice. The Hospice are carrying out engagement in communities to increase awareness of their services currently, including their bereavement support. This is available to anyone over the age of 16 who is grieving, irrespective of time, cause or relationship, and is registered with a GP in Blackburn, Darwen, Hyndburn or the Ribble Valley. There is no requirement to have had previous contact with hospice services.

Increased promotion of this support across both the statutory and voluntary sector would help increase awareness of bereavement support in the borough amongst residents. However, there is a waiting list for this support, therefore additional funding to extend this provision, for which there is a clear need, would be important to extend their offer.

Although the Hospice only provides support to residents aged 16 and over, we would recommend that they visit youth groups across the borough so that young people are aware of what support is available for their family and carers. An alternative youth offer would be beneficial for young people and should be explored by BwD Public Health.

Promotion of Cruse website by the Wellbeing Service, health and social care professionals as well as the voluntary sector would also help meet the gap in need for bereavement support.

Tailored additional support for carers after a bereavement was felt to be important and we would recommend that BwD Carers Service 'Life After Caring' course is promoted widely to residents and potential joint working between Carers Service and the Hospice be explored.

Education for Young People on Death and Coping with Bereavement

We would recommend that education on bereavement is included within PSHE lessons both in primary and secondary schools to help young people talk about it freely, something they are not always able to do with family and carers. Support should be available from any trusted professional they feel most comfortable to talk with. Wellbeing Champions in schools could also offer peer to peer support.

Young people recommended that a website like Kooth would be beneficial to support them through a bereavement and give them to talk anonymously with young people who have experienced the same loss or to a counsellor. We would recommend that this is explored by BwD Public Health.

Young people also wanted suicide awareness training in schools to help raise awareness and help them deal with the loss of a loved one through suicide. We would recommend that Papyrus provide training for young people across all secondary schools in the borough. We would also recommend that schools take a whole school approach to supporting their students when the school experiences loss of a student to suicide.

Role of GP and health professionals in starting the conversation early about end of life

Individuals and families felt that it would be best if the GP could initiate a conversation about end of life with both the individual and family/carers and then involved wider health and social care professionals in the support required in the last twelve months of life. The wider involvement of professionals should also include organisations such as the Hospice and voluntary sector organisations such as BwD Carers Service.

Equally the role of the faith sector in offering holistic support for individuals and families and carers should be taken into close consideration in this preparation for end of life.

Training for health professionals both in primary and secondary care to have these difficult conversations would help improve the quality of preparation for end of life and help everyone plan palliative care in a way that is person centred and not rushed.

Findings

Meeting The Individual's Needs and Wishes

Respect for the Individual's Wishes

People we spoke with felt that the individual's needs and wishes should be respected by both family members and health and care professionals. Some stated that engaging family members in discussions about death can be difficult because 'they don't want to talk about it' but felt that talking about making a will early and planning for death is important.

"I want my body to go to medical science. I've discussed it with all my children – I know not all of them agree with me but they've accepted to respect my wishes."

Equally important was respect by medical professionals at the end of life, "they need to listen and not do what they think is best." This was very important for Muslim residents we spoke with.
"The less the body is touched the better. A post mortem should not happen if it can be avoided – family will often not give permission for it."

Advanced Care Planning

One lady shared her concerns about having her needs met as a single person at the end of life.
"Information sharing is so important…My worry is who should hold that?..I'm a single person so who will know what I want – who can advocate for me when I can't?"

There was a lack of awareness amongst people we spoke with about advanced care plans which are accessible online to help ensure that people have choice and control over what happens to them and improve the quality of end of life care they receive.

Some people we spoke with had already planned their funeral arrangements because they felt that it would take the pressure off their children when the time comes. Planning is important to help ensure that funerals are a celebration of a person's life and a positive event.
"I'd want my funeral to be fun and I would like people to say goodbye and celebrate my life."

Members of the Little Harwood ladies' group stated that "In Islam you have to make a will so it's just accepted that this will be in place early on." However, when we spoke with members of the SYA forum and their youth workers, some felt that although this is expected according to their religion, this was not always the case in practice. They also stated that some people have two wills in place – one is a religious will and the other is 'for the state'.

For Muslim residents, having family present at the end of life was extremely important as well as a spiritual representative, in whatever setting the individual is in.

Meeting Family and Carers' Needs and Wishes

Bereavement Support

The need for better awareness and wider provision of bereavement support in the borough was a key theme from discussions in our focus groups. It was clear that people felt that this provision should be person-centred because people's experiences of grief at the loss of a loved one can be very different.

"Unexpected deaths can really take it out of you. It's draining emotionally. Support to get through it would help."

"When my mum died, I went through several stages of emotions – anger, resentment and then upset. I had a series of sessions with a counsellor and that really helped me. Emotional support for families and carers is so important."

Professionals should recognise that everyone is different and need different levels of support and at different times – bereavement support should be available at any point after death. A number of people we spoke to had lost family members during the Covid-19 pandemic and were not able to attend their funeral, missing out on a key part of the grieving process.

"Not being able to say goodbye to my parents who died in the pandemic was really hard. Funerals give that opportunity to grieve but also to celebrate their lives."

People also felt that 'anticipatory bereavement support' should be provided within the borough to help them deal with coming to terms with losing a loved one.

"It would be helpful if professionals helped you prepare for death. My mum died when I was 19 and I had younger siblings – we just had to deal with it, no one asked us about counselling."

"I'm really struggling with the thought of losing my mother. I see her every day and I can't bear the thought of losing her of having to tell my son when it happens."

Young people we spoke to had very little knowledge of bereavement support that is available to them or what services exist in the borough. They felt that bereavement services should attend youth groups so that they are aware of what support is available, particularly for young carers to help them have the skills and knowledge to deal with the loss of a family member.
Members of the group also felt that a resource similar to Kooth (mental health online support) would be beneficial for young people to access for bereavement support where you can be anonymous and ask questions of trained bereavement counsellors or take part in group chats with people who have gone through similar situations.

