

# Blackpool Council

23 February 2016

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

## **HEALTH AND WELLBEING BOARD**

Wednesday, 2 March 2016 at 3.00 pm  
in Committee Room A, Town Hall, Blackpool

### **A G E N D A**

#### **1 DECLARATIONS OF INTEREST**

Members are asked to declare any interests in the items under consideration and in doing so state:

- (1) the type of interest concerned; and
- (2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

#### **2 MINUTES OF THE LAST MEETING HELD ON 27TH JANUARY 2016** (Pages 1 - 6)

To agree the minutes of the last meeting held on 27<sup>th</sup> January 2016 as a true and correct record.

#### **3 STRATEGIC COMMISSIONING GROUP UPDATE** (Pages 7 - 14)

To update the Board on the activity of the Strategic Commissioning Group since the last meeting.

#### **4 HEALTH PROTECTION FORUM UPDATE** (Pages 15 - 24)

To receive the first biannual report of the Health Protection Forum and consider issues raised by that Forum for escalation.

**5 DRUG STRATEGY** (Pages 25 - 30)

To provide an overview on the development of the Drug Strategy and future direction of the work required to reduce health inequalities due to the impact of drugs.

**6 FULFILLING LIVES** (Pages 31 - 34)

To provide the Health and Wellbeing Board with a briefing on the Fulfilling Lives project and to provide an update on the current progress being made.

**7 MENTAL HEALTH SERVICES PRESENTATION** (Pages 35 - 52)

To inform the Health and Wellbeing Board of local Mental Health Services and activity undertaken within the area to allow a thematic discussion to take place on the topic.

**8 FORWARD PLAN** (Pages 53 - 60)

To inform the Health and Wellbeing Board members of the draft Forward Plan that has been developed for the Board.

**9 DATE OF NEXT MEETING**

To note the dates of future meetings as follows:

20<sup>th</sup> April 2016

**Venue information:**

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

**Other information:**

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager, Tel: 01253 477212, e-mail [bernadette.jarvis@blackpool.gov.uk](mailto:bernadette.jarvis@blackpool.gov.uk)

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at [www.blackpool.gov.uk](http://www.blackpool.gov.uk).

## MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 27 JANUARY 2016

### **Present:**

Councillor Cain, Cabinet Secretary (Resilient Communities), Blackpool Council (in the Chair)

Councillor Clapham, Opposition Group Member

Councillor D Coleman, Cabinet Assistant (Resilient Communities)

Councillor Collett, Cabinet Member for Children's Services and Reducing Health Inequalities

Simon Bone, Group Manager, Lancashire Fire and Rescue

Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Dr Arif Rajpura, Director of Public Health, Blackpool Council

Joan Rose, Blackpool Healthwatch representative

Karen Smith, Deputy Director of People- Blackpool Council

### **In Attendance:**

Lennox Beattie, Executive and Regulatory Support Manager, Blackpool Council

Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council

John Donnellon, Chief Executive, Blackpool Coastal Housing

Chief Inspector Nikki Evans, Lancashire Constabulary

Andy Foot, Head of Housing, Blackpool Council

Dr Mark Johnston, Deputy Chief Operating Officer, Blackpool Clinical Commissioning Group

Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group

Stewart Lucas, Chief Executive, Lancashire MIND

Carmel McKeogh, Deputy Chief Executive, Blackpool Council

Samantha Nicol, Healthier Lancashire Programme Lead

Wendy Swift, Managing Director for Community Safety and Transforming Communities, Blackpool Teaching Hospitals NHS Foundation Trust

Pauline Wigglesworth, HeadStart Programme Lead, Blackpool Council

Steve Winterson, Engagement Director, Lancashire Care NHS Foundation Trust

### **Apologies:**

David Bonson, Chief Executive Officer, Blackpool Clinical Commissioning Group

Delyth Curtis, Director of People, Blackpool Council

Dr Amanda Doyle, Chief Clinical Officer, Blackpool Clinical Commissioning Group

Gary Doherty, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

Ian Johnson, Chairman, Blackpool Teaching Hospitals NHS Foundation Trust

Dr Leanne Rudnick, GP Member, Blackpool Clinical Commissioning Group

### **1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

# **MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 27 JANUARY 2016**

## **2 MINUTES OF THE LAST MEETING HELD ON 2ND DECEMBER 2015**

### **Resolved:**

That the minutes of the meeting held on the 2<sup>nd</sup> December 2015 be approved and signed by the Chairman as a correct record.

## **3 STRATEGIC COMMISSIONING GROUP UPDATE**

The Board received an update on the activity of the Strategic Commissioning Group since the last meeting of the Board. The Board received the minutes of the 18<sup>th</sup> November 2015 on which a verbal update had been given at the last meeting of the Board.

A verbal update was provided on the meetings held on the 16<sup>th</sup> December 2015 and the 20<sup>th</sup> January 2016. The Board noted that these meetings had received the following key items: a presentation on Fulfilling Lives, a report on the Future Vision for Children's Centres, a presentation on the Council Plan and a demonstration of the Joint Strategic Needs Assessment. It noted that once completed the minutes from these meetings would be submitted to the next Board meeting.

The Board received an update on the request from the Council for Voluntary Services for infrastructure funding which had been referred to the Strategic Commissioning Group from the Health and Wellbeing Board. The Board expressed concern that while it had referred the issue to the Group for further consideration, the Group had been unable to support the request as a similar presentation, without the additional detail requested, had been submitted to the Group meeting. The Board noted the action and that it would receive further information when the minutes were presented to the next Board.

### **Resolved:**

1. To note the minutes from Strategic Commissioning Group meeting on 18<sup>th</sup> November 2015.
2. To note the verbal update from the meetings held on the 16<sup>th</sup> December 2015 and 20<sup>th</sup> January 2016 and to note that these minutes will be brought to the next meeting of the Health and Wellbeing Board.

## **4 CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP UPDATE**

The Board received an update on the work of the Children and Young People's Partnership. It noted the key items considered at the last meeting of the Partnership on the 16<sup>th</sup> December 2015 namely Children's Centre visioning, HeadStart update, Social Care Placements and 0-19 Public Health Update.

## **MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 27 JANUARY 2016**

The Board held a brief discussion on the costs and suitability of placements for children with complex special needs. The Board then endorsed the Children and Young People's Partnership's concerns regarding the costs and suitability of placements for children with complex special needs and the lack of provision and agreed that further investigation was required.

Members also noted the proposal for the development of the Children and Young People's Plan 2015-2020 and endorsed the key work streams as outlined in the report at Agenda Item 4 which included the Continuous Improvement Board, Blackpool Challenge Partnership, HeadStart, Better Start, 0-19 years public health, and the Children and Young People's Emotional Wellbeing Transformation Plan. The Board agreed that such a strategy required greater cooperation by partners and pooling of resources.

### **Resolved:**

1. To note the update and actions from the Children and Young People's Partnership's last meeting on the 16<sup>th</sup> December 2015.
2. To support the development of the new Children and Young People's Plan – Raising Aspirations.

### **5 HEADSTART FUNDING BID**

The Board received an update on a bid for funding under round 3 of the Big Lottery Fund's HeadStart Programme from Pauline Wigglesworth (HeadStart Programme Director).

The Board received a presentation from two young people who had been involved in the HeadStart programme and from Carmel McKeogh (Deputy Chief Executive, Blackpool Council). It noted some of the successes of the first two stages including building resilience through peer mentors and walk and talk therapy. The Board was particularly pleased as to the participation of young people in the programme.

Pauline Wigglesworth and Stewart Lucas (Lancashire MIND) highlighted the proposal for a Stage 3 bid to be submitted to the Big Lottery fund by the 25<sup>th</sup> February 2016.

Pauline Wigglesworth highlighted the five key foundations of the bid namely:

- Sustainability
- Systems Change
- Co-production
- Leadership and Governance
- Delivery

## **MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 27 JANUARY 2016**

It was further emphasised that a key outcome of the Stage 3 programme had to be to embed HeadStart in the current systems. The objective being that the HeadStart programme would be self-sustaining in the future.

### **Resolved:**

To acknowledge and support the principle of making a HeadStart stage 3 bid.

### **6 HEALTHIER LANCASHIRE UPDATE**

The Board received a presentation from Samantha Nicol (Healthier Lancashire Programme Lead) on the work of Healthier Lancashire since the briefing on the Alignment of the Plans that had been held on the 4<sup>th</sup> November 2015.

The Board noted that the Healthier Lancashire programme had started by outlining the potential health and adult social care resource gap across Lancashire and the drivers of that gap. The programme had consequently identified six areas of focus where collaboration in considering new service models and approaches would potentially help reduce the gap. Agreement had then been reached to establish a Joint Committee of Clinical Commissioning Groups and a Programme Board on a pan-Lancashire basis.

The Clinical Commissioning Groups for the area have supported Dr Amanda Doyle, Chief Clinical Officer of Blackpool Clinical Commissioning Group to lead Healthier Lancashire.

The Board noted work was on going to develop the governance arrangements and to confirm the areas of alignment and agreed to receive further updates at future meetings. It also suggested that the Strategic Commissioning Group should be tasked with investigating the Healthier Lancashire proposals in greater detail and how they would align with the Board's own priorities and key outcomes.

