

Blackpool Council

14 March 2017

To: Councillors Callow, Mrs Callow JP, Elmes, Hobson, Hutton, Owen and L Williams

The above members are requested to attend the:

HEALTH SCRUTINY COMMITTEE

Wednesday, 22 March 2017, 6.00 pm
Committee Room A, Town Hall, Blackpool FY1 1GB

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 14 DECEMBER 2016 (Pages 1 - 12)

To agree the minutes of the last meeting held on 14 December 2016 as a true and correct record.

3 PUBLIC SPEAKING

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

4 COUNCIL PLAN PERFORMANCE REPORT - QUARTER THREE 2016-2017 (Pages 13 - 20)

To present performance against the Council Plan 2015-20 for the period 1 October 2016 - 31 December 2016.

5 YOUNG PEOPLE'S HEALTH NEEDS IN CARE (Pages 21 - 26)

To provide an update to members on the areas of the Lancashire Care Quality Commission (CQC) action plan for Looked After Children (local authority care) that are relevant locally, and provide assurance on the current provision for the health needs of Looked After Children in Blackpool.

6 TRANSFORMATIONAL PLANNING PROGRAMME (Pages 27 - 36)

To provide a summary of the Transformational Planning Programme across Lancashire for Children and Young People's Emotional Health and Wellbeing and progress to date in Blackpool, challenges, opportunities, next steps and involvement of children and young people.

7 PUBLIC HEALTH UPDATE ON CHILDREN'S HEALTHY WEIGHT AND ORAL HEALTH (Pages 37 - 46)

To present an update on work to promote healthier weight and good oral health amongst children in Blackpool.

8 HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017 (Pages 47 - 76)

To review the Health Scrutiny Committee's Workplan for 2016-2017.

9 DATE AND TIME OF NEXT MEETING

To note the date and time of the next meeting as Wednesday, 26 April 2017 commencing at 6pm in Committee Room A.

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

Other information: For queries regarding this agenda please contact Sandip Mahajan, Senior Democratic Governance Advisor, tel: (01253) 477211, e-mail sandip.mahajan@blackpool.gov.uk

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MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING WEDNESDAY, 14 DECEMBER 2016

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Mitchell
Mrs Callow JP	Hutton	Owen

In Attendance:

Councillor Amy Cross, Cabinet Member for Health Inequalities and Adult Safeguarding

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group

Mr Tim Bennett, Deputy Chief Executive and Finance Director, Blackpool Teaching Hospitals NHS Foundation Trust

Mr Neil Upton, Deputy Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust

Ms Natalie Davidson, Assistant Director (Resilience Management), Blackpool Teaching Hospitals NHS Foundation Trust

Mr Graham Curry, Sector Manager, North West Ambulance Service

Ms Ruth Henshaw, Corporate Development Officer

Mr Sandip Mahajan, Senior Democratic Governance Adviser

1 DECLARATIONS OF INTEREST

Councillor Martin Mitchell declared a personal interest as the Council's representative on the Board of Governors for Blackpool Teaching Hospitals NHS Foundation Trust in relation to the item on Winter Health Planning and the Trust's Strategy, Ambitions and Work Programmes.

2 MINUTES OF THE MEETINGS HELD ON 28 SEPTEMBER 2016, 12 OCTOBER 2016 AND 29 NOVEMBER 2016

The Committee agreed that the minutes of the Scrutiny Committee meetings held on 28 September 2016, 12 October 2016 and 29 November 2016 be signed by the Chairman as a correct record.

3 PUBLIC SPEAKING

The Chairman explained that the BBC had commissioned local TV media to film a series of council committee meetings as part of a national project promoting local democracy. He welcomed back Paul Faulkner from That's Lancashire Television who had attended the Committee's meeting on 29 November 2016. The Committee noted that there were no applications to speak by members of the public on this occasion.

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4 EXECUTIVE AND CABINET MEMBER DECISIONS

The Committee noted that there were no Executive or Cabinet Member decisions on this occasion.

5 FORWARD PLAN

The Committee noted that there were no items on the Forward Plan, December 2016 - March 2017 on this occasion within the portfolio of the Cabinet Secretary, Councillor Graham Cain relating to health scrutiny functions.

The Chairman referred to two other items of interest that were progressing which had been previously considered by the Committee. These were the new Health and Wellbeing Strategy in relation to Pan-Lancashire proposals and tendering of a new Integrated Clinical Recovery, Drug and Alcohol Treatment Service.

Councillor Amy Cross, Cabinet Member for Health Inequalities and Adult Safeguarding explained that a combined Health and Wellbeing Board was being proposed for Lancashire. The governance arrangements were due to be considered by the Council's Executive on 15 December 2016 and by the other two upper tier authorities in Lancashire (Blackburn with Darwen Borough Council and Lancashire County Council). The target for the combined Board formally starting was May 2017.

She provided assurance that there would still be local delivery arrangements taking into account local needs which would support the strategic aims of the Pan-Lancashire Board. For Blackpool, local work would be through the Blackpool, Wyre and Fylde Coast Partnership.

Councillor Amy Cross referred to the Drug and Alcohol Treatment Service and noted that the Committee had previously received a detailed profile of the Service aims from Dr Arif Rajpura, Director of Public Health. The contract was shortly due to be awarded with the new Service targeted to start in April 2017.