Importance of Planning

Planning for death was felt to be important to people to be able to take the pressure off family and carers at an already difficult time.
For many, it was important for family to be present at the death of a loved one in whatever setting.

“Families need to be able to focus on celebrating their loved one’s life, not having to focus on the death – so we need to plan earlier to make things easier for everyone. Some people on here today just won’t talk about it but you have to.”

Role of Family and the Wider Community

Family provide a great support network in supporting one another at the time of loss of a loved one. One member of our focus group in Darwen had moved up to Darwen a few years ago and commented on the difference she had noticed.

“It feels like families play a huge role in supporting each other locally – it’s not like that in other parts of the country. Maybe it’s because people don’t move away as much but there’s more of a support network.”

Young people felt that they were not included in family discussions around family members dying.

“I’ve just been told “you’ve got to go and say your goodbyes” and nothing more is said about it. We need to be able to talk about it more.”

For the majority of Muslim members of our focus groups, they felt that there was not as great a need for bereavement support because of the huge community support around the family.

“Friends and family have to bring food for 4 days after the death which allows the family the time to focus on themselves. That said, it can mean that you don’t have time to grieve properly because there are too many people around…You just need that space.”

A member of the Youth Forum noted the importance of community groups in supporting families.

“There’s a group called Brookhouse Development group in Blackburn and they go and clean up the graveyard. I’m a member of the group. I think it helps people come to terms with the death of a loved one and they take pride in looking after the graves and making them look nice.”

Tailored Support for Carers

People felt that there should be dedicated support for carers after bereavement to help them navigate their life after being a carer.

“As a carer you are not just grieving the person, you are grieving the time given to them. Suddenly you are left with a huge gap in your life.

Involvement of Professionals

Person Centred Planning

Residents felt that it was important for professionals to discuss what is right for the individual at the end of life as early as possible and equally important for there to be flexibility allowed in these plans as their needs/desires change.

“It would be good if professionals could start the conversation about dying earlier – particularly when having to deal with palliative care. My dad had palliative care and I just felt like everything was a rush, I had no time at all to think about myself, my family and my emotions about it all.”

“Flexibility in plans at the end of life is really important. I might not want a DNAR but closer to the end I might feel that would be better rather than experiencing a lot of pain.”

People wanted professionals to listen actively to them and respect their wishes. For Muslim members of the community we spoke with, it was very important that the doctor should not do anything with the body.

“It feels like you are fighting the system about where you want to die or a loved one wants to die. It felt like I had to fight my father’s GP to listen to me about my father dying at home.”

“My mum had a massive stroke and clinicians still gave her active treatment despite her being in pain and she refused a feeding tube. It felt like there was no discussion about what was right for her at the end of her life.”

However, there was recognition that it is not always easy to identify people at the end of life and there are unexpected deaths which may not be picked up early by professionals.

Role of GP in initiating conversations and wider professional support

Residents wanted this initial conversation to take place with their GP with either the individual or family members taking the lead, whichever feels right for the individual and for the conversation to take place with someone they trust. Young people stated,

“They should be trained to have difficult conversations with people and to signpost them to support that is available because none of us know what bereavement support services exist in the borough.”

Members of the groups felt that early conversations would help planning but also help the focus at the end of life be on quality time with their loved one.

“It would help family members to start focusing on their loved one and stop being ‘busy’ with their everyday life and build in time for them in the last months of life”.

They also felt that wider involvement of professionals was important, both within health, social care and voluntary sector.

“I think that although the GP might initiate conversations about end of life, they should not have to take it all on. It would be good if they linked up with social prescribers to make sure that the individual is able to have the social networks they want in the last year of life and also that family and carers can be linked to organisations such as the Hospice or Carers Service so that they are getting the help they need.”

“Dementia is such a horrid journey for both the individual and the family – you need extra support to get through that.”

People we spoke with felt that support around financial planning, advice on care homes and wider advanced care would be helpful to families.

Importance of the faith sector

The role of faith leaders in supporting individuals and family/carers at the end of life should not be underestimated and in ongoing bereavement support.

“The bereavement service in church just before Advent was a beautiful time to reflect. The church is also planning something similar this year on All Souls Day.”

“A spiritual person should be there to accept their final prayer of faith in Allah.”

Talking about Dying

Creating Space to talk about Dying

The majority of residents we spoke with, acknowledged that we do not talk about death enough as a society, with a sense that because we are living longer people want to put off any thoughts of dealing with bereavement.
“Now we’ve become so sanitized and we’re living longer, though not necessarily better, so no one wants to talk about it.”
“It doesn’t seem to be part of British culture to be able to have the time and space to grieve. We’re given 3 days then you have to switch back to normal life.”

People felt that talking about dying was similar to talking about mental health and emotional wellbeing, with many still not opening up about the issue.

“We’re scared of emotions – we need time to grieve and not just ‘keep busy’. It feels like we don’t want to deal with the inevitability of loss.”

We discussed the role of death cafes in our focus groups and some people could see the benefit in them because people often find it easier to talk to strangers or friends rather than family about their experiences of loss – potentially for fear of adding additional burden on family members at a difficult time.

“It’s been easier to talk about dying here than with my family.”

“Family members tend to shut down conversations about end of life because they don’t want to hear it and – children don’t want to consider losing their parents.”

Members of the group in Darwen felt that it would be beneficial for residents to have tours of crematoriums to help allay the fear of what happens there.

Importance of reflecting on death within Islam

Muslim residents in our focus groups felt that because death is reflected on regularly within their spiritual books and in daily prayers, it is much more accepted within their community.

“Spiritual guidance is really important for us, particularly as you get older, say from 50 onwards. You start to prepare yourself for it.”

One youth worker at the youth forum also commented on the mosque’s role in supporting families both financially as well as spiritually at the time of loss of a loved one. Mosques have death committees to help families with the financial burden of funerals.
“Death is seen as a joint responsibility and everyone pays their respects.”

However, it was still felt that although death was more readily accepted, people still struggled to talk about it.