### **Resolved:**

1. To note the commitment to establish the Healthier Lancashire Programme.
2. To agree that a report be brought to the Strategic Commissioning Group to look in greater detail at the Healthier Lancashire proposals.
3. To agree that the Board continues to receive regular updates from the Healthier Lancashire Programme in respect of the establishment of the appropriate governance arrangements and resourcing of the programme structure.

### **7 NEW MODELS OF CARE- VANGUARD UPDATE**

The Board received an update on the progress in delivering the New Models of Care Programme from Dr Mark Johnston (Deputy Chief Operating Officer, Blackpool Clinical Commissioning Group).

## **MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 27 JANUARY 2016**

The Board noted that in terms of the Extensive Models (the delivery of more services in the community through enhanced Primary Care hubs)- the North Primary Care Cluster was now up and running with some initial issues now having been addressed, the South Primary Care Cluster was intended start from the new financial year and the Central Primary Care Cluster anticipated later in 2016/17.

The vision of Enhanced Primary Care was also presented with services working towards proactive and co-ordinated care wrapped around the patient. The Board noted the advantages as discussed at previous board meeting both in terms of supporting and empowering patients and in fewer unplanned hospital admissions.

### **Resolved:**

To note the update presentation on New Models of Care.

## **8 HOUSING PROGRESS TO DELIVER BETTER HEALTH OUTCOMES**

The Board received a presentation from Andy Foot (Head of Housing, Blackpool Council) on the progress in one of the Board's key priorities namely improving housing conditions and services to contribute to improvements in health outcomes

It noted the progress in promoting change in the housing stock and inner neighbourhoods through the redevelopments at Queens Park and Foxhall Village and also through MyHome Blackpool, the Council owned Housing Company.

Mr Foot outlined the key role that the Council would be playing in "Cosy Homes in Lancashire" working with other local authorities across Lancashire to help households access funding for energy-related improvements to their homes such as loft insulation, cavity wall insulation or energy-efficient boilers.

The Board considered the issues, as identified in the presentation, of delivering suitable specialist supported housing and home adaptations to assist vulnerable people to remain in their own homes. The Board suggested that the issues required greater working together of partners and should be a key part of the development of other plans and strategies and should therefore be considered by the Strategic Commissioning Group.

### **Resolved:**

1. To note the report and presentation.
2. To request the Strategic Commissioning Group consider in further depth how partners can work together to deliver suitable specialist supported housing and assist vulnerable people to remain in their own homes.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 27 JANUARY  
2016**

**9 MENTAL HEALTH SERVICES PRESENTATION**

The Health and Wellbeing Board was due to receive a presentation on mental health services. However due to the complexity of the issue and the length of time already taken by the meeting, it was agreed that the presentation be deferred to a future meeting. The Board considered that it might be beneficial to hold a special meeting to consider the topic and the Health and Wellbeing Board's role in future detail.

**Resolved:**

That the Mental Health Services Presentation be deferred to a future meeting of the Board.

**10 DRAFT FORWARD PLAN**

The Board considered the draft forward plan for forthcoming agendas, which would enable the Board to strategically plan its future agendas and ensure that items were relevant to the Board's priorities.

The Board noted that at Agenda Item 5 it had agreed to receive a further update on HeadStart and at Agenda Item 9 had agreed to defer the presentation on Mental Health issues.

**Resolved:**

To approve the Health and Wellbeing Board Forward Plan as set out in Appendix 10a to the report subject to the additions outlined.

**11 DATE OF FUTURE MEETINGS**

**Resolved:**

To note the dates of future meetings as follows:

2<sup>nd</sup> March 2016

20<sup>th</sup> April 2016

**Chairman**

(The meeting ended 5.05 pm)

Any queries regarding these minutes, please contact:  
Lennox Beattie  
Executive and Regulatory Manager  
Tel: 01253 477157  
E-mail: lennox.beattie@blackpool.gov.uk



<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Delyth Curtis, Director of People
<b>Relevant Cabinet Member:</b>	Cllr Graham Cain, Cabinet Secretary (Resilient Communities)
<b>Date of Meeting:</b>	2 <sup>nd</sup> March 2016

## STRATEGIC COMMISSIONING GROUP UPDATE

### 1.0 Purpose of the report:

- 1.1 To update the Board on the activity of the Strategic Commissioning Group since the last meeting.

### 2.0 Recommendation(s):

- 2.1 To note the minutes from the Strategic Commissioning Group meeting on 16<sup>th</sup> December 2015.
- 2.2 To receive a verbal update from the meeting on the 24<sup>th</sup> February 2016.
- 2.3 To note that the minutes from the meetings on the 20<sup>th</sup> January 2016 (on which a verbal update was given at the last meeting) and from the 24<sup>th</sup> February 2016 will be brought to the next Board meeting in April.

### 3.0 Reasons for recommendation(s):

- 3.1 The Strategic Commissioning Group is a sub-group of the Board, which is responsible for overseeing the integration and alignment of commissioning across the Clinical Commissioning Group and the Council. It has a duty to update the Board on activity against its work programme and future planned activity.

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

- 3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

No alternative options

**4.0 Council Priority:**

4.1 The relevant Council Priority is

“Communities: Creating stronger communities and increasing resilience”

**5.0 Background Information**

5.1 The minutes from December’s meeting are attached at Appendix 3a. Items included:

- A presentation on the Fulfilling Lives project
- A report on the future vision for Children’s Centres
- A presentation on the Council Plan and its priorities
- An update on new models of care – Vanguard

5.2 The meetings in January and February covered the following items; minutes of these meetings are not yet available therefore a verbal update will be given of any decisions that were made.

- A presentation from the Council for Voluntary Services regarding a request for infrastructure funding
- An update on the Intermediate Care Commissioning Review
- A demonstration of the new Joint Strategic Needs Assessment website
- A report on the Better Care Fund submission for 2016/17
- An update and discussion on the Healthier Lancashire programme
- A discussion on the NHS Sustainability and Transformation Plans
- An update on New Models of Care

5.3 Does the information submitted include any exempt information?

No

**5.4 List of Appendices:**

Appendix 3a – notes from December 2015 meeting

**6.0 Legal considerations:**

6.1 None

**7.0 Human Resources considerations:**

7.1 None

**8.0 Equalities considerations:**

8.1 None

**9.0 Financial considerations:**

9.1 None

**10.0 Risk management considerations:**

10.1 None

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 None

**13.0 Background papers:**

13.1 None

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**Strategic Commissioning Group  
Notes and Actions  
16 December 2015, 9.30 – 11.30am  
Conference Room 3 A, Bickerstaffe House**

<b>Present</b>	<p>Delyth Curtis, Director of People (Director of Children's Services), Blackpool Council (Chair)</p> <p>David Bonson, Chief Operating Officer, Blackpool CCG</p> <p>Dr Arif Rajpura, Director of Public Health, Blackpool Council</p> <p>Liz Petch, Public Health Specialist, Blackpool Council</p> <p>Dr Mark Johnston, Deputy Chief Operating Officer, Blackpool CCG</p> <p>Val Raynor, Head of Commissioning, Blackpool Council</p> <p>Judith Mills, Public Health Specialist, Blackpool Council</p> <p>Merle Davies, Director, Better Start</p>
<b>Also present</b>	<p>Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council</p> <p>Scott Butterfield, Corporate Development and Research Manager, Blackpool Council</p> <p>Carmel McKeogh, Deputy Chief Executive, Blackpool Council</p> <p>Nicky Dennison, Public Health Specialist, Blackpool Council</p> <p>Glynn Smithson, Partnership Manager, Fulfilling Lives</p> <p>Justin Nield, Service User Engagement Co-ordinator, Fulfilling Lives</p> <p>Sara McCarten, Children's Centre Service Manager, Blackpool Council</p>
<b>Apologies</b>	<p>Gary Raphael, Chief Finance Officer, Blackpool CCG</p> <p>Steve Thompson, Director of Resources, Blackpool Council</p> <p>Helen Lammond-Smith, Head of Commissioning, Blackpool CCG</p> <p>Nikki Evans, Superintendent, Lancashire Constabulary</p> <p>Lynn Donkin, Public Health Specialist, Blackpool Council</p> <p>Karen Smith, Director of Adult Services, Blackpool Council</p>

<b>1.</b>	<p><b>Welcome, introductions and apologies.</b></p> <p>Del welcomed everyone to the meeting, apologies were given and introductions made.</p>
<b>2.</b>	<p><b>Notes and actions from previous meeting.</b></p> <p>Notes from the previous meeting were agreed. The following updates were given:</p> <p><b>Re item 3a. Joint Commissioning of Early Years Healthcare Pathway</b></p> <p>Merle Davies advised that the Joint Commissioning of Early Years Healthcare Pathway report presented to the November meeting had not been proposing an additional commissioner post but was to put funding into existing services to provide a strategic lead for the early years healthcare pathway. Discussions were currently taking place between Helen</p>