6 HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017

The Chairman referred to the Health Scrutiny Workplan for 2016-2017 and progress with the implementation of recommendations. The Chairman informed the Committee that some agreed actions from previous meetings required from the Blackpool Clinical Commissioning Group were still outstanding without any explanation and that it was important to complete actions and also ensure reports for meetings were submitted in good time. A request would be sent on his behalf to the Clinical Commissioning Group.

The Committee were provided with a summary of key topics added to the Work Programme.

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Following an inspection in the middle of 2016, the Care Quality Commission had required significant improvement from the Grange Park Health Centre which was the only health centre in Blackpool served by a single GP. The Committee had previously noted the concerns and that there had been no direct threat to patient safety or quality of care. Therefore a watching brief had been maintained. A re-inspection had taken place with another report due to be published in December 2016. It was understood that steady progress was being made with support from NHS England and Blackpool Clinical Commissioning Group. However, improvement needed to be sustained after the various support had ceased. Following the re-inspection report being published, the Committee could receive a detailed update at its March 2017 meeting from the Clinical Commissioning Group.

The Committee had recently considered progress being made at The Harbour (Lancashire Care Foundation Trust's in-patient adult mental health facility in Blackpool). The Care Quality Commission had undertaken an inspection of the Trust in autumn 2016 and inspection report would be published in December 2016. The Trust had indicated to the Committee that no serious concerns had been raised by the Commission during the inspection. The Committee noted the option for a brief update at its March 2017 meeting.

The draft Public Mental Health Strategy would be considered at the March 2017 meeting and would complement a dedicated meeting focusing on young people's health needs. The draft Sexual Health Strategy would be considered at the provisional July 2017 meeting.

The Committee had previously considered progress with integrated health and social care, principally through the development of the Sustainability and Transformation Plan 2016-2020. Progress with transforming care for people through the Plan as well as financial efficiencies were to be added to the provisional July 2017 or September 2017 meetings.

Councillor David Owen referred to the significance of the Sustainability and Transformation Plan and concerns that the Plan showed little prospect of delivering on effective transformation of services to improve patient care, manage demand or to achieve the level of financial savings required (£572m across Cumbria and South Lancashire equating to 25% of budgets) over the five years. Plans were being driven by national savings requirements of NHS England. He highlighted that the Plan lacked specific local detail of proposed actions, would impact negatively upon patient care and should be rejected. He highlighted the importance of keeping track of progress.

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group acknowledged that the Sustainability and Transformation Plan lacked detailed but had been supported by the Health and Wellbeing Board. A user-friendly version would be produced. He added that it would be possible to consider progress earlier in 2017 with more detailed local information in the Plan.

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The Committee agreed:

1. To approve the Scrutiny Workplan subject to progress with health and social care integration (principally Sustainability and Transformation Plan) being reported to the Committee at its March 2017 meeting or another early date in 2017.
2. To note the 'Implementation of Recommendations' table and that the Blackpool Clinical Commissioning Group would be requested to complete outstanding actions.

7 COUNCIL PLAN PERFORMANCE REPORT - QUARTER TWO 2016-2017

Mrs Ruth Henshaw, Corporate Development Officer had reported on key performance indicators July-September 2016 in relation to three groups - opiate drugs users, non-opiate drug users and alcohol users - and the percentages (%) of these substance users successfully completing treatment. For drug users, recovery meant not re-presenting within six months. Opiate drugs users had been highlighted as an 'exception' with a shortfall in performance requiring more detailed reporting.

The Chairman noted that the sustained recovery rate of 5% for opiate drug users was well below the 8% target. Councillor Cross referred to the detailed explanation previous given by Arif Rajpura. She re-iterated that the remaining opiate users had the most complex and deep-rooted problems. She added the new integrated alcohol and drug treatment service would aim to support recovery through a more comprehensive approach involving aspects such as meeting accommodation needs and developing skills for jobs. In response to comments, she advised that there were no easy solutions, for example people could only gradually come off methadone, which was better than being on heroin and allowed people to manage their lives but the process could take years.

The Chairman referred to the annual measures to reduce excess weight in children aged four - five years old (target of less than 25% being overweight) and children aged ten - eleven years old (target of less than 38%). He queried why the target in later years was higher instead of focusing on preventing problems in early years.

Councillor Cross explained that the targets were for key stages of children's development and reflected how high existing numbers of overweight children were in each group and nationally. She acknowledged that excess weight rates were still high in Blackpool hence the Council had signed up to the Local Authority Declaration on Healthy Weight. She referred to proactive work for reducing excess weight in both age groups, for example free school breakfasts to support children in need of financial assistance and stated that those provided important nutritional value and studies showed that a healthy start supported concentration and activity during the school day.

In response to comments, Councillor Cross added that the content of breakfasts was carefully considered and monitored to ensure there was no high sugar content or other poor dietary element. Reducing sugar content helped towards tackling local children's poor dental health including campaigns such as Give Up Loving Pop (GULP) which had been highly successful and would potentially be run again. She added that promoting children to clean their teeth would benefit them from the fluoride content of toothpaste.

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The Committee referred to the annual measures to reduce the numbers of adults and pregnant women smoking. GPs currently received a cash incentive to refer patients for assistance to stop smoking. However, the £50k funding budget for GP referrals was being stopped and there was some concern that GP referrals would be lost. It was noted that GPs should be making referrals even without an incentive.