Educating Children and Young People

Several members of the focus groups reflected on the role of pets in children's lives in helping them to learn about the cycle of life and how to deal with bereavement. One woman stated that there were good books for young children to learn and talk about death.
"My granddaughter is 5 and she's convinced family members are going to die. I've found some nice children's books which help talk about death and I think having pets help children be more aware of life and death."

However, members of the SYA forum felt that more should be done with older children and young people. The overriding feedback from the group was that schools should talk more about it with students – including death and bereavement as part of PSHE lessons and ensuring that they can have support from an adult they trust.

"Teachers should be told if a young person has lost a friend or family member so that they can be sympathetic to their situation and help them get back on track. We would want to talk to someone we know and trust about bereavement – that could be a teacher, youth worker or maybe a school counsellor or the mental health in schools team."

They also felt that suicide awareness training should be offered in secondary schools. They commented on the impact on the whole school when a young person dies by suicide. One school put extra support in for students in that year group but a whole school approach would be beneficial.

Members of the group also suggested that Wellbeing Champions (students) could also have training around death and bereavement so that can offer peer to peer support and help signpost young people to agencies or staff who could offer further support.

Appendices – Focus Groups

5 members from Shadsworth Newground Hub (29/6/23) All White British

The Individual's Needs and Wishes

"I want my body to go to medical science. I've discussed it with all my children – I know not all of them agree with me but they've accepted to respect my wishes."

"I'd want my funeral to be fun and I would like people to say goodbye and celebrate my life."

"When I had a heart attack, my wife and I decided then to start putting money aside to pay for our funerals so that our children don't have that pressure."

"My dad knew exactly what he wanted and that made things so much easier for me and my brother. I'd want to tell my children the same. Planning is so important."

Family/carers' Needs and Wishes

"Covid was horrible and denied so many people of the opportunity to say goodbye or to mourn properly."

"When my mum died, I went through several stages of emotions – anger, resentment and then upset. I had a series of sessions with a counsellor and that really helped me. Emotional support for families and carers is so important."

"Families need to be able to focus on celebrating their loved one's life, not having to focus on the death – so we need to plan earlier to make things easier for everyone. Some people on here today just won't talk about it but you have to."

Involvement of Professionals

"I think that although the GP might initiate conversations about end of life, they should not have to take it all on. It would be good if they linked up with social prescribers to make sure that the individual is able to have the social networks they want in the last year of life and also that family and carers can be linked to organisations such as the Hospice or Carers Service so that they are getting the help they need."

“Dementia is such a horrid journey for both the individual and the family – you need extra support to get through that.”

Talking about Dying

“My gran aged 9 helped her mum lie people out. People were used to talking about and seeing death then. Now we’ve become so sanitized and we’re living longer, though not necessarily better, so no one wants to talk about it.”

“Having pets has helped talk about death with children and helping them realise about life cycles. It also helps introduce them gently to the mourning process.”

5 members from Ash Grove Food Club, Darwen (12/7/23) All White British

The Individual's Needs and Wishes

"It's so important to make sure the individual's wishes are respected by professionals at the end of life. They need to listen and not do what they think is best."

"Information sharing is so important to make sure an individual's needs are met. My worry is who should hold that? I don't want anyone medicating my emotions at the end of life. I'm a single person so who will know what I want – who can advocate for me when I can't?"

"We need to be able to talk about needs and wishes earlier. Especially where someone might have the onset of dementia."

"It's hard to think about writing a will but people should do it sooner rather than later."

"I've written my will and I've planned my funeral including the poems and songs I want. My family all know."

Family/carers' Needs and Wishes

"Access to emotional support before a loved one dies and after is really important. There should be 'anticipatory death support' – I'm really struggling with the thought of losing my mother. I see her every day and I can't bear the thought of losing her or having to tell my son when it happens."

"Counselling is really important for families – people have a fear of losing someone and need support to deal with grief and the process of dying."

"Getting a loved one to a GP to start the conversation about end of life can be a problem if they are in denial."

"As a carer you are not just grieving the person, you are grieving the time given to them. Suddenly you are left with a huge gap in your life."

"It definitely helps family members if the individual starts to prepare for end of life themselves. It just takes some of the pressure off at a difficult time."
"Not being able to say goodbye to my parents who died in the pandemic was really hard. Funerals give that opportunity to grieve but also to celebrate their lives."

"It feels like families play a huge role in supporting each other locally – it's not like that in other parts of the country. Maybe it's because people don't move away as much but there's more of a support network."

Involvement of Professionals

"Flexibility in plans at the end of life is really important. I might not want a DNAR but closer to the end I might feel that would be better rather than experiencing a lot of pain."

"My mum had a massive stroke and clinicians still gave her active treatment despite her being in pain and she refused a feeding tube. It felt like there was no discussion about what was right for her at the end of her life."

"It would help a lot if GPs or other health professionals could start a conversation with the individual and the family about them being close to the end of life so that everyone can have time to plan but we just don't know how much time someone has really got. It's not that easy."

"It feels like you are fighting the system about where you want to die or a loved one wants to die. It felt like I had to fight my father's GP to listen to me about my father dying at home."

"Support for advanced care planning would really help. Finding a good care home and working through the financial burden is hard."

"The bereavement service in church just before Advent was a beautiful time to reflect. The church is also planning something similar this year on All Souls Day."

Talking about Dying

"It needs to be a really sensitive conversation about dying."

"We're scared of emotions – we need time to grieve and not just 'keep busy'. It feels like we don't want to deal with the inevitability of loss."

"It doesn't seem to be part of British culture to be able to have the time and space to grieve. We're given 3 days then you have to switch back to normal life."

"The coffin used to be at home for a while in the past so there was a way to grieve and talk about death whereas now that doesn't happen and we've become detached from the process of dying. People are living longer too so people don't want to think about it."

"It's been easier to talk about dying here than with my family."

"It would be helpful to have a tour of a crematorium – people really don't know what happens in them."

"My granddaughter is 5 and she's convinced family members are going to die. I've found some nice children's books which help talk about death and I think having pets help children be more aware of life and death."