	Lammond-Smith and Claire Grant.
<b>3.</b>	<p><b>Fulfilling Lives</b></p> <p>Glyn Smithson, Partnership Manager of the Fulfilling Lives Programme and Justin Nield, Service User Engagement Co-ordinator gave a presentation on the Fulfilling Lives programme. Blackpool was one of twelve areas that was awarded Big Lottery funding to improve the stability, confidence and capability of people with multiple and complex needs including: homelessness, reoffending, problematic substance misuse and mental ill health.</p> <p>Glyn advised that BL had been clear that the programme must engage with the hardest to reach people so initially there were many inappropriate referrals. Since then the team have worked closely with many agencies and a clear referral process has been established.</p> <p>It was recognised that there is a need for closer working with mental health teams and Helen Lammond-Smith attended the last Board meeting. There have also been issues with representation at strategic board meetings which has now been addressed by the new Chair of the Board, Dr Arif Rajpura. Dr Mark Johnston offered to join the Board as a CCG representative to link the project to new models of care, which was welcomed.</p> <p>Further discussion followed recognising that Big Lottery had invested lots in Blackpool and were looking to see large scale system transformation not greater service provision. The systems change and sustainability of that is about learning what works and then using evidence to decommission what's not working.</p> <p>Glyn advised that there was currently an underspend so the criteria for acceptance onto the programme were being reconsidered. It was asked if the underspend could be used to commission mental health workers into the project, considering that most complex children are becoming the most chaotic adults; a need to compare and look at the gaps in provision in this area was identified. Discussion followed regarding the evaluation process and how that was being managed, it was agreed that further evaluation reports would be brought to this group for consideration.</p> <p>Justin Nield spoke about his role in engaging service users at the heart of the vision and design of the business plan he advised that the first thing he did was consult with prospective service users to identify the type of service they wanted.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Mark Johnston to join the Fulfilling Lives Board</b></li> <li>• <b>Helen Lammond-Smith to provide a link to mental health commissioning</b></li> <li>• <b>Evaluation reports to be considered at future SCG meetings</b></li> </ul>
<b>4.</b>	<p><b>Children's centres vision</b></p> <p>Sara McCarten presented a report setting out a vision for the future of Blackpool's Children's Centres.</p> <p>Plans for the future involve Children and Family Hubs offering community led support and advice to all families in the community. They would also facilitate effective use of space for</p>

	<p>the delivery of specialist and targeted services for those families who needed extra help including antenatal and health support, targeted family support and social care, parenting support, services for young people, early years and signposting to childcare. The work is part of a two year review, where the main message coming through the consultation was that people wanted a one stop shop of family services.</p> <p>Del advised that the task was to maximise our offer ensuring that all projects were included. There were questions and discussion about how the centres are linked to GP's, which is predominantly through midwives and health visitors; it was raised that there were some difficulties engaging with GP surgeries to discuss how to bring it all closer together.</p> <p>David Bonson advised that the Hospital Trust were doing some work on their strategy and that one of the themes was remodelling children's services with some fundamental work around pathways and services.</p> <p>Merle commented that there was an opportunity at the moment to look at these services, children's centres around the country were closing but it was clear from service users what they wanted in the centres.</p> <p>Discussion followed about how best to engage with GP's and progress work in this area collectively and collaboratively, putting services into the core of the community. David suggested that it needed to be linked to the neighbourhoods work, which was not yet fully established in needs to be around neighbourhoods work. Sara suggested starting at Gorton St surgery where the GP and Children's Centre were co-located. Further discussion followed and it was agreed that this was a good place to begin; it links to the narrative for Blackpool and what we are trying to do to reduce demand on clinical and primary care services.</p> <p><b>Action:</b>  <b>Mark Johnston to contact Susan Green to discuss the Children's Centres paper</b>  <b>Further discussion at the next meeting and Del to raise at the Public Service Board</b></p>
5.	<p><b>Council Plan</b></p> <p>Carmel McKeogh introduced the Council Plan, explaining that we needed a vision that is believable and didn't have too many priorities. There are two priorities, priority one is to create a strong economy and priority two is to create resilient communities.</p> <p>David advised that the priorities were similar to the values of the CCG. Del asked how are we linking to other public sector organisations priorities? Carmel advised that this was through the Public Services Board with support from the Public Service Transformation Network to look at where we align.</p> <p>David asked how this plan was being communicated to other organisations. Carmel advised that the Council would like agreement in principal that this plan works for everyone.</p> <p>David advised that NHS Planning Guidance was forthcoming with a requirement to develop organisational plans and in the summertime the CCG will be developing place based locality plans.</p>

	The group recognised that this was a good opportunity to join up.
<b>6.</b>	<b>Enhanced primary care</b>  Mark Johnston advised that pace will begin on the neighbourhoods work in the new year.
<b>7 &amp; 8</b>	<b>Due to time constraints items 7 and 8 were deferred until the next meeting.</b>
<b>9.</b>	<b>JSNA Website</b>  Stephen Boydell advised that there was lots of new content but still gaps, a demo of the website would be done at the next meeting.



<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Dr Arif Rajpura, Director of Public Health
<b>Relevant Cabinet Member:</b>	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
<b>Date of Meeting :</b>	2 <sup>nd</sup> March 2016

## HEALTH PROTECTION FORUM REPORT

### 1.0 Purpose of the report:

- 1.1 To receive the first biannual report of the Health Protection Forum and consider issues raised by that Forum for escalation.

### 2.0 Recommendation(s):

- 2.1 To receive the Health Protection Report for the period 1<sup>st</sup> April 2015 to 31<sup>st</sup> January 2016 attached at Appendix 4a.
- 2.2 To consider further the issues outlined at Paragraph 5.2 and agree where necessary further action.

### 3.0 Reasons for recommendation(s):

- 3.1 To report on the work of the Health Protection Forum and consider

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

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

- 3.3 Other alternative options to be considered:

None

#### 4.0 Council Priority:

4.1 The relevant Council Priority is:

“Communities: Creating stronger communities and increasing resilience”

#### 5.0 Background Information

5.1 The Health Protection Forum was established to provide a mechanism for warning and informing on local health protection arrangements within Blackpool to the Health and Wellbeing Board; providing information and advice on arrangements and plans in place to protect the health of the population of Blackpool. The Director of Public Health (DPH) is responsible for the local authority’s contribution to health protection matters, including the local authority’s roles in planning for and responding to incidents that present a threat to the public’s health.

5.2 The following issues have been identified for further consideration by the Board

- **New structure for Cumbria and Lancashire Health Protection Team**, now part of Public Health England North West Centre, implications include change to current activities to provide a consistent response across Manchester and Cumbria and Lancs
- **Seasonal Flu**: Note good uptake of seasonal flu vaccination in HCW in Blackpool, but lower rates of uptake in Council employees and some risk groups, notably pregnant women and 3 months to 65 in risk groups.
- **EPRR Assurance**: In relation to the CCG Emergency Planning, Resilience and Response Assurance Process, the Local Health Resilience Partnership(LHRP) have made a recommendation that Blackpool CCG test their emergency planning and resilience and response planning arrangements
- **Food Standards/ Allergy testing**: One business in Blackpool has been tested twice and both on occasions have been positive for the presence of peanut. This business is now being pursued for prosecution for this and other food hygiene offences.
- **Food Control and Health and Safety enforcement**: Reduced resources mean some functions will cease , and will impact on infectious disease case and outbreak investigations, sampling and investigation of food complaints

5.3 Does the information submitted include any exempt information?

No

#### 5.4 List of Appendices:

Appendix 4a: Health Protection Forum Report- Reporting period March –April 2016

**6.0 Legal considerations:**

6.1 None

**7.0 Human Resources considerations:**

7.1 None

**8.0 Equalities considerations:**

8.1 None

**9.0 Financial considerations:**

9.1 None

**10.0 Risk management considerations:**

10.1 None

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 None

**13.0 Background papers:**

13.1 None

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Health Protection Forum - Report

Reporting Period: March to February 2016

Infection Prevention and Control/HCAI

Issue	Comments	Reported by	Department	To be escalated?
HCAI/Outbreaks	<p>5 cases of Legionnaires Disease were being investigated – this was in one area of Blackpool but was different types and thought to be 5 sporadic cases.</p> <p>A number of Blackpool residents (6) were included in an outbreak of E.coli in holiday cottages in Cumbria, 2 of the cases were health workers</p> <p>6x Norovirus, 1x Scabies outbreak in CH’s</p> <p>6x Noro in Hospital settings</p> <p>1x Streptococcal Group A outbreak in MH facility</p> <p>1x family outbreak staying at a holiday park</p> <p>4x issues investigated but outbreak not found, e.g. cluster of crypto cases all had visited swimming pool, but at different times and had other exposures</p> <p>110 notifications of infectious disease, raised scarlet fever cases, although considered a seasonal increase.</p>	Shelagh Snape	Public Health England	Yes
<div> <div>Page 19</div> <div>PHE Arrangements</div> </div> <p>C&amp;L is now part of PHE North West Centre, new structure for the HPT being put in place at present and we are expecting loss of posts, we are striving to keep a local presence but we have to change some of our current activities to provide a consistent response across the 3 offices (CL, CM and GM).</p> <p>The PHE lab at RPH is closing, samples from the north will go either to Manchester or York, hopefully the transportation arrangements for samples being put in place will mean the ‘sender’ should see little difference in the service, may have impact on speed though?</p>				
<div>PHE Guidance</div> <p>Zika virus infection: guidance for primary care pub</p>				