Councillor Cross clarified that the Council was the funding body for GP smoking referrals and the value of referrals had to be balanced against the cost. She added that GPs should not need an incentive to make referrals and that there would be no incentive going forward.

The Committee agreed to receive an update before the March 2017 meeting from Councillor Cross on GP patient referral rates for support to stop smoking.

Note - The Committee agreed to move Blackpool Clinical Commissioning Group's performance report to the end of the agenda so that attendees with major operational priorities concerning ambulance and hospital services were able to return to work.

8 WINTER HEALTH PLANNING

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group; Graham Curry, Sector Manager, North West Ambulance Service; and Neil Upson, Deputy Director of Operations, Blackpool Teaching Hospitals presented an update on specific activities undertaken around winter health planning across the Blackpool Health Economy and Fylde Coast area (involving local health service commissioners and providers of services).

David Bonson explained that a wide range of planning work had been undertaken recognising that demand pressures on acute and emergency services increased significantly during the winter period. Some regular services closed during the holiday period but demand needed to be managed and had increased in 2016.

He explained that planning followed national guidance which created standard local systems, structures and processes. An Accident and Emergency Delivery Board, had been created for the Fylde Coast area incorporating Blackpool with a full range of executive decision-makers from health and social care commissioners and service providers. The Board was supported by an Emergency System Resilience Group which met weekly to review the previous and plan ahead. The Board would take more of a lead role as pressures increased.

David Bonson highlighted one of the key new elements being a structured approach to operational levels. There were four operation pressures escalation levels: a basic level one for day-to-day operations at an ordinary level of demand and management; level two for a slight increase in pressures requiring additional action; level three reflecting major pressures and level four where there were severe risks of unmanageable pressures. Each level was underpinned by the need for ensuring patient safety and sufficient resources to manage demand.

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He added that operations were currently at level two and outlined some new areas of planning. Primary care services (GPs) were more involved with enhanced opening times over the Christmas period and ability to take on non-routine appointments. The walk-in Whitegate Health Centre was offering standard and emergency slots. Pharmacists were ensuring their opening times allowed access to at least one pharmacist at any given time. Dentists were providing greater access through a 'single point of contact' dental helpline.

Graham Curry profiled the pressures that the North West Ambulance Service was under. Call rates were up 10% totalling around 3,900 calls daily of which around 12% were managed through the NHS 111 advice line. To help manage the increased demand and support emergency responses more, resources were being pooled from different areas of the Ambulance Service. These included Urgent Care, NHS 111 and the Patient Transport Services.

He explained that one particular recent change had been simplifying the wide range of incident codes for telephone calls received from over 221 'red one' codes (fastest response times required) to 16 codes. The streamlining made it easier and quicker for operators to process calls and allocate resources for these life threatening incidents. He added that an Integrated Virtual Hub had been developed for managing a wide range of advice calls for the public and staff in the Urgent Care Service. Paramedics also reviewed incidents so that 48% of 999 emergency calls did not need to go to hospital but instead more appropriate routes such as GPs. Other initiatives included paramedics and occupational therapists visiting vulnerable people at home to help prevent falls leading to a reduction of 70% less people going to hospital due to a fall. Mental health nurses worked closely with people at home.

Neil Upson referred to the 95% target for accident and emergencies to be dealt within four hours of arrival were not being met. There were seasonal variations with hospital attendances for same day treatment increasing in the summer based on visitor numbers but admissions for hospital stays did not go up. During summer both attendances and admissions had gone up. Usually in winter attendances reduced but admissions increased.

He referred to a range of initiatives to reallocate resources including eighteen beds from scheduled care to emergency cases and release pressures at the acute care sites. The acuity (severe) care service had reduced discharges to the same day from previously one to three days. The frailty service had also been speeded up to reduce discharges to the same day freeing up five beds for emergencies. Twelve unused beds at the Clifton unit had been brought back into use. The therapy service also aimed for same day discharges. Reference had been made earlier to opening times increased for the walk-in Whitegate Drive Health Centre. The acute services were also working closely with the Council's Social Services to develop fifteen extra packages of care and more integrated health and social care planning including ten beds being made at the Arc facility. Reducing outpatient clinics meant that key clinical staff would be more focused on emergencies.

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The Chairman noted that the winter health planning report was not very reader-friendly with a range of acronyms. He asked what would be the response if a (severe) operational escalation of level four was required. Neil Upson acknowledged that level four was rare but extremely challenging. The senior executive team would take responsibility for deciding actions which could include cancelling non-critical work and operations (after careful consideration was given), making sure all key staff were on-call and all staff briefed. Patients would be appropriately discharged.

In response to Committee comments that it might seem an unseemly rush to get people out of hospital, Neil Upson gave an assurance that people would only be discharged if appropriate and that being in hospital did not fully support people's recovery. Community care was better although there were resource pressures across hospital and community care. The Committee enquired if records were kept of patients discharged who were readmitted not long after. Natalie Davidson, Assistant Director (Resilience Management) explained that data was analysed for patients who returned within thirty days to identify the cause/s and whether early discharge had been a factor. Experienced staff communicating well with patients ensured that readmissions had reduced but there were still resource issues.

In relation to resource pressures, Members enquired if the voluntary and private sectors were called upon. Graham Curry confirmed that St Johns Ambulance was used particularly at peak times such as New Years' Eve. He added that private ambulances did offer a significant but very expensive resource so were not a first port of call.