6 members from BwD Carers' Service Asian Carers Group (31/7/23) all British Asian

The Individual's Needs and Wishes

"It's really important to talk about what you want. I have told my daughters that I want a DNAR but they just refuse to listen to me, whereas I know that I really don't want resuscitating – if it's my time then it's my time."

"I've already sorted out money for my funeral and I know exactly what I want to happen. It just makes it easier for the family."

"My family members don't want to talk about it but I do – whenever I try to bring it up with my children they just keep shutting down the conversation."

Family/carers' Needs and Wishes

"It would be good if families and carers could have bereavement support – it's a really hard time for everyone."

"Unexpected deaths really take it out of you. It's draining emotionally. Support to get through it would really help."

Involvement of Professionals

"It would be good if professionals could start the conversation about dying earlier – particularly when having to deal with palliative care. My dad had palliative care and I just felt like everything was a rush, I had no time at all to think about myself, my family and my emotions about it all."

"It would be helpful if professionals helped you prepare for death. My mum died when I was 19 and I had younger siblings – we just had to deal with it, no one asked us about counselling."

Talking about Dying

"We just don't talk about it enough – one lady has just left the room because she doesn't want to even think about it but we need to be able to. It's completely natural and happens to all of us."

"It's as if we're closed off from death nowadays, because people are living longer

Kiran Group - 6 members from the Bastwell area (5/9/23) all British Asian

The Individual's Needs and Wishes

It is important for family members to respect the wishes of the individual but more so for healthcare professionals to do so. A spiritual representative should be there at the end of life in whatever setting the individual is in.

The less the body is touched the better. We have heard a lot from people about catheters and other pipes being left in the body – these need to be removed before the body is laid to be washed and shroud placed on it. A post mortem should not happen if it can be avoided – family will often not give permission for it.

Family members' needs and wishes

Family should be with the individual at the time of death. We don't feel there is as much need for bereavement support because we have our family and the wider community who support us through the grieving process. Community is very important to us – it might be different if a person does not have many connections with family though.

Involvement of professionals

The doctor should not do anything with the body. I think it's up to individuals as to whether they want to know if they are in the last 12 months of life. It might be better to talk to family instead.

Talking about death

Death is much more accepted within our community because in Islam we have spiritual books which talk about death and we include it in our prayers. Spiritual guidance is really important for us, particularly as you get older, say from 50 onwards. You start to prepare yourself for it.

Little Harwood Ladies Group - 9 members from Little Harwood (18/9/23) all British Asian

The Individual's Needs and Wishes

In Islam you have to make a will so it's just accepted that this will be in place early on. We always ask for forgiveness in our prayers too so at the end of life, you are at peace. It's important that family are there for the individual at the end of life or if they aren't a spiritual person should be there to accept their final prayer of faith in Allah.

Family members' needs and wishes

There is a lot of family and friends around at the point of losing a loved one. Community plays a big part so you don't have the same need for bereavement support as in other cultures. Friends and family have to bring food for 4 days after the death which allows the family the time to focus on themselves. That said, it does mean that you don't have time to grieve properly because there are too many people around…You just need that space.

Involvement of professionals

It would be good if professionals could start the conversation early about end of life. It would help family members to start focusing on their loved one and stop being 'busy' with their everyday life and build in time for them in the last months of life. Some people might not want to hear the news though or might deteriorate because they know they are at end of life. It might be better if health professionals talked to family members first.

Talking about death

In Islam you should remember death in your prayers 5 times a day so it is in our minds a lot. However it doesn't mean we're good at talking about it! It's easier to talk with friends about it than with family. Family members tend to shut down conversations about end of life because they don't want to hear it and – children don't want to consider losing their parents.

SYA Youth Forum 12 young people (9 British Asian and 3 White British) (31/10/23)

The Individual's Needs and Wishes

The person's wishes should be respected. You would want people to die at home surrounded by family if possible but we know that this can't always be the case.

We should celebrate people's lives – other countries make funerals more of a celebration, we should do that here too.

Parents don't talk about death with us or even preparing for it. None of us know if our parents have a will. In Islam you are meant to have a will and some people have two – one for the state and one for religious purposes. But practically I'm not sure how many people actually make one.

Family/carers' wishes

I think family and friends would be enough of a support network for me if I lost a family member but it might be different for other people. You could probably talk to friends about things more than family members if they are grieving too.

Bereavement services should attend youth groups so that they are aware of what support is available, particularly for young carers to help them have the skills and knowledge to deal with the loss of a family member.

There should be something similar to Kooth for young people to access for bereavement support where you can be anonymous and ask questions of trained bereavement counsellors or take part in group chats with people who have gone through similar situations.

Young people aren't included in family discussions around family members dying. I've just been told "you've got to go and say your goodbyes" and nothing more is said about it. We need to be able to talk about it more.

There's a group called Brookhouse Development group in Blackburn and they go and clean up the graveyard. I'm a member of the group. I think it helps people come to terms with the death of a loved one and they take pride in looking after the graves and making them look nice.

Involvement of Health and Care Professionals

If health professionals know that someone is in their last 12 months of life then they should have the conversation with the individual so that they can prepare for end of life and think about what they want to achieve in that time. They should speak with the individual first and then it's up to them whether they speak with family members and involve health or care professionals in the conversation with family.

You would want to have the conversation with someone you know and trust. Often you don't see the same GP all the time – you would want it to be your family GP who knows you.

They should be trained to have difficult conversations with people and to signpost them to support that is available because none of us know what bereavement support services exist in the borough.

They should always check people's records before appointments – notes are often ignored and the right conversations might not take place because of this.

Talking About Dying

Different cultures and religions treat death differently and it is talked about more in some communities. Mosques have a death committee so if a family can't afford a funeral, they will help them out. Death is seen as a joint responsibility and everyone pays their respects.

We have heard of death cafes in other places in the country and they might help people if they know that they can go and talk about their experiences of grieving with people who are going through the same thing. It can be quite isolating for people, especially if family members are dealing with their own emotions.

Schools should talk more about death and bereavement, it could be included within the PSHE curriculum. Teachers should be told if a young person has lost a friend or family member so that they can be sympathetic to their situation and help them get back on track. We would want to talk to someone we know and trust about bereavement – that could be a teacher, youth worker or maybe a school counsellor or the mental health in schools team.