Communicable Disease/Outbreak Management

Issue	Comments	Reported by	Department	To be escalated?
<div>Seasonal Flu</div> <div>Flu Uptake</div> <div>Health Care Workers</div> <div>Risk Groups</div>	<p>Nationally influenza activity has risen further in the last week reported. Vaccine is well matched to circulating strain</p> <p>HCW uptake 72% end of Dec 2015, 72% by end of season last year, target 75%. (One of the better trusts across C&amp;L)</p> <p><b>3month – 65 yrs risk:</b> Blackpool CCG 43% Lancs Area Team(AT) 47%</p> <p><b>Over 65 yrs:</b> Blackpool CCG 70% Lancs AT 72.4%</p> <p><b>Pregnant women:</b> Blackpool CCG 41.6% Lancs AT 42.1%</p> <p><b>2Yrs</b> Blackpool CCG 25% Lancs AT 30.1%</p> <p><b>3yrs</b> Blackpool CCG 29.7% Lancs AT 34.4%</p>	Shelagh Snape	Public Health England	yes

## Appendix 4a

	<p><b>4 yrs</b> Blackpool CCG 21.5% Lancs AT 27%</p> <p><b>Note good uptake in HCW in Blackpool, but lower rates of uptake in some risk groups, notably pregnant women and 3 months to 65 in risk groups.</b></p>			
<p>Tattoo Incidents</p> <p>Tattoo rating scheme</p>	<p>In recent years we have seen a number of incidents relating to practices in tattoo and body piercing businesses in the town. Tattoos, piercings and other skin adornments are becoming increasingly popular. These activities do however present a potential risk of transmission of blood borne diseases. It was appropriate to look at measures to protect the public from poor practice, encourage businesses to achieve good hygiene standards, and enable people to make informed choices.</p> <p>In July, Blackpool Council introduced a scheme for rating the hygiene of businesses offering tattooing, body piercing and semi-permanent/permanent make-up. Working in a similar way to the national Food Hygiene rating systems, the Blackpool Tattoo Hygiene Rating Scheme uses an approach that is recognisable and allows customers to check the rating of premises. It was developed using the Chartered Institute of Environmental Health's (CIEH) 'Tattoo and Body Piercing Guidance Toolkit'. Premises which do not work to good cleanliness standards receive a low rating. Participation is voluntary but all premises operating in the town are listed on the Council's webpage <a href="http://www.blackpool.gov.uk/tattoo">www.blackpool.gov.uk/tattoo</a>. So far 19 of the 53 businesses currently operating in the town have been inspected. Of these 16 achieved the highest rating of 5, and all achieved a rating of 3 or more.</p>			
TB incidents				
<b>Emergency Planning, Resilience and Response</b>				
<b>Issue</b>	<b>Comments</b>	<b>Reported by</b>	<b>Department</b>	<b>To be escalated?</b>
Emergency Planning Resilience and Response Assurance letter to Blackpool CCG ((November 2015)	The Local Health Resilience Partnership have made a recommendation that Blackpool CCG test their emergency planning and response	D.Jackson	Risk and Resilience	Yes
Cryptosporidium incident	<p>In early August, a potential contamination of the water supply was identified. A 'boil water' notice was issued by the water supplier, United Utilities, to people living in parts of Lancashire and Blackpool, as a precaution while further investigation took place. Testing confirmed that there were traces of Cryptosporidium in the water supply. Cryptosporidium is a parasite that can infect humans and animals, and causes gastroenteritis-like illness, typically diarrhoea and vomiting lasting for up to two weeks. Children are most likely to become infected. Whilst most infected people experience this as an unpleasant illness that resolves in time, it can lead to severe illness in people whose immune system isn't working properly.</p> <p>Due to the large numbers of people affected by the 'boil water' notice, the Lancashire Resilience Forum considered an</p>	Neil Williams		

## Appendix 4a

PHE commentary	<p>emergency response was required under the Civil Contingencies Act. A Strategic Coordinating Group was set up, chaired by myself as Director of Public Health acting on behalf of the three local authorities of Blackpool, Blackburn with Darwen, and Lancashire, to coordinate the response across all relevant agencies and partners.</p> <p>The Cryptosporidium parasite is killed by exposure to UV light and the key action to resolve the incident required erecting UV rigs at certain points within the water supply network. The water supply was then subject to a further period of testing until satisfactory clear samples were obtained and the 'boil water' notice lifted. During the period that the 'boil water notice was in effect, the SCG worked closely with United Utilities to ensure that arrangements were made to supply large institutions for whom boiling water was problematic, such as hospitals. The incident occurred during the school holidays but preparations were made to ensure that schools had supplies of bottled water, and all schools in affected areas were able to open as normal.</p> <p>Crypto in mains water supply last year - it is really difficult to give a definite answer on whether the incident resulted in an increased incidence or cases caused by this event, going through the questionnaires for all those within the Boil Water Notice area, for the majority there were other risk factors so we couldn't categorically say where they caught it. There was also a national increase in crypto at the time which didn't help with surveillance. It is a likely conclusion that there were no cases directly attributable to the incident. Dr J Asbury is currently writing up the report.</p>			
Gastro-Intestinal Infections	<p>Consultation rates for diarrhoea and vomiting have increased again in the last week. The number of laboratory detections of norovirus have also increased, although the number of detections are still relatively low. There have been fewer outbreaks reported for the last week, with the majority being in Social Care settings</p>			
<b>Environmental</b>				
<b>Issue</b>	<b>Comments</b>	<b>Reported by</b>	<b>Department</b>	<b>To be escalated?</b>
Bathing Water Quality	<p>The European Union (EU) Bathing Water Directive is provided to ensure that bathers are aware of the quality of bathing water and was implemented to protect human health and the environment. EU rules have been in place to safeguard public health and clean bathing waters since 1976. A revised bathing water directive of 2006 updated and simplified the rules, and introduced a requirement for sampling, and to inform the public about bathing water quality so that they can make informed choices about bathing. These regulations have since been revised to include more stringent requirements around sampling and advice.</p> <p>Four new bathing water classifications were introduced at the end of the 2015 bathing season: poor (advice to public against bathing) sufficient, good and excellent. Blackpool Council were given advanced warning that three of its four bathing waters were predicted to be classified as 'Poor'. In response, and with a view to concerns about the effect on public health and the adverse effect on tourism, Blackpool Council formed the <a href="#">Fylde Peninsula Water Management Partnership</a> with Fylde, Wyre, Lancashire County Council, Environment Agency, United Utilities and Keep Britain Tidy to ensure that the bathing water along the Fylde peninsula is the best quality it can be and that Blackpool's bathing waters achieve the classifications to allow bathing.</p> <p>A regional partnership, Turning Tides, provides communication regionally and about what is being done to improve our waters locally through the 'Love my beach' campaigns. This is proving a good way of engaging the public and others to reduce pollution. Membership of Turning Tides includes National Farmers Union, United Utilities and the Environment Agency and over the last four years this partnership has made a significant contribution to improving bathing water quality.</p> <p>The efforts of these two groups have paid off. In November 2015 Blackpool Council received the following classifications for its bathing waters:-</p>	Clare Nolan Barnes		

## Appendix 4a

	Blackpool South: Excellent Blackpool Central: Sufficient Blackpool North: Good Bispham: Sufficient The work of the Fylde Peninsula Water Management Partnership and Turning Tides continues to be important to ensure that local residents and visitors can be confident with the quality of bathing water, and enjoy the natural resources of the Fylde coastline. Further information on the Love my beach campaign can be found at <a href="http://lovemybeach.org">lovemybeach.org</a>			
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## Health and Safety Issues

Issue	Comments	Reported by	Department	To be escalated?
Sunbeds				
<b>Food Safety</b>  Allergens:  <div>Page 22</div> Licensing:	<p>The Food Standards Agency awarded us grant money to carry out allergen sampling this year. Where business have stated that peanut has not been used, meals have been checked for the presence of peanut. We have taken two samples. One of which is satisfactory. One business has been tested twice and both on occasions have been positive for the presence of peanut. This business is now being prosecuted for this, and other food hygiene offences. We hope to get further funding for the year ahead.</p> <p>We also got FSA funding to carry out sampling for testing of take away meals containing specified meat species to check they are the right species. We have carried out 7 samples. 2 of these samples have proved to be unsatisfactory. One ham and pineapple pizza was actually turkey and one lamb rogan josh was actually beef.</p> <p>Representing public health in licensing hearings for off licences in cumulative impact zones – 13 this year</p> <p>Alcohol strategy meetings with public health</p> <p>Alcohol sampling – ABV testing machine used to check licensed premises to check alcohol is genuine and safe. One of these visits has resulted in a simple caution.</p> <p>We are also working with Public Health this year towards delivering the Healthy Catering Award.</p> <p>Reduced resources for Food Control and health and safety enforcement. Food is losing the infectious disease officer post, which will impact on infectious disease case and outbreak investigations, sampling and investigation of food complaints. Some of these functions will cease, some will be absorbed by other officers.</p>	Carolyn Bland	Public Protection	
Rented Properties/Landlords				

## Communications

Issue	Comments	Reported by	Department	To be escalated?
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## Appendix 4a