The Committee enquired about the impact of 'repeat' callers who constantly rang the 999 emergency line. Graham Curry explained that the issue was well known and there were structured processes to manage the issue. Often people had mental health issues or were lonely so situations had to be dealt with sensitively and social services were often involved to offer support. In extreme cases, the police and courts became involved with anti-social behaviour orders imposed.

In response to Members' concerns on ambulance handover times at hospitals, Graham Curry confirmed that the issue was a strain on patients waiting for an ambulance and also volunteer and rapid response crews who needed to wait for experienced paramedics. However, Blackpool's ambulance response and waiting times were better than comparable neighbours. He added that hospitals only admitted people who were genuinely ill so that ensured some demand management.

The Committee noted the report and thanked the health representatives for their efforts.

9 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST: STRATEGY, AMBITIONS AND WORK PROGRAMMES

Mr Tim Bennett, Deputy Chief Executive and Director of Finance, Blackpool Teaching Hospitals NHS Foundation Trust presented a progress report on the Trust's strategic ambitions, targets and financial position. He explained that the Trust was a large complex entity with a wide range of specialist and community services. Progress reports had been

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delivered to the Resilient Communities Scrutiny Committee in November 2015 and February 2016 when that Committee had been responsible for health scrutiny.

The strategy ran from 2015-2020 and aimed to deliver improved long-term clinical and financial sustainability.

Tim Bennett explained that the strategic ambitions had measurable targets to: improve quality of care (reduce mortality rates and improve patient experience); reduce the length of stay for operations; to develop the workforce (improve staff satisfaction and reduce staff turnover); and improve financial robustness.

He highlighted patient care as being the Trust's primary goal. Mortality rates were based on average numbers of 'expected' deaths under normal conditions. The Trust's rates had been as high as 120 expected deaths in previous years and were now down to 114 with a target of 100 in three years. He added that reducing deaths by even small numbers required significant resource effort to improve patient care.

Tim Bennett referred to the aspiration to improve patient experience ('Friends and Family Test') from the current 95.8% satisfaction rate to 98% in three years. He added that good progress had been made.

He referred to the length of stay in hospital patients had for undertaking operations. It was important to consider people's needs carefully from admission to discharge and aim to discharge people in good time. He re-iterated comments made by health colleagues that, other than for emergencies, being in hospital was not the best environment for promoting health and wellbeing; discharging people into community care was better.

Tim Bennett reported that the current length of stay was higher than average at 4.2 days with a target of three days in five years. He explained that the target appeared a modest goal over a long period but it was a significant challenge to reduce length of stays and was a gradual process. Members noted that there were many thousands of different pathways of care for patients and that significant changes would be required particularly at admission stages for emergencies. He added that progress had been slow for elective (planned in advance) care. Complex surgery was often necessary but it was important to aim to get more people coming in just for one day.

He referred to supporting the workforce through improving staff satisfaction and reducing staff turnover. At the start of 2016, the Trust had been using a relatively high proportion of agency staff at a high cost. Agency use had been reduced by focusing more on filling permanent vacancies. Although good progress had been made continuing financial pressures meant that it had been necessary to impose a recruitment freeze (non-clinical staff) and improve 'back office' efficiencies. Clinic vacancies needed to be filled at appropriate times as non-clinical staff were needed to support them but were not currently being recruited.

Tim Bennett reported that the Trust's financial position remained at the same level two risk rating with a target to secure a better level three risk rating in three years. Good

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progress had been made and would continue with greater efficiencies in back office functions.

The Chairman enquired what the Trust's current financial position was. Tim Bennett explained that the target was to secure a balanced budget for the end of the current financial year, 2016-2017. He added that a further £22m savings had to be found by the end of March 2016. The NHS Improvement Agency had agreed to contribute £10m for sustainability purposes leaving another £12m to be found which he was confident would be achieved through a range of in-house savings.

Tim Bennett added that winter was the most challenging period with greatest service demand. Precise demand and costs varied depending on the severity of winter. Use of agency staff could also increase during winter. In response to Members concerns on the impact on patients, he gave assurance that patients' needs came first across the Trust.

The Chairman referred to use by the Trust of the Aspire private hospital services at a cost of £9m. He was concerned about the long-term impact on in-house patient services due to use of private care at a high cost. Tim Bennett re-iterated priorities to ensure high quality care and patient satisfaction. However, NHS providers did not have full capacity to meet patient demand so had to consider all options.

Members referred to the high costs of Aspire and that the Trust previously had high levels of reserves which were now at seriously low levels and expressed concern at those in conjunction with the growth in patient demand and the sustainability of the trends going forward. Tim Bennett acknowledged the pressures and that demand had increased for beds in acute wards so it had been necessary to use other options.

The Committee noted that patient satisfaction was currently 95.8% but staff satisfaction was only 69%. Tim Bennett acknowledged that staff satisfaction needed to be improved. Efforts were being made to achieve better staff morale but it was recognised that they worked in a highly pressurised environment.

Members referred to accident and emergency turnaround targets of four hours which were not being met and gave an anecdotal example of a poor stay experienced by a patient but apparently deemed to be a 'normal' experience. As part of supporting accident and emergency, they enquired how long the recruitment freeze for non-clinical staff was projected to last. Tim Bennett explained that a range of initiatives were being pursued across the health and social care sector to reduce demand for acute services and improve efficiencies. The recruitment freeze would run until the end of March 2017. He added that example of poor experience being seen as normal was not usual practice and high standards were set and offered to follow up the case if details could be provided.