There should be suicide awareness training in schools. This has a massive impact on students in schools where a young person has died by suicide. One girl in year 10 in my school died by suicide and the school put in extra support for students in her year. It would be good if support could be put in place for the whole school though.

Wellbeing Champions in schools could have some training around death and bereavement so that they can be peer support and help signpost other young people to agencies or staff who can help.

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Abdul Razaq – Director of Public Health
DATE:	Tuesday, 5 March 2024

SUBJECT: Annual Review and update of Health & Wellbeing Board Terms of Reference

1. PURPOSE

The purpose of this paper is to present the annual review and update to the terms of reference for the Health and Wellbeing Board for approval by the Board.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

- Note that the current terms of reference of the Health and Wellbeing Board have been reviewed and no changes are required since the last agreed version in December 2022 – refer to **Appendix 1**.

- Note that the terms of reference be further reviewed in 12 months' time and annually thereafter.

- Note that the ICB and NHS Trust Boards must publish their statement to identify key information on health inequalities and set out how they have responded to it in annual reports under the NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006). The data expected to be published is outlined at: https://www.england.nhs.uk/wp-content/uploads/2023/11/PR2128-i-nhs-englands-statement-on-information-on-health-inequalities.pdf. The update on the statement will be incorporated into the future ICB and place based update reports to the Health and Wellbeing Board.

3. BACKGROUND

Role and Purpose of Health and Wellbeing Boards

The Health and Social Care Act 2012 required the establishment of a Health and Wellbeing Board (HWB) in every Upper Tier Local Authority in England, from April 2013. The purpose of establishing HWBs was to build strong and effective partnerships, which improve the commissioning and delivery of services across NHS and local government, leading to improved health and wellbeing for local people. Health and wellbeing boards are a formal committee of the local authority. Under the 2012 Act, they have a statutory duty, to produce a joint strategic needs assessment (JSNA) and a joint health and wellbeing strategy (JHWS) for their local population.

The minimum membership required for a health and wellbeing board, as follows:

- A local elected representative
- A representative from the local Healthwatch
- A representative from each local clinical commissioning group (CCG)

- The local director of adult social services
- The local director of children's social services
- The local director of public health

HWBs can, at their discretion, invite other organisations to join the HWB to reflect local circumstances and priorities. In Blackburn with Darwen this includes wider elected member representation, along with representatives of the Voluntary Community and Faith Sector and East Lancashire Hospitals Trust.

Current Position

In April 2022 the Government passed the Health and Social Care Act 2022, which sets out how the NHS in England needs to change, working more closely with partners, particularly local authorities, to enable health and care to work more closely together. Under the Act, Integrated Care Systems (ICS) became statutory, charged with bringing the NHS, local authorities and other partners together to plan health and care services and focus on prevention. As leaders of place, local authorities will have an essential role with the NHS to plan and deliver integrated care services, and can act on social, economic and environmental factors that influence people's health and wellbeing.

4. RATIONALE

The advent of ICS and the governance arrangements to support them have implications for the role and operation of the HWB. Whilst the ICS statutory guidance confirms the continued role of the HWB in JSNA and JHWS, 'Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems' suggests the potential for significant overlap in the role and membership of the place-based ICS Board and the HWB.

A review of Place Based Partnership boundaries completed by the ICS in Summer 2022 confirmed the upper tier local authority footprint of Blackburn with Darwen as a place, within the Lancashire and South Cumbria ICS. Non-statutory guidance published in November 2022 clarifies the purpose of HWBs within the new ICS system architecture, to align with the Health and Care Act 2022 and wider place based strategy.

Over the last 12 months the role of the HWB and arrangements for how it will work together with the Blackburn with Darwen Place Based Partnership has continued to evolve. Currently the Place based arrangements have limited financial delegations from the ICB such as the Better Care Fund and Population Health. In recognition of this dynamic picture, and on the grounds of good governance, it is proposed that the Health and Wellbeing Board continue to work with the BwD Place Based Partnership and Leadership Group to join up services and opportunities for improving health and wellbeing and review the terms of reference in 12 months' time, and on an annual basis thereafter. The Lancashire & South Cumbria ICB Integrated Care Partnership (ICP) is chaired by an elected member from Lancashire County Council and is in the early stages of partnership development. The links and synergies between HWB's and the ICP are currently under development.

5. KEY ISSUES

The key issues and changes to HWBs set out in the guidance published November 2022 - Health and wellbeing boards: guidance - GOV.UK (www.gov.uk) are summarised below.

Role and purpose:

HWBs remain a formal statutory committee of the local authority, and will continue to provide a forum where political, clinical, professional and community leaders from across the health and care system come together. Health and Wellbeing Boards will continue to:

- Provide a strong focus on establishing a sense of place
- Instil a mechanism for joint working and improving wellbeing of their local population
- Set local strategic direction to improve health and wellbeing
- Exist as set out in the Health and Social Care Act 2012, and include a representative of the Integrated Care Board (ICB)
- Have responsibility for assessing the health and wellbeing needs of the area and publishing a JSNA, Pharmaceutical Needs Assessment (PNA) and the JHWS, which should directly inform the development of joint commissioning arrangements in the local area, and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.

The guidance accompanies previously published statutory guidance on JSNAs and JHWS, however, the Health and Care Act 2022 amends section 116A of the Local Government and Public Involvement in Health Act 2007, renaming 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies'. Other statutory guidance on JSNAs and JHWS remains unchanged.

Membership:

Following the Health and Care Act 2022, clinical commissioning groups (CCGs) were abolished with effect from 1 July 2022 and ICBs took on their commissioning functions.

The core statutory membership of HWBs is unchanged other than requiring a representative from ICBs, rather than CCGs. HWBs can continue, at their discretion, to invite other organisations to join the HWB. HWBs are advised to review their membership following the establishment of ICBs and ICPs and their associated functions and duties. Any changes should reflect local circumstances and priorities and continue to meet the statutory requirements. NHS England must also, in exercising any functions in arranging for the provision of health services in relation to the area of a responsible local authority, have regard to the relevant JSNAs and JLHWSs HWBs and ICBs: HWBs will continue the relationships they had with CCGs with ICBs. This includes joint forward plans (replacing commissioning plans), annual reports and performance assessments.