Milk Fluoridation	Executive approval for scheme agreed on 18 <sup>th</sup> January 2016.	Donna Taylor (Public Health)	Public Health	
Public Health Campaigns GULP Challenge	<p>Children are consuming too much sugar. Recent estimates suggest that sugar accounts for around three times the maximum recommended proportion of their energy intake<sup>1</sup>. Sugary drinks are the largest single source of sugar for children<sup>2</sup>, particularly teenagers, who are getting almost a third of the daily sugar from sugary drinks<sup>3</sup>. Sugary drinks are full of excess calories, offer no nutritional value and aren't necessary for a healthy diet. In Blackpool a recent survey of secondary school children in the town 25% of boys and 16% of girls reported having fizzy drinks (not low cal) on most days<sup>4</sup>. Blackpool Council worked with Food Active to deliver the 'give up loving pop' campaign to raise awareness of the harms of sugary drinks, and to encourage teenagers to switch to healthier alternatives.</p> <p>The campaign was promoted via social media (Facebook, Twitter and Instagram), and through teaching sessions and roadshows delivered by school nurses and oral health promotion staff in schools and colleges. Students were encouraged to take the #GULPchallenge to give up loving pop for 21 days, sign up to the online pledge and share 'healthy selfies' with their friends with a change to win theme park tickets.</p> <p>Feedback received to date on the campaign has been positive. Students and staff engaged well with the campaign with one student even completing a video diary over the 21 days of the challenge. A post-campaign survey is currently underway with results expected in February 2015. Emerging findings from a follow up focus group in one school revealed that half of the students taking part had completed the challenge and felt they would be able to carry on not drinking pop, and all students said they now look at sugar content when buying drinks. The project generated a good deal of media interest and was covered in the print and broadcast media including BBC Breakfast and BBC News nationally.</p>	Lynn Donkin		
<b>Occupational Health</b>				
<b>Issue</b>	<b>Comments</b>	<b>Reported by</b>	<b>Department</b>	<b>To be escalated?</b>
Staff Flu Vaccination	<p>Occupational Health Service have offered free flu vaccinations for all Blackpool Council, Fylde and BCH employees. Whilst offered to all employees, those employees who are front line and working in a caring setting were encouraged to participate in the programme. Vaccination sessions were held in the OH suite at Bickerstaffe Square but in order to try to increase uptake within targeted groups, on-site vaccination sessions were also held at The Arc, Layton Depot, Municipal Buildings, Fylde and some schools. The sessions at Bickerstaffe however proved to be the most popular and best attended.</p> <p>In total 523 vaccines were given, 91 of these were employees working in Adult Services and 60 for Children Services. The remaining 372 were employees from other Directorates within the Council, Fylde, BCH and some schools (such as Highfurlong &amp; Woodlands).</p>	Karen White	OHD	yes

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		As well as the “in-house vaccination scheme”, this year we piloted a scheme with local pharmacies to see if the uptake would increase if employees were able to attend a pharmacy at a place and time convenient to themselves. The free vaccination voucher scheme has been running since November and to date 15 employees have used this opportunity.  <b>Whilst it is encouraging that has been a generally good uptake of flu vaccine in all departments within the Council; preferably uptake in staff working in front line services would be higher.</b>			

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Dr Arif Rajpura, Director of Public Health
<b>Relevant Cabinet Member:</b>	Councillor Amy Cross, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding
<b>Date of Meeting:</b>	2 <sup>nd</sup> March 2016

## DRUG STRATEGY

### 1.0 Purpose of the report:

- 1.1 To provide an overview on the development of the Drug Strategy and future direction of the work required to reduce health inequalities due to the impact of drugs.

### 2.0 Recommendation(s):

- 2.1 To agree to support the development the Drug Strategy.
- 2.2 To agree the principles of the Drug Strategy outlined in the report at Paragraph 5.7 and presentation.
- 2.3 To discuss how partners can work together on the delivery of the strategy in light of substance misuse being one of the Board's four priorities and align this with the Health and Wellbeing Strategy to maintain consistency and ensure a joined up approach.

### 3.0 Reasons for recommendation(s):

- 3.1 Since April 2013, the commissioning of substance misuse was transferred to the Local Authority under the guidance of the Public Health Directorate. In 2010 the Government produced its new Drug Strategy 2010: Reducing demand, restricting supply, building recovery: supporting people to live a drug free life. This strategy highlights the key role of local authorities it to help reduce both the supply of and demand for illicit drugs. This includes helping people to recover from drug addiction by providing education, housing, public health, social care and regulatory services.

Problem drug use does not happen in isolation and there are frequently links to a range of other factors such as mental health, alcohol misuse, homelessness and

crime. Many acquisitive crimes (including theft, burglary and robbery) are committed by people whose drug use has become an addiction. Their offending often escalates to keep up with the rising cost of their drug use. Some individuals support their drug use with low-level dealing or prostitution.

Drug misuse brings a wide range of problems and is a major concern for the public. The harms they cause are significant, wide ranging and costly. While all drugs have damaging impacts, the most harmful drugs, including heroin and crack cocaine bring untold misery to individuals, their families and communities. Problem drug use is an issue which has an impact on society as a whole, but disproportionately affects the most deprived communities, disadvantaged families and vulnerable individuals.

Drugs remain a serious and complex issue that the Board must address.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
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3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes
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3.3 Other alternative options to be considered:

Not to endorse the creation of a Drug Strategy or to agree different priorities for the strategy.

#### **4.0 Council Priority:**

4.1 The relevant Council Priorities are:

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

#### **5.0 Background Information**

5.1 The Health Needs Assessment provides an overview of the current patterns of drug use in Blackpool and the impact on the population, along with regional and national comparisons. It considers both adult and young people and provides information about the current drug services. In summary in 2012/13 there were an estimated 1,946 Opiate and Crack users in Blackpool, with an estimated 958 injecting users. In 2010/11 there were 545 hospital admissions where there was a primary and secondary diagnosis of drug related mental health and behaviour disorders. During 2012/13 it was reported that 73% of clients in treatment were unemployed, 26% of those in treatment reported they had a housing problem and over 50% of clients in treatment reported they had children living with them. The assessment also

identified that Drug-related offences committed in Blackpool increased 107% from 240 offences between 2008 to 498 offences in 2013.

- 5.2 Through the work of the Council's Trading Standards and Licensing Enforcement team with the Head Shops in Blackpool, it was highlighted that an increasing number of young people are being admitted to hospital due to the effects of taking New Psychoactive Substances. It also raised concerns about the unpredictable behaviour of the individuals taking such substances and the impact that this is having on the Police and Local Ambulance services.
- 5.3 Partners will be aware that drug misuse matters to the whole of society and has an impact on the whole community. From crime and violence in the local neighbourhoods, through to families who are forced apart by dependency and the profound and negative effect on communities, families and individuals.
- 5.4 In previous years the Council has had a treatment plan in place with the support of the National Treatment Agency which no longer exists. The focus of this plan was treatment and harm reduction and not the wider implications. Over the last couple of years there has been an increased use of New Psychoactive Substances (NPS), although the extent of this is not fully known and a joined up approach for tackling this needs to be taken by Blackpool. Nationally there is a growing concern about prescription and over the counter medicines and that the hidden issues of this type of addiction have not yet been fully realised. This is a new area of work, but there still a need to focus on the Opiate and Crack Cocaine users, as they are still the largest proportion of individuals entering treatment. The strategy will need to focus on considering how to support young people and raise their awareness of the issues related to drug use. It is recognised that there is still a need to continue tackling the harms caused by drugs and an element of the strategy will look at preventive work that still needs to be completed in order to ensure the community is safe.
- 5.5 The strategy will provide a framework for partners to debate on what proactive approaches could be put in place to reduce the number of individuals ending up in a life of chaos and having a negative impact on the community.
- 5.6 The current National Drug Strategy 2010 focuses on three key themes: reducing Demand; Restricting Supply and Building Recovery. At the present time the Home Office's Drug Strategy team is currently reviewing the document to consider the future direction. It is therefore timely for the Health and Wellbeing Board to consider supporting the development of a local strategy.

- 5.7 The aim of the Blackpool Drug Strategy is to consider a whole system approach to tackling the issues caused in light of individuals using drugs. The key Objectives of the strategy will be to:-
- Prevent harm to individuals
  - Build recovery
  - Preventing harm to the community
  - Empower young people to make informed choices
  - Keep children safe and rebuild families
  - Build community and increasing engagement and inclusiveness in Blackpool
- 5.8 As part of a whole system approach the strategy will need to involve, education, training, employment, housing family support, wider health services, probation, and youth justice services.
- 5.9 Does the information submitted include any exempt information No
- 5.10 **List of Appendices:**
- None
- 6.0 Legal considerations:**
- 6.1 There are no legal considerations in relation to the Drug Strategy.
- 7.0 Human Resources considerations:**
- 7.1 There are no Human Resource implications
- 8.0 Equalities considerations:**
- 8.1 Substance misuse has a significant impact on health inequalities and deprivation in the town. The aim of this strategy is to consider how the Council can reduce this inequalities gap.
- 9.0 Financial considerations:**
- 9.1 There are no financial considerations.

**10.0 Risk management considerations:**

10.1 There are no risk management considerations

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 The strategy is in its early development stages and there is a plan in place to consult within relevant departments within the Council, Police, Probation, schools, drug and alcohol treatment services, the third sector and service users.