The Committee agreed to receive an assurance report in spring or summer 2017 on clinical care and financial performance achieved during the winter period (end March 2017).

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**10 BLACKPOOL CLINICAL COMMISSIONING GROUP MID-YEAR PERFORMANCE REPORT
(APRIL 2016 TO SEPTEMBER 2016)**

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group presented the Clinical Commissioning Group's mid-year performance for 2016-2017 (April 2016 - September 2016).

He explained that the Clinical Commissioning Group purchased various services provided by other organisations and so shared performance responsibility. National reporting requirements underpinned by key performance measures covered a range of access to service areas which included referrals from GPs to hospital cancer appointments, time taken to get treatment in accident and emergency wards, access to psychological therapies and ambulance response times to get to incidents.

David Bonson added that NHS England had introduced a new Improvement and Assessment Framework which allowed each clinical commissioning group to be benchmarked against national averages to identify potential good practice and areas needing improvement.

He highlighted areas where performance was below target and needed improving and where good progress had been made.

David Bonson explained that the target for accident and emergency waiting times from arrival to being discharged after treatment was for 95% of patient visits to be achieved within four hours. The mid-year outcome had dropped to under 90%. Accident and emergency waiting times were nationally challenging and winter months had a knock-on impact for the rest of the year with ongoing efforts to regain performance. He added that historically Blackpool rates had been above 95% but recent pressures had been severe.

He referred to performance being below target for securing first appointments for cancer treatment within 62 days of referral from a GP. There were various reasons for delays including patient choice.

The Chairman noted that excellent progress had been made in some areas. He referred to the headline targets of accident and emergency turnaround times for treatment, access to cancer treatment services (first treatment following referral) and the missed target for ambulances responding to all 'red' (serious) incidents within 19 minutes. Immediate life-threatening incidents required faster responses times but those targets were being met. He noted that the three headline targets had been missed the previous year and queried if they had been set too high.

David Bonson agreed that there was a risk of targets not being realistic in view of the same demand pressures and complexities of cases occurring nationally. Particular concerns were delays in accident and emergency having a 'knock-on' impact on other parts of the health system. Most pressures were at the acute services 'front-door' and were being managed but nationally acute services were under extreme pressure. He referred to the £10m funding being given by the NHS Improvement Agency to support the

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work, and efficiencies required, of Blackpool Teaching Hospitals. The improvement funding would help alleviate some of the accident and emergency pressures.

The Committee enquired about access to psychological therapies and recovery rates being below target. David Bonson clarified that access rates had improved but full recovery was more challenging in view of the complex conditions people had. Counselling 'talking' therapies were a common support mechanism.

The Committee enquired about the 62 day first cancer treatment (following GP referral) being below target and whether staff shortages were having an impact. David Bonson confirmed that there were no staff issues but that the small number of patients involved meant that figures could easily present a skewed picture. Two delayed cases had been due to patient choice. Another two cases had been referred to Blackpool Teaching Hospitals but the missed target was reported as belonging to Blackpool as the end service provider.

In response to questions, Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group was able to confirm that he was not aware of any proposed tendering of local health services to be run by the private sector.

The Committee agreed:

1. That future performance reports should contain actual numbers and percentages for proper context as well as explanatory commentary.
2. For the next performance report to include patient satisfaction data, quality of care figures and financial budget monitoring.

11 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 22 March 2017 commencing at 6pm in Committee Room A, Blackpool Town Hall.

Chairman

(The meeting ended 7.30pm)

Any queries regarding these minutes, please contact:
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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Val Watson, Delivery Development Officer
Date of Meeting:	22 March 2017

COUNCIL PLAN PERFORMANCE REPORT – QUARTER THREE 2016-2017

1.0 Purpose of the report:

1.1 To present performance against the Council Plan 2015-20 for the period 1 October 2016 - 31 December 2016.

2.0 Recommendation(s):

2.1 The Committee is asked to note the content of the report and highlight any areas for further scrutiny which will be reported back to the Committee at the next meeting.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of performance against the Council Plan 2015-2020.

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? N/A

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".