Joint forward plans:

Before the start of each financial year, an ICB, with its partner NHS trusts and NHS foundation trusts, must prepare a 5-year joint forward plan, to be refreshed each year.

ICBs must involve HWBs as follows:

- Joint forward plans for the ICB and its partner NHS trusts and NHS foundation trusts must set out any steps that the ICB proposes to take to implement any JLHWS
- ICBs and their partner NHS trusts and NHS foundation trusts must involve each relevant HWB in preparing or revising their forward plan
- In particular, the HWB must be provided with a draft of the forward plan, and the ICB must consult with the HWB on whether the draft takes proper account of each relevant JLHWS
- Following consultation, any HWB within the ICB's area has the right to respond to the ICB and may give its opinion to NHS England
- Within the ICB's forward plan, it must include a statement from the HWB as to whether the JLHWS has been taken proper account of within the forward plan
- With the establishment of ICBs and the abolishment of CCGs, the former requirement for CCGs to share their commissioning plans with HWBs is now removed

Annual reports

ICBs are required as part of their annual reports to review any steps they have taken to implement any JLHWS to which they are required to have regard. In preparing this review, the ICB must consult the HWB.

Performance assessments:

In undertaking its annual performance assessment of an ICB, NHS England will include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting the assessment, NHS England will consult each relevant HWB for their views on the ICB's contribution to the delivery of any JLHWS to which it was required to have regard.

In November 2023 NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) was published - https://www.england.nhs.uk/long-read/nhs-englands-statement-on-information-on-health-inequalities-duty/#4-what-should-relevant-nhs-bodies-include-in-and-alongside-their-annual-reports

This Statement is designed to help relevant NHS bodies (ICB and NHS Trusts) understand their duties and powers and how they can be exercised. It does not create any new legal responsibilities in and of itself. However relevant NHS bodies are required, in their annual reports, to review the extent to which the body in question has exercised its functions consistently with NHS England's views set out in this Statement. In turn, NHS England has a statutory duty to conduct an annual assessment of ICBs including the extent to which they have fulfilled their statutory obligations regarding health inequalities. By adhering to this Statement, ICBs will strengthen their position in that annual assessment.

Role and purpose:

The role and purpose of the HWB in informing and assuring ICS plans including joint forward plans (replacing commissioning plans), annual reports and performance assessment has been incorporated. Membership The core statutory membership of HWBs remains unchanged, ICB representatives will replace CCG representatives, this includes a member of the ICB Board and the joint Director of Health and Social Care Integration for Blackburn with Darwen.

A place based clinical representative link has been established with the Place Based Partnership (PBP) through the BwD Place Director Health and Integration. The additional representation of wider elected members, the Voluntary Community and Faith Sector (VCFS) and East Lancashire Hospitals Trust will continue. The nomination or re-nomination of VCFS representatives will be sought through local VCFS networks. Roles and responsibilities of Board Members.

Members of the Board are asked to re-commit to the following principles in developing their relationships with other parts of the health, care and VCFS system;

- Building from the bottom up
- Following the principles of subsidiarity
- Having clear governance, with clarity at all times on which statutory duties are being discharged
- Ensuring that leadership is collaborative
- Avoiding duplication of existing governance mechanisms
- Being led by a focus on population health and health inequalities.

6. POLICY IMPLICATIONS

Joint Health and Well Being Strategies have been renamed Joint Local Health and Well Being Strategies (JLHWS) and remain a key responsibility of the HWB. The JLHWS will be a key document identifying partnership outcomes and informing priorities to address the health needs of people living in Blackburn with Darwen. The proposals set out in this paper will assist the HWB in progressing the JLHWS, which along with the JSNA, has been used by the Lancashire and South Cumbria ICP to develop the Integrated Care Strategy.

Health and wellbeing boards: guidance - GOV.UK (www.gov.uk)

7. FINANCIAL IMPLICATIONS

There are no additional financial implications arising for the Council as a result of the changes documented in this report.

8. LEGAL IMPLICATIONS

Health and Wellbeing Boards are established under section 194 of the Health and Social Care Act 2012. They are committees of the Council under section 102 of the Local Government Act 1972. The statutory membership is provided for in section 194(2) of the Act. The Board is able to appoint sub-committees and may appoint additional persons to the Board.

The Health and Social Care Act 2012 details two core functions of Health & Wellbeing Board:

- prepare as assessment of relevant needs, through the Joint Strategic Needs Assessments (JSNA),
- prepare a strategy for meeting those needs, through the Joint Health and Wellbeing Strategies (JHWS) The Board also has a duty to promote integration and involve the public.

Other specific powers and responsibilities of the Board includes a duty to provide opinion as to whether local commissioning plans has take proper account of the JHWS, The proposals set out in this paper will assist the Board in delivering these responsibilities under the Act. The Health and Care Act 2022, which received Royal Assent and became an Act of Parliament on 28 April 2022. The Act seeks to enable greater integration between partners across the health (which includes physical and mental health) and social care sector. Section 26 of the Act makes provision for Integrated Care Partnerships and amends the Local Government and Public Involvement in Health Act 2007 so that the integrated care board and all upper-tier local authorities that fall within the area of the integrated care board must establish an integrated care partnership. This creates a joint committee of these bodies made under the new section inserted in the Act. The partnership must include members appointed by the integrated care board and each relevant local authority. The integrated care partnership may determine its own procedures and appoint other members. It is a legal requirement that the Council's Constitution is kept up to date, and any changes to it (apart from amendments to comply with the law) requires approval of the Council.

9. RESOURCE IMPLICATIONS

The principle resource implications of this paper is the time of officers from those constituent organisations of the Board to support the implementation of the recommendations.