**13.0 Background papers:**

**13.1 NICE - Public Health Guidance**

- Behaviour change: general approaches (PH6) October 2007
- Behaviour change: individual approaches (PH49) January 2014
- Domestic violent and abuse: multi-agency working (PH50) February 2014
- Hepatitis B and C testing: people at risk of infection (PH43) December 2012
- Needle and syringe programmes (PH52) March 2014
- Substance misuse interventions for vulnerable under 25s (PH4) March 2007

**NICE – Clinical Guidance**

- Drug misuse in over 16s: psychosocial interventions (CG51) July 2007
- Drug misuse in over 16s: opioid detoxification (CG52) July 2007
- Psychosis with substance misuse in over 14s assessment and management (CG120) March 2011

**NICE - Quality Standards**

- Drug use disorders in adults (QS23) November 2013

**NICE - Technology appraisal guidance**

- Methadone and buprenorphine for the management of opioid dependence (TA114) January 2007
- Naltrexone for the management of opioid dependence (TA115) January 2007

**NICE Guidelines**

- Drug Misuse Prevention February 2007
- Tackling drug use (LGB18) May 2014

- Severe mental illness and substance misuse (dual diagnosis) – community health and social care services November 2016

National Drug Strategy 2010



<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Dr Arif Rajpura, Director of Public Health
<b>Relevant Cabinet Member:</b>	Councillor Amy Cross, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding
<b>Date of Meeting:</b>	2 <sup>nd</sup> March 2016

## FULFILLING LIVES

### 1.0 Purpose of the report:

- 1.1 To provide the Health and Wellbeing Board with a briefing on the Fulfilling Lives project and to provide an update on the current progress being made.

### 2.0 Recommendation(s):

- 2.1 To note the Fulfilling lives project and promote the partnership working across Blackpool.
- 2.2 To discuss how the project can shape and influence future commissioning of services for people with complex needs.

### 3.0 Reasons for recommendation(s):

- 3.1 The project has been in operation for 18 months, and it is an appropriate time to share the learning and development to help shape system change within Blackpool. The project has been criticised for the lack of strategic leadership and it has been recognised that this needs to change. The first step in this process has been to appoint Dr Arif Rajpura, Director of Public Health, as the Chair of the Strategic Partnership. In addition to this the Partnership Manager is now part of the Better Start and HeadStart Partnership Boards in order for learning to be shared across the different Lottery funded projects.

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

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

3.3 Other alternative options to be considered

None

**4.0 Council Priority:**

4.1 The relevant Council Priority is

"Communities: Creating stronger communities and increasing resilience"

**5.0 Background Information**

5.1 The Big Lottery Fund has invested £100 million into improving the stability, confidence and capability of people with multiple and complex needs including: homelessness, reoffending, problematic substance misuse and mental ill health. People with such issues often rotate through various welfare and justice systems which can deepen the problems in their lives at a cost to them and society

5.2 Blackpool was chosen as one of 12 areas across England to receive funding for this initiative. The project was planned to run over 7 years and is now in the second year of operation. Blackpool received £10 million to deliver the project locally to; improve peoples' lives; help them make a positive contribution to local communities; change systems to better deal with these people in the future and to significantly reduce the current costs incurred by emergency services such as the police and ambulance service in responding to people living chaotic lifestyles.

5.3 The aim of the project is to achieve reductions in crime, misuse of alcohol and drugs, homelessness and mental health issues within this client group, resulting in a positive impact on local communities across Blackpool. Considerable emphasis has been placed on the involvement of ex-service users (people who previously had chaotic lifestyles caused by problems with alcohol, drugs, offending behaviour, homelessness and mental health issues) in the design and delivery of this programme. These 'ex-service users' will be using their skills, knowledge and experience to identify, engage with and support people currently living chaotic lives.

- 5.4 It is a partnership project including representation from a wide range of both voluntary sector and statutory organisations all of whom have links with the groups of people the project is targeted at. Statutory organisations represented include the Police, Ambulance Service, Blackpool Council, the NHS and the Probation Service. Voluntary Sector representation includes organisations providing mental health services, substance misuse services and support for offenders and people who are homeless.
- 5.5 Does the information submitted include any exempt information? No
- 5.6 **List of Appendices:**
- None
- 6.0 **Legal considerations:**
- 6.1 There are no legal considerations in relation to the Fulfilling Lives Project for Blackpool Council.
- 7.0 **Human Resources considerations:**
- 7.1 There are no Human Resource implications
- 8.0 **Equalities considerations:**
- 8.1 Substance misuse, mental health, homelessness and criminal justices all have a significant impact on health inequalities in the town and reducing the inequalities is a fundamental part of this project.
- 9.0 **Financial considerations:**
- 9.1 There are no financial considerations.
- 10.0 **Risk management considerations:**
- 10.1 There are no risk management considerations
- 11.0 **Ethical considerations:**
- 11.1 None

**12.0 Internal/ External Consultation undertaken:**

- 12.1 The Fulfilling Lives Project has involved stakeholder consultation from the start. Consultation took place with the public sector private sector, third sector and also involved service user consultation. The consultations informed the development of the original Business Plan.
- 12.2 The consultation process is on-going throughout the life of the project to learn from the experiences of the clients and to help support system change.

**13.0 Background papers:**

- 13.1 None

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Helen Lammond- Smith, Head of Commissioning, Blackpool Clinical Commissioning Group
<b>Relevant Cabinet Member</b>	Councillor Graham Cain, Cabinet Secretary- Resilient Communities
<b>Date of Meeting:</b>	2 <sup>nd</sup> March 2016

## MENTAL HEALTH SERVICES PRESENTATION

### 1.0 Purpose of the report:

- 1.1 To inform the Health and Wellbeing Board of local Mental Health Services and activity undertaken within the area to allow a thematic discussion to take place on the topic.

### 2.0 Recommendation(s):

- 2.1 To note the contents of this report and identify any further information and actions required, where relevant.

### 3.0 Reasons for recommendation(s):

- 3.1 To allow the Board to explore the issue of mental health services and discuss future further joint working.

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

- 3.2b Is the recommendation in accordance with the Council's approved budget? Yes

- 3.3 Other alternative options to be considered:

None

#### **4.0 Council Priority:**

##### **4.1 The relevant Council Priority is:**

“Communities: Creating stronger communities and increasing resilience”

#### **5.0 Background Information**

##### **5.1 The Health and Wellbeing Board has previously requested a joint presentation from Blackpool Clinical Commissioning Group and partners on the key challenges and priorities for mental health and how these are being met.**

A report was requested as a starting point for the discussion, to cover:

- setting the scene,
- key challenges,
- what partners are doing
- what are the priorities
- how partners are meeting the priorities for services and partners

##### **5.2 Setting the Scene**

Mental Health Services in Blackpool are delivered primarily by Lancashire Care NHS Foundation Trust (LCFT), Blackpool Teaching Hospitals NHS Foundation Trust (BTH) and Blackpool Council with support from a range of third sector partners.

In Blackpool, the Single Point of Access, Primary Mental Health Services (including Increasing Access for Psychological Therapies - IAPT) Child and Adolescent Mental Health Services (CAMHS) and Recovery Team are provided by Blackpool Teaching Hospitals in partnership with Blackpool Council. These services are commissioned by Blackpool Clinical Commissioning Group.

Lancashire Care provides Secondary Mental Health Services for Adults and Older Adults as well as Children’s Psychological Services.

In addition to Community Mental Health services, Lancashire Care manages the provision of a purpose built inpatient unit, The Harbour. In total there are 154 beds at the Harbour, which is a little over 50% of the total adult inpatient capacity for Lancashire Care Foundation Trust across the county with the other units being based in Lancaster, Ormskirk, Blackburn and Burnley.

### 5.3 **Key Challenges**

Mental health problems are amongst the most common forms of ill health and they can affect any one of us, at any point in our lives.

Blackpool has the fifth highest rate for all mental health conditions in the country.

Blackpool has a higher rate of people claiming sickness benefit due to mental health problems – not only in the North West but England as a whole.

### 5.4 **What partners are doing**

The Harbour, Lancashire's largest Mental Health Inpatient Unit was opened in March 2015, as part of a long term strategic plan to develop a network of specialist inpatient mental health beds supporting the overall provision of Mental Health Services across Lancashire. The Unit provides care for patients and service users not just from Blackpool and the Fylde Coast but other parts of Lancashire too.

The Harbour contains 10 wards – 4 Acute (Functional) Mental Health wards, 2 Psychiatric Intensive Care wards (PICU), 2 Advanced Care wards, and 2 for patients with Dementia. Currently, the Female Psychiatric Intensive Care wards at the Harbour, Byron Ward, has recently reopened. An intensive training programme has been undertaken successfully across both Psychiatric Intensive Care wards to ensure staff are equipped to provide appropriate care for those people with complex mental health problems.

The inpatient service is managed on a county wide basis, and while every effort is made to admit patients to a bed close to home, the primary focus is to admit to a clinically appropriate facility within Lancashire.

When demand exceeds supply inpatients are placed with private providers, many in Lancashire and more across the North West. In exceptional circumstances people may be placed some distance from home but in these cases, repatriation is a priority when a local bed becomes available.

Lancashire Care Foundation Trust has been working with commissioners to develop other services to reduce the reliance on inpatient beds and these will be coming on stream in phases over the next 4 months. Already, commissioners have funded additional Psychiatric Intensive Care wards capacity in Ormskirk which was opened in late September and has already benefited patients.