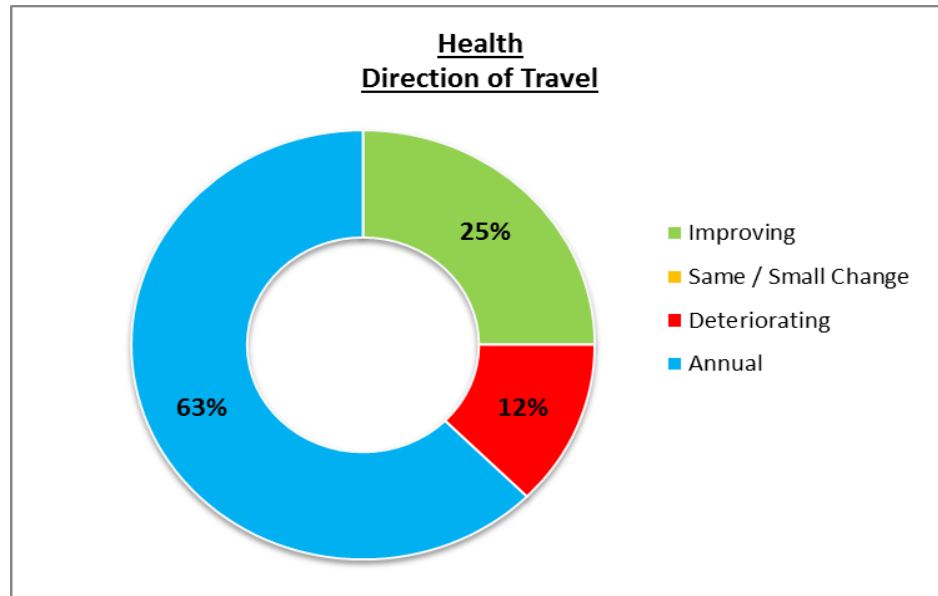
5.0 Background information

5.1 This report reviews performance against the priorities in the Council Plan 2015 - 2020. The report focuses on a set of core performance indicators which have been developed in consultation with the Corporate Leadership Team.

5.2 Performance against the health indicators will be reported to the Committee on a quarterly basis as applicable (some indicators are reported on an annual basis).

6.0 Overview of Performance

6.1 There are eight indicators within the performance basket for Health. The graph below shows the direction of travel when performance in Quarter Three 2016-2017 is compared with the same period in 2015-2016.



6.2 The majority of the Council Plan indicators for this Committee are annual and therefore cannot be reported in this quarter. Of those indicators where data is available, two are showing an improvement on performance when compared to the same period in 2015-2016.

6.3 Further information on the indicators where performance is below target or where performance has deteriorated during the quarter can be found in **Appendix 4(a) – Quarter Three Exception Reports**.

7.0 Trajectories

7.1 At the Target Setting Scrutiny Panel on 27 June 2016, the Panel recommended that the Committee receive a performance trajectory for the prevalence of excess weight in Year Six children (ten to eleven years old). As data for this indicator is available on an annual basis, the trajectory will be included in the end of year Council Plan performance report.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 4(a): Quarter Three Key Performance Indicators (KPI)

Appendix 4(b): Quarter Three Exception Reports

8.0 Legal considerations:

8.1 None

9.0 Human Resources considerations:

9.1 None

10.0 Equalities considerations:

10.1 None

11.0 Financial considerations:

11.1 None

12.0 Risk management considerations:

12.1 None

13.0 Ethical considerations:

13.1 None

14.0 Internal/External Consultation undertaken:

14.1 N/A

15.0 Background papers:

15.1 None

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Corporate Key Performance Indicators
Performance as at 31st December 2016

KEY - Direction of Travel Icons:

↑✓	Performance is improving or on target
↓✓	Performance is improving or on target
↑	Small deterioration in performance / slightly off target
↓	
↔	No change
↑✘	Performance is deteriorating or off target
↓✘	

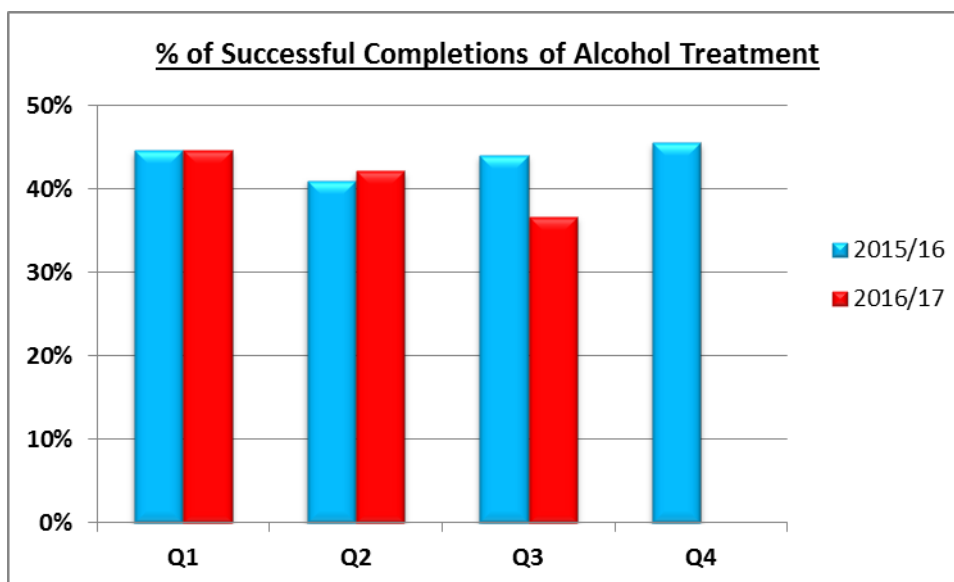
Lead Cabinet Member	Indicator	Outturn 2013/14	Outturn 2014/15	Outturn 2015/16	DoT (13/14 v 15/16)	2016/17				Outturn 2016/17	Target 2016/17	Direction of Travel		Notes	Dept	
						Q1	Q2	Q3	Q4			Against Previous	Against Target			
Cabinet Secretary (Health)	Cllr Cross	n/a (measured differently)	5.75%	6.3%	↑✓	5.7%	5%	6.1% (66/1079)			8%	↑✓	↓	6.1% compared with 5.4% in Q3 2015/16	PH	
	Cllr Cross	n/a (measured differently)	51.22%	44.7%	↓✘	51.2%	55.5%	55% (132/240)			55%	↑✓	↑✓	55% compared with 39.5% in Q3 2015/16	PH	
	Cllr Cross	% of successful completions of alcohol treatment	54.6%	44.5%	45.5%	↓✘	44.6%	42.1%	36.7% (165/450)			60%	↓✘	↓✘	36.7% compared with 44% in Q3 2015/16. Please see App B - Exception Reports for more details.	PH
	Cllr Cross	Smoking prevalence in adults aged 18 or over	29.47%	26.5%	26.93%	↓✓	A	A	A			25%	Annual			PH
	Cllr Cross	Smoking status at the time of delivery	30.84%	27.48%	27.19%	↓✓	A	A	A			25% or less by end of 2017	Annual			PH
	Cllr Cross	Prevalence of excess weight in Reception children (4-5 years)	25.54%	26.79%	25.72%	↑	A	A	A			< 25%	Annual			PH
	Cllr Cross	Prevalence of excess weight in Year 6 children (10-11 years)	34.72%	35.67%	37.98%	↑✘	A	A	A			< 37.98%	Annual			PH
	Cllr Cross	% take up of NHS Health Checks per year amongst the eligible population (aged 40-74)	76.08%	73.14%	52%	↓✘	A	A	A			Increase on last year	Annual			PH