10. EQUALITY AND HEALTH IMPLICATIONS

The Health and Wellbeing Board will continue to have a fundamental role in the improvement of health and wellbeing for the residents of Blackburn with Darwen. The revised terms of reference will place an increased focus on population health and inequalities supported by the JSNA and JLHWS. This will support a more joined up approach to planning and delivering health and wellbeing services to local communities.

11. CONSULTATIONS

The Department of Health and Social care consulted with all sectors in the development of the November 2022 guidance to HWBs.

VERSION:	**1**

CONTACT OFFICER:	Abdul Razaq – Director of Public Health
DATE:	12th February 2024
BACKGROUND PAPER:	HWBB paper ToR Review 2022 for Dec 22 Board.pdf (blackburn.gov.uk)

APPENDIX 1

BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE – Reviewed February 2024

Introduction

Health and Wellbeing Boards are a key element of the Health and Social Care Act 2012, as a means to deliver improved strategic co-ordination across the NHS, social care, children's services and public health. Boards are required to assess the needs and assets of the local population, produce a strategy that addresses these needs and builds on any assets, influences commissioning plans of organisations and promotes joint commissioning and integrated provision.

The Health and Care Act 2022 formally created the Integrated Care Systems across the country. They are made up of two parts – an Integrated Care Board (ICB), an NHS organisation with responsibility for allocating the NHS budget and commissioning services for the population, taking over the functions previously held by clinical commissioning groups (CCGs), and an Integrated Care Partnership (ICP) a statutory joint committee of the ICB and local authorities in the area. It brings together a broad set of partners to support partnership working and develop an 'integrated care strategy', a plan, informed by health and wellbeing strategies, to address the wider health care, public health and social care needs of the population.

The Lancashire and South Cumbria Integrated Care Board (ICB) was formally established as a new statutory body on 1 July 2022, replacing the eight clinical commissioning groups across Lancashire and South Cumbria. The ICB has committed to establishing Place-based Partnership's (PBPs) aligned to Upper Tier local authority footprints, who will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The intention to ensure that there is a close working relationship between the Blackburn with Darwen PBP and the Health and Wellbeing Board, with the PBP becoming a key vehicle for delivering on the Board's ambitions for improved health and wellbeing through instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.

These Terms of Reference reflect updated guidance on the role, duties and powers of Health and Wellbeing Boards, to align with the Health and Care Act 2022 and wider place-based strategy [1].

[1] DHSC, Health and Wellbeing Board – guidance (2022) Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)

Aims

1. To create a healthier, safer and fairer Blackburn with Darwen where everyone benefits from sustained improvements in health and wellbeing;
2. To set strategic direction for the improvement of health and wellbeing in Blackburn with Darwen;
3. To promote integration and partnership working between the NHS, social care, public health and other local services, including through the Lancashire and South Cumbria Integrated Care Board and emerging Blackburn with Darwen Place-based Partnership;
4. To provide local accountability for improved health and wellbeing and health equity outcomes for the population of Blackburn with Darwen.

Purpose

1. To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs), which is a duty of local authorities, and ensure that this informs the development of joint commissioning across Blackburn with Darwen and the Integrated Care System as a whole;
2. To oversee the delivery of the agreed Joint Local Health and Wellbeing Strategy and associated outcomes;
3. To inform and approve plans for resource allocation and pooled budget arrangements, particularly the Better Care Fund, so people are provided with better integrated care and support;
4. To ensure close working between commissioners and providers of health and social care services and other health related services, such as housing and other local government services, across Blackburn with Darwen and other relevant footprints;
5. To be an active participant in the development of major plans and service redesigns of health and wellbeing related services, particularly in relation to the Lancashire and South Cumbria Integrated Care Strategy; ICB joint forward plan and the Blackburn with Darwen place integration plan, to ensure that local needs are understood and reflected within proposals;
6. To receive and comment on the Lancashire and South Cumbria ICB joint forward plan, joint capital resource plan and annual reports in order to maximise opportunities to align local priorities and provide consistency with local strategic aims and plans.
7. To consider the Lancashire and South Cumbria Integrated Care Strategy when preparing and reviewing the Joint Local Health and Wellbeing Strategy to ensure that they are complementary.

Accountability

1. The Board will report to the Council's Executive Board by ensuring access to meeting minutes and presenting papers as required.
2. The Health and Social Care Overview Scrutiny Committee has powers in relation to the discharge of functions by the Health and Wellbeing Board. The Director of Public Health will provide regular reporting to the Health and Social Care Overview Scrutiny Committee, the Policy and Corporate Resources Overview and Scrutiny Committee and Council Forum.
3. To update other relevant fora, such as the Lancashire and South Cumbria Integrated Care Partnership, as required, in order to share learning and good practice in relation to the improvement of health and wellbeing outcomes, through integrated service delivery.

APPENDIX 1

Membership

Voting Members

1. The Chair will be the Executive Member for Public Health, Prevention and Wellbeing or his or her nominated representative. This appointment is made at the Annual Council meeting or nearest Council meeting thereafter. The Vice Chair will be a NHS representative, as nominated by the Board who is also a voting member.

   The core membership of the Board comprises the representatives outlined below. The core members are the only individuals with voting rights.

   - Executive Member Public Health, Prevention and Wellbeing (Chair)
   - Executive Member for Adult Services & Prevention
   - Executive Member for Children, Young People and Education
   - A representative of the Opposition
   - Strategic Director Adults and Health (DASS)
   - Strategic Director Children and Education (DCS)
   - Director of Public Health (DPH)
   - A representative of Healthwatch Blackburn with Darwen
   - A representative of the Lancashire and South Cumbria Integrated Care Board
   - A representative of the Lancashire and South Cumbria Integrated Care Board (Place)
   - A representative of Primary Care Networks
   - A representative of East Lancashire Hospital Trust
   - Two representatives of the Voluntary, Community and Faith sector

2. Only these core members and their named deputies will have voting rights.

3. The core members will keep under review the membership of the Board and if appropriate will make recommendations on any changes to the core membership as required, to continue to respond to changes in the system.