Blackpool Clinical Commissioning Group has a waiting list initiative in place to reduce waiting times for IAPT; Blackpool Teaching Hospital is aiming to meet the targets by April 2016. The targets are 75% of people to be seen within 6 weeks of referral and 95% of people seen with 18 weeks of referral. Blackpool Teaching Hospital is reporting that as of January 2016, 80% of patients have been seen within 6 weeks and 98% seen within 18 weeks.

A Blackpool mental health alliance board has been established, at which Blackpool Teaching Hospital Trust, Lancashire Care Foundation Trust and the council are represented at a senior level monthly meeting chaired by the Blackpool Clinical Commissioning Group Chief Operating Officer. The board considered this report and a formal joint response was submitted to Healthwatch from Blackpool Council and Blackpool Clinical Commissioning Group. This group is overseeing the redesign of the community mental health services in Blackpool; this aims to move away from a stepped model of care to reduce hand offs of patients and alignment of new teams across GP neighbourhoods. Multiple teams will become an Assessment and Treatment Team (7 days a week crisis response and short term follow up) and Community Mental Health Teams (5 days a week, aligned to neighbourhoods for complex mental health presentations).

Several new initiatives are being piloted in Blackpool, for example the police and a mental health nurse on duty undertaking street triage. This is aimed at reducing crisis issues and resolving things quickly rather than conveying to a busy Accident and Emergency department which is not always the right environment for people when they are distressed by life events.

## **5.5 The Priorities and how partners are meeting them**

Patients are taken by ambulance from The Harbour to Blackpool Victoria Hospital's Accident and Emergency Department. Lancashire Care and Blackpool Teaching Hospitals work closely together to reduce the impact this has.

A significant risk for Blackpool Victoria Hospital is Mental Health patients presenting at Accident and Emergency.

Facilities to reduce admissions, two 15 bedded Assessment Wards and a six space Clinical Decision Unit, and support for earlier discharge in the form of step-down accommodation, are now under development, with phased implementation from December onwards. This will increase the number of inpatient beds available from 297 to 327.



These are located in East Lancashire due to the availability of existing estate but will have the effect of relieving some of the pressure on The Harbour.

5.6 Does the information submitted include any exempt information? No

5.7 **List of Appendices:**

Appendix 7a: Presentation on Mental Health Issues

6.0 **Legal considerations:**

6.1 None

7.0 **Human Resources considerations:**

7.1 Contained within the body of the report.

8.0 **Equalities considerations:**

8.1 There are no equalities issues.

9.0 **Financial considerations:**

9.1 Continued use of bank and agency nurses is not the most economic solution, but as recruitment improves, this cost will reduce.

9.2 Having patients cared for in the Private Sector is a significant cost pressure, and one which is considered closely with Commissioners. The two facilities to reduce admissions will help to reduce this cost pressure.

10.0 **Risk management considerations:**

10.1 Staffing and financial risks are actively managed by Lancashire Care, Blackpool Teaching Hospitals, Blackpool Clinical Commissioning Group and Blackburn with Darwen Clinical Commissioning Group.

11.0 **Ethical considerations:**

11.1 None.

**12.0 Internal/ External Consultation undertaken:**

- 12.1 Extensive public consultation has been conducted as Mental Health Services have been developed to the current model. In addition, there is ongoing communication at an executive level with Commissioners, service users and their carers and other stakeholders.

**13.0 Background papers:**

- 13.1 None.

# **Appendix 7a: Mental Health Update March 2016**

**Helen Lammond-Smith  
Blackpool CCG**



# Current Provision

- **Blackpool Teaching Hospitals FT/Council**
- **CAMHS, Primary Care Mental Health , including IAPT, social inclusion, perinatal, CPNs, social workers**
- **Lancashire Care Foundation NHS Trust/Council**
- **Complex care and Treatment, EIS, Eating disorders, In patients, secure services, Older adult Mental Health, memory assessment**

# CAMHS Transformational Plan

- All partners to sign up to the plan, led by CCG
- H&WBB to own, govern & sign the plan off for the locality
- Plan submission date 16<sup>th</sup> October 2015
- Further funding available for Blackpool following plan submission to be spent by 1<sup>st</sup> April 2016
- Work underway, camhs workers in schools etc
- Mandated spend areas: Eating disorders - Peri-natal MH - CAMHS integrated model & links to schools - CYP IAPT

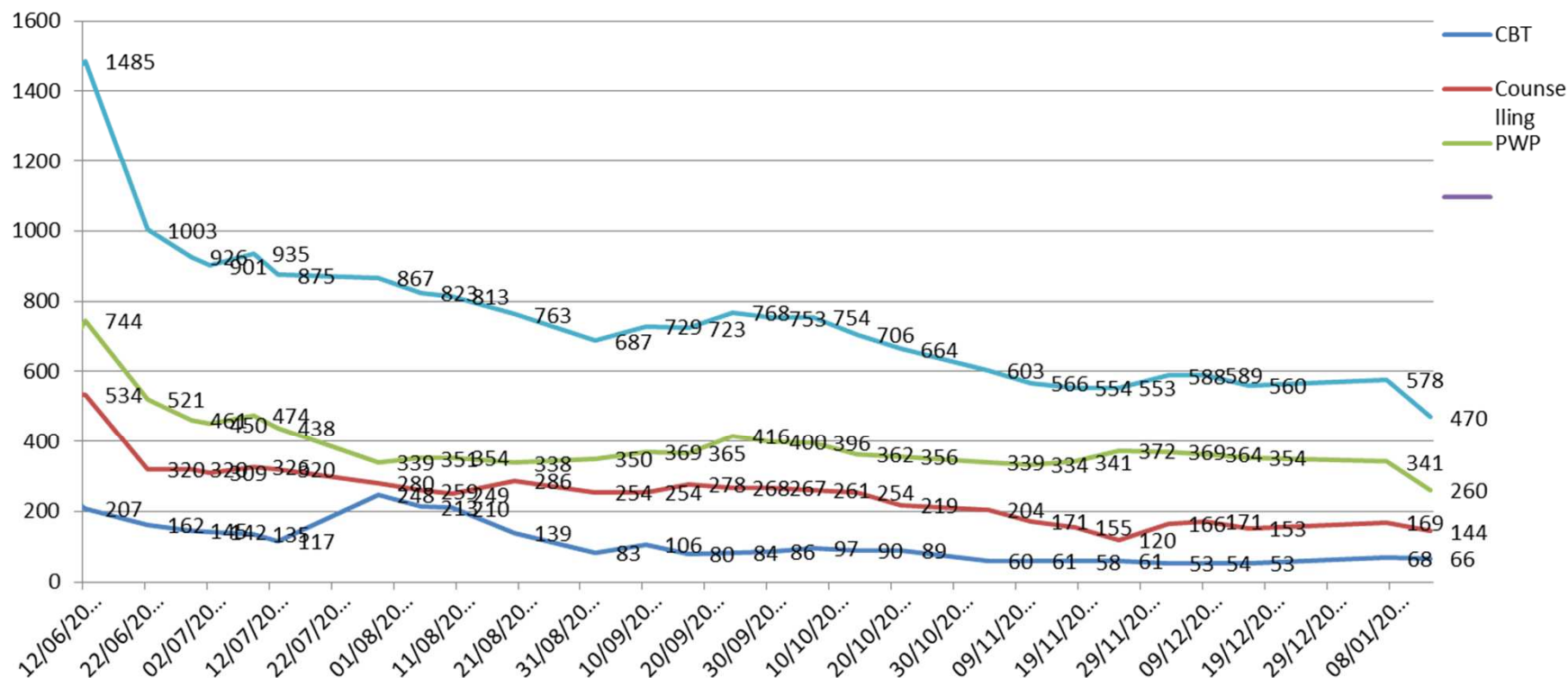
# IAPT – April 2016 Targets

- **Waiting time standards for people entering an IAPT course of treatment by April 2016**
  - 75% of all referrals to be seen in 6 weeks
  - 95% of all referrals to be seen in 18 weeks
  - 15% access rate, 50% recovery rate
- **April 2015 – c.1500 cases waiting up to 10 months**
- **CCG funding agreed**
- **Successful waiting list initiative bid from NHS England**
- **Action plan and Programme Board now in place**