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**CABINET SECRETARY
(HEALTH)**

Indicator Description	Better to be?
% of successful completions of alcohol treatment	High

2014-2015	2015-2016	2016-2017				DoT
		Q1	Q2	Q3	Q4	
44.5%	45.5%	44.67%	42.1%	36.7%		↓ x



Commentary:

Performance has worsened since the last quarter and when compared to the same quarter in 2015-2016. However, this is a proportion statistic therefore in Quarter 3 more people remained in treatment on their recovery journey than were exited but in Quarter 2 slightly more people completed treatment.

The new Horizon treatment service will commence on 1 April 2017. This has a focus on alcohol clients with innovative recovery services and ways of working; such as integrated health and wellbeing support, including a focus on mental health and psychological support; a community focused approach with service provision integrated within GP neighbourhood teams, radical philosophy to treatment, creative recovery and peer approach, employment/meaningful activity modernisation and improved building/locations.

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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Hazel Gregory, Head of Safeguarding Kelly Gorrie, Named Nurse Looked After Children Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting:	22 March 2017

YOUNG PEOPLE’S HEALTH NEEDS IN CARE

1.0 Purpose of the report:

1.1 To provide an update to members on the areas of the Lancashire Care Quality Commission (CQC) action plan for Looked After Children (local authority care) that are relevant locally, and provide assurance on the current provision for the health needs of Looked After Children in Blackpool.

2.0 Recommendations:

2.1 To consider and discuss the report, identifying any further issues for scrutiny or assurance.

3.0 Reasons for recommendations:

3.1 Due to the high number of Looked After Children within Blackpool, to ensure effective scrutiny of the provision for the health needs of these children in line with the recommendations from the Care Quality Commission [‘Not Seen Not Heard’](#) report (July 2016).

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? N/A

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 Blackpool has the highest number of Looked After Children per 10,000 population, the highest in the country. Following the in-depth inspections of Children Looked After and Safeguarding (CLAS) by the Care Quality Commission, the '[Not Seen Not Heard](#)' report in July 2016 highlighted how health services may improve the health and wellbeing of looked after children and identify and protect those at risk of harm.
- 5.2 The actions from the Lancashire wide Care Quality Commission inspection that are relevant locally for Looked After Children:

Recommendations	Current provision in Blackpool for recommendation	Outcome
<p>Ensure all initial health assessments undertaken are within the required timescales and provide clear and comprehensive analysis of children's needs to support SMART individual health care. This will enable effective tracking of the child's development and of improved outcomes.</p> <p>SMART = Specific, realistic, achievable, realistic and timely</p>	<ul style="list-style-type: none"> • Dedicated Initial health assessment clinics established; seven a month including flexibility to increase when additional need (i.e. due to increased number/ large sibling group) • Health plans are shared with all relevant agencies with named actions • Training provided to clinicians • Quality assurance on all health assessments completed 	<ul style="list-style-type: none"> • Improved standards and timeliness of initial health assessments. • Consistency in the recording of children's health needs to ensure the identity and wishes of the child are at the centre of the process. • Initial health assessment action plans provide comprehensive details of the child's need, to reduce delays in accessing care • Improvements in the levels of expertise and quality in initial health assessments and development of SMART health action plans
<p>Promote shared awareness of risks to the emotional health and wellbeing of children and young people who are looked after and ensure appropriate and timely support to meet their needs with effective tracking of outcomes.</p>	<ul style="list-style-type: none"> • Looked after children psychologist in post – established pathways • Good networks with children social care team with awareness of children looked after nursing service 	<ul style="list-style-type: none"> • Pathways with the local authority to ensure children's initial and review health assessments are informed by the strengths and difficulties questionnaire (SDQ's) to help inform their therapeutic intervention.