Non-voting members

1. The Board may invite any other representatives to meetings of the Board as it deems appropriate. Such representatives will not be formal members of the Board and they shall not have a vote, but may participate in the debate with the consent of the Chair.

Decision making

1. The Board will need at least eight voting members to be quorate – this must include at least on elected Member, one NHS member and one member of the voluntary, community and faith sector. Voting members can appoint deputies with the agreement of the Chair;

2. Where consensus cannot be reached the matter will be decided by a simple majority of those voting members present in the room at the time the question was put. The Chair will take the vote by a show of hands. If there are an equal number of votes for and against,

the Chair will have a second or casting vote.

Roles and responsibilities of Board Members

1. To commit to the following principles in developing their relationships with other parts of the system;

    - building from the bottom up
    - following the principles of subsidiarity
    - having clear governance, with clarity at all times on which statutory duties are being discharged
    - ensuring that leadership is collaborative
    - avoiding duplication of existing governance mechanisms
    - being led by a focus on population health and health inequalities

2. To work together effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Local Health and Wellbeing Strategy.

3. To work within the Board to build a collaborative partnership approach to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.

4. To participate in Board discussions to reflect the views of their organisation or sector, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.

5. To champion the work of the Board in their wider work and networks and in all individual community engagement activities.

6. To share any changes to strategy, system configuration and performance within their own partner organisations, with the Board, outlining the consequences of such on budgets and service delivery, to allow the Board to consider the wider system implications.

7. To ensure that there are communication mechanisms in place within their organisations to enable information about the Health and Wellbeing Board's priorities and recommendations to be effectively disseminated.

Agenda setting and notice of meetings

1. Members will be invited to propose items for the forward plan. The agenda will be agreed by the Chair of the Board and Director of Public Health and/or their nominated HWBB lead.

2. Any agenda items or reports to be considered at the meeting should be submitted to the Council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda, unless agreed with the Chair prior to commencement of the meeting.

3. In accordance with the Access of Information Legislation, the Governance team will circulate and publish the agenda and reports prior to each meeting. Exempt or

Confidential Information shall only be circulated to core members.

Procedure at meetings

1. General meetings of the Board are open to the public and in accordance with the Council's Committee Procedure Rules will include a Public Question Time session. Papers, agendas and minutes will be published on the Blackburn with Darwen Committee section.

2. The Board will also hold development / informal sessions throughout the year where all members are expected to attend and take part as the agenda suggests.

3. Whenever possible decisions will be reached by consensus or failing that a simple majority vote.

Conflicts of interest

1. In accordance with the Council's Committee Procedure Rules, at the commencement of all meetings all Board members shall declare disclosable pecuniary or non-pecuniary interests and any conflicts of interest.

2. In the case of non-pecuniary matters members may remain for all of part of the meeting, participate and vote at the meeting on the item in question.

3. In the case of pecuniary matters members must leave the meeting during consideration of that item.

4. All members must ensure they comply with their constituent, statutory organisations' internal policies on the management of Conflict of Interests, and continue to follow their organisations' own internal processes throughout their engagement within the Health and Wellbeing Board.

   Representatives should ensure that they declare their work for the Health and Wellbeing Board, within their organisational Conflicts of Interest return and ensure that any interests arising from their work with the Board are declared within organisational meetings, as necessary, in line with organisational policies, to ensure transparency and accountability through that process

Code of Conduct

1. All Councillors and co-opted members of Council committees are required to comply with the Code of Conduct, contained in Part 5, Section 1 of the Constitution. Therefore, all voting members of the Health and Wellbeing Board will be required to comply with the Code of Conduct.

2. Part 1 of the Code sets out the general obligations of members. Part 2 of the Code requires members to comply with the requirements of the Localism Act in respect of "disclosable pecuniary interests" (DPIs). A member's DPIs include the member and their partner's business interests (for example their employment, trade, profession, contracts or any company with which they are associated) and wider financial interests they might have (for example assets including land and property). Part 3 of the Code requires members to

comply with requirements of the Council in respect of "personal interests" and "prejudicial interests". The Code deals with the requirement of members to declare when they have a "DPI" or a "personal interest" in a matter which is to be considered at a Board meeting, and the requirement for members to withdraw from meetings in which they have a "DPI" or a "personal interest" in a matter which is to be considered. Board members should note that these rules will be relevant when making decisions about contracts with service providers if these powers were delegated to the Board.

3. All voting non Councillor members of the Health and Wellbeing Board will be required to complete a declaration of interest.

4. All Councillors and co-opted members declaration of interests will be included in the Council's Register of Interest which is held for public inspection by the Council's Monitoring Officer.

5. All members must ensure they comply with their constituent, statutory organisations' Code of Conduct, and continue to follow their organisations' own internal processes throughout their engagement within the Health and Wellbeing Board.

6. As a matter of process, each agenda of the Health and Wellbeing Board will have "Declarations of Interest" as a standing item.

Governance, decision making, transparency and accountability

1. The Health and Wellbeing Board is a Committee of the Council established in accordance with section 102 LGA 1972. Reports before the Board requiring decision will have gone through necessary governance of the author / owner as applicable. Reports will also be clear what and to whom the recommendations apply.

2. Health and Wellbeing Board meetings will be subject to the same openness and transparency rules as other Council committees established under section 102 of the Local Government Act 1972. The law requires all agendas and reports to be made available to the public five clear working days in advance of the meeting. Meetings should be held in public and the public should also be able to access any additional information that is discussed in a meeting. If a decision needs to be made in private, information associated with that decision can be exempt from these rules only in the circumstances prescribed in the Council's Access to Information rules in the Council Constitution.

3. Decisions made by the Health and Wellbeing Board under their core functions do not need to go on the Council's 'Register of Key Decisions' and they are not subject to the requirement to provide 28 days notice of intention to take a decision. The only exception to this will apply if the Council delegates additional specific functions to the Board. In these circumstances, the Board will need to adhere to the relevant requirements of all the applicable legal frameworks. As Health and Wellbeing Boards are non-Executive Committees (they are a committee of the Council), their core functions are not subject to the Council's "Call in" procedure.