# Improving Access to Psychological Therapies (IAPT): Highlight Report to Blackpool CCG – 15 January 2016



**No. of clients waiting for first assessment and first treatment by modality as at  
140116**

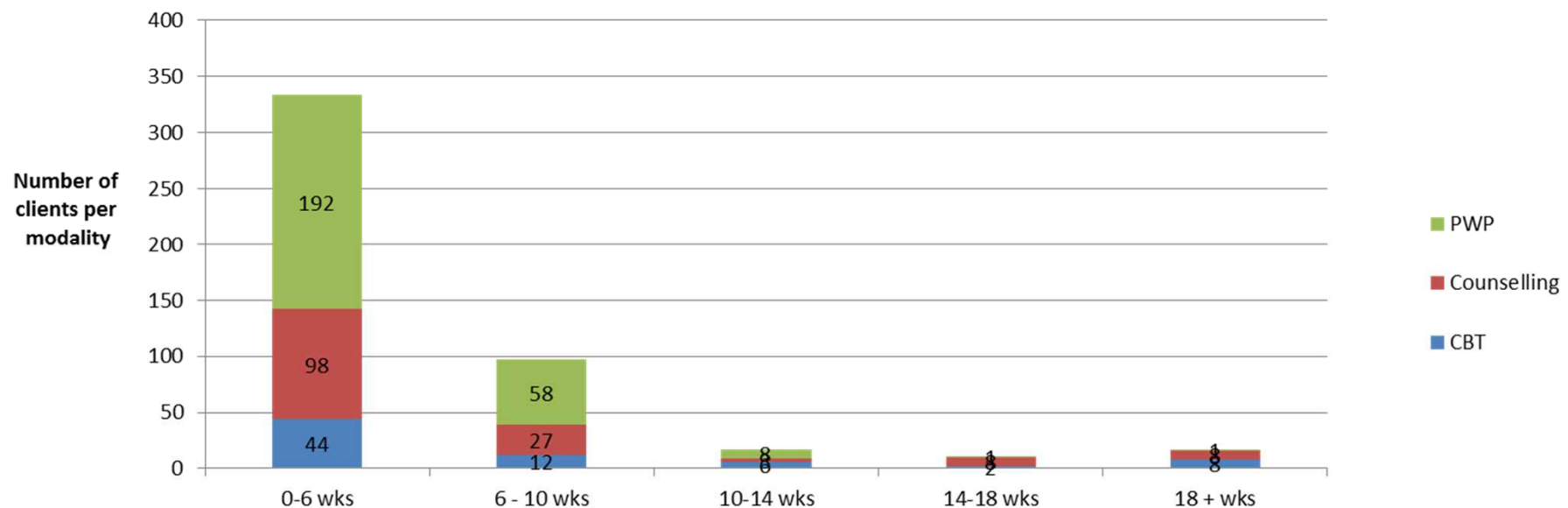


Continued data cleansing and corrections following the writing of the migration script has resulted in both the numbers of waiters and numbers on the weekly movements report to increase. Testing and checking will continue on the migration data in the short terms and may result in historical data fluctuating slightly week on week whilst any errors are corrected\_AK\_03.12.15



# Improving Access to Psychological Therapies (IAPT): Highlight Report to Blackpool CCG – 15 January 2016

Number of clients per modality by number of waiting weeks as at 14/01/2016



Figures may not sum with total waiters due to total figures being used in this chart which do not include those waiting to step up or step down into other services.



# In-patient Bed Reduction

- Harbour opened 2015, 156 beds, discussion ongoing on other sites in Blackburn and Central Lancs
- Recent high numbers of out of area placements
- LCFT recovery plan, bed management, telecoms
- Transition Oversight Group
- Additional PICU beds at Ormskirk
- 2 x 15 bedded assessment wards and a Clinical Decision Unit in East Lancashire to alleviate pressure

# Adult Mental Health Service Redesign Proposal

- To be implemented by April 2016
- Alliance board in place LCFT/BTH/BC/CCG
- Access and Treatment Team- ongoing support
- Move IAPT to sit outside CMHT – referral pathway
- Develop Community Mental Health Teams with staff seeing all patients, mild to moderate and severe mental illness.
- Two teams across Blackpool linked to neighbourhood configuration
- Formal Alliance Management agreements in place between providers



# Older Adult Mental Health

- **LCFT , Greater focus on Dementia**
- **Lancashire wide redesign to improve diagnostic gap – CCG target 67% (89%)**
- **Reduce Memory Assessment times to 70% seen within 6 week wait**
- **Memory screening ongoing with voluntary sector**



## Memory Assessment Service (MAS) – seen within 6 weeks

CCG	Number seen under 6 weeks	Total patients seen	%
NHS Blackburn with Darwen CCG	25	26	96%
NHS Blackpool CCG	49	52	94%
NHS Chorley and South Ribble CCG	23	26	88%
NHS East Lancashire CCG	37	46	80%
NHS Fylde & Wyre CCG	47	53	89%
NHS Greater Preston CCG	28	29	97%
NHS Lancashire North CCG	18	22	82%
NHS West Lancashire CCG	9	40	23%
Out of area	1	4	25%
Grand Total	237	298	80%

**For all people during December, 80% were seen within 6 weeks**

297 people were seen for the diagnostic pathway during December.

The target of 70% has been maintained for 11 consecutive months: From February to June 2015, compliance was reported against a 4 week referral to assessment target and from July, we have been reporting against a 6 week target.

West Lancashire position has improved slightly given that long waits have now been addressed. The management team will continue to monitor the waiting time in West Lancashire given the disparity.

# Any questions?



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<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Venessa Beckett, Corporate Development and Policy Officer
<b>Relevant Cabinet Member:</b>	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
<b>Date of Meeting:</b>	2 <sup>nd</sup> March 2016

## DRAFT FORWARD PLAN

### 1.0 Purpose of the report:

- 1.1 To inform the Health and Wellbeing Board members of the draft Forward Plan that has been developed for the Board.

### 2.0 Recommendation(s):

- 2.1 It is recommended that members of the Board consider the draft Forward Plan and advise of any agenda items from individual organisations that the Board is required to approve so that they can be timetabled into the plan as appropriate.

### 3.0 Reasons for recommendation(s):

- 3.1 The forward plan will enable the Health and Wellbeing Board to plan in greater detail its forthcoming agendas.

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

- 3.2b Is the recommendation in accordance with the Council's approved budget? Yes

- 3.3 Other alternative options to be considered:

None

**4.0 Council Priority:**

**4.1 The relevant Council Priorities are:**

“The economy: Maximising growth and opportunity across Blackpool”

“Communities: Creating stronger communities and increasing resilience”

**5.0 Background Information**

5.1 In order to maintain a strategic oversight of the health and wellbeing agenda and ensure that the Board fulfils its statutory duties, a draft Forward Plan has been developed. This will enable the Board to strategically plan its future agendas and ensure that items are aligned to and relevant to the delivery of the Board’s priorities. This plan was agreed at the meeting of the Board held on the 15<sup>th</sup> July 2015 and has been reviewed at all meetings since then and it is intended that it will be reviewed at all future meetings to give the Board oversight of its workplan.

5.2 At the Strategic Commissioning Group away day on 1<sup>st</sup> July 2015, the link between the Health and Wellbeing Board and Strategic Commissioning Group was discussed. In order to maintain the relationship between the Board and Strategic Commissioning Group, and ensure that there is alignment between the Strategic Commissioning Group’s commissioning priorities and the Board’s strategic priorities, the draft Forward Plan will be included as a standing item at the Strategic Commissioning Group to enable relevant items from the Strategic Commissioning Group to be added on a regular basis for discussion and ratification.

5.3 Does the information submitted include any exempt information? No

**5.4 List of Appendices:**

Appendix 9a: Draft Forward Plan

**6.0 Legal considerations:**

6.1 None

**7.0 Human Resources considerations:**

7.1 None

**8.0 Equalities considerations:**

8.1 None



**9.0 Financial considerations:**

9.1 None

**10.0 Risk management considerations:**

10.1 None

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 None

**13.0 Background papers:**

13.1 None

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**(Draft) Health and Wellbeing Board Forward Plan 2015 – 16**

BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
Wednesday 2 March 2016 3.00 – 6.00pm	Formal	<b>SUB-GROUP UPDATES</b>  1. Strategic Commissioning Group update (15mins)  2. Health Protection Forum update (15mins)  <b>BUSINESS ITEMS</b>  3. Fulfilling Lives (20mins)  4. Drug Prevention Strategy (20mins)  <b>FOR INFORMATION</b>  5. Draft Forward Plan (SI) (5 mins)	Mental Health – discussion (30mins)	All finalised reports to be sent to Venessa Beckett by <b>12 noon on Wednesday 17 February 2015</b>

BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
Wednesday 20 April 2016 3.00 – 5.00pm	Formal	<p><b>SUB-GROUP UPDATES</b></p> <ol style="list-style-type: none"> <li>1. Strategic Commissioning Group update (15mins)</li> <li>2. Children and Young People's Partnership update (15mins)</li> </ol> <p><b>BUSINESS ITEMS</b></p> <ol style="list-style-type: none"> <li>3. Better Care Fund: approval of submission (15mins)</li> <li>4. Fylde Coast Cancer Strategy (20mins)</li> <li>5. HWB Strategy: interim consultation results (15mins)</li> </ol> <p><b>FOR INFORMATION</b></p> <ol style="list-style-type: none"> <li>6. Draft Forward Plan (SI)</li> </ol>	<p><b>Combined Authority (20mins)</b>  <b>Healthier Lancashire (20mins)</b></p>	<p>All finalised reports to be sent to Venessa Beckett by <b>12 noon on Wednesday 6 April 2015</b></p>

BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
<p>Wednesday 8 June 2016 (provisional date pending Annual Council) 3.00 – 5.00pm</p>	Formal	<p><b>SUB-GROUP UPDATES</b></p> <ol style="list-style-type: none"> <li>1. Strategic Commissioning Group update (10mins)</li> <li>2. Children and Young People's Partnership update (10mins)</li> </ol> <p><b>BUSINESS ITEMS</b></p> <ol style="list-style-type: none"> <li>3. NHS Sustainability and Transformation Plans – sign off (30mins)</li> <li>4. Learning Disability Transformation Plan (15mins)</li> <li>5. HWB Strategy approval (15mins)</li> </ol>		

**Future items:**

Better Start

**Discussion**

Health and employment

Impact of budget reductions on services

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