<p>Ensure all relevant health professionals are aware of, and have the opportunity to identify and contribute to the health assessments and care plans for children who are looked after.</p>	<ul style="list-style-type: none"> • All professionals who undertake health assessments undertake multi-disciplinary training to increase awareness and information sharing between services. • Bespoke training provided to multi-disciplines to increase awareness of their contribution to health assessments – including processes for raising concerns • Shared information recording system with Looked After Children alerts in place in community, including with GPs • Robust notification processes in place 	<ul style="list-style-type: none"> • Looked after children care pathways are strengthened to ensure the effective engagement of all relevant health professionals.
<p>Strengthen quality assurance by frontline health professionals involved in undertaking Looked After Children health assessments and care plans to ensure the health care needs of children and young people are appropriately identified and met.</p>	<ul style="list-style-type: none"> • All practitioners complete self assurance tool that is reviewed by specialist Looked After Children team and all assessments not meeting quality standards are returned and support given to improve standard 	<ul style="list-style-type: none"> • Strengthened quality assurance processes: <ul style="list-style-type: none"> - identifying gaps in the quality to inform training - Scope for management oversight and reflection on the risk to children and on outcomes achieved.

The 'Not Seen Not Heard' report summarised four key recommendations:

- 1. Children and young people should have a voice**
- 2. The focus must be on outcomes**
- 3. More must be done to identify children at risk of harm**
- 4. Children and young people must have access to emotional and mental health support**

- 5.3 The health services offering provision to Looked After Children in Blackpool are already undertaking the following quality initiatives to meet these recommendations:
- 5.4 **1** – The children are empowered to take ownership of their health through a consistent delivery of service and offered choices and outreach appointments to encourage engagement with health. The Just Us (children in care) Council is accessed for input into health service provision, for example the consultation on the content of health passports.
- 2** – The Care Quality Commission inspection of looked after services highlighted:
- 5.5 Health action plans developed within the review health assessment process were generally comprehensive and SMART. Case records demonstrated positive therapeutic relationships which resulted in improved health outcomes for young people who were dealing with significant changes or challenges in their daily lives.
- 5.6 Robust assurance processes to ensure SMART health plans were also recognised in the recent inspection. Training on the health and well-being of Looked After Children is provided to a variety of disciplines within health and to support the local authority's training of foster carers.
- 5.7 **3** – Those children who are not under universal (including educational diversity school nursing) services often have the greatest need and are at the greatest risk. These children also have an allocated caseload holder and outreach services are offered and pursued for these harder to reach children. Close working relationships, including drop-ins and regular liaison have been built with the local residential and semi-independent placements to monitor these children, as well as those living out of area. Good networks and robust processes ensure that the looked after team receive notification in a timely way of children moving into the residential placements and share this information with relevant services. Services offered include 1:1 visits with children, advice to carers and group sessions to young people to support Personal, Social, Health and Economic Education (PSHE) / Sex and Relationships Education (SRE) and health promotion topics.

This close working was also noted in the recent inspection:

- 5.8 Blackpool Teaching Hospitals specialist Looked After Children team has forged strong relationships with [the residential homes] within the Lancashire footprint it serves. The team are promptly informed about any young people newly placed which promoted timely introduction and follow up of any health risks.
- 5.9 One of the cases we reviewed was a young pregnant woman where there were increasing concerns about her emotional wellbeing. The Looked After Children team worked to establish a trusting relationship with her and ensured she had access to maternity services and other sources of advice and support at the earliest possible opportunity.
- 5.10 A comprehensive monitoring tool is used to identify and action actual and potential risks and determine the level of intervention required. This was also noted as innovative practice by the Care Quality Commission. There is health input to panels monitoring the risks for local children, such as the missing from home panel.
- 5.11 Health input is also offered to the Looked After Children / Care Leavers Drop in (The Core) to ensure that those starting out independently have access to signposting in health in an outreach form.
- 5.12 **4** – Those children within universal services are able to access the Head Start programmes to encourage emotional well-being and resilience, as well as Child and Adolescent Mental Health Services (CAMHS) and the targeted psychologist for Looked After Children. The specialist Looked After Children nurses offer input to those children outside of universal services to ensure a commensurate offer of service and work closely with the Child and Adolescent Mental Health Services and psychology teams to facilitate the expedition of referrals.
- 5.13 The Blackpool Teaching Hospitals Looked After Children team were finalists at the Nursing Times Award 2016 in the Children and Adolescent category for the outreach work, improved outcomes and risk monitoring.

Does the information submitted include any exempt information?

No

List of Appendices:

- 6.0 **Legal considerations:**
- 6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 All services are provided in line with the Equality Act 2010

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13. Care Quality Commission (CQC) (July 2016) ['Not Seen Not Heard'](#) report.

Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officers:	Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group Claire Grant, Divisional Commissioning Manager, Blackpool Council and Blackpool Clinical Commissioning Group
Date of Meeting:	22 March 2017

TRANSFORMATIONAL PLANNING PROGRAMME

1.0 Purpose of the report:

- 1.1 To provide a summary of the Transformational Planning Programme across Lancashire for Children and Young People’s Emotional Health and Wellbeing and progress to date in Blackpool, challenges, opportunities, next steps and involvement of children and young people.

2.0 Recommendation(s):

- 2.1 To review local plans in respect of meeting the requirements of the Transformational Planning Programme developed by the Lancashire Transformation Board; and to provide ongoing support and challenge to enable continued engagement in respect of Transformation Planning.

3.0 Reasons for recommendation(s):

- 3.1 Local Authority Partners, Health and Social Care have a key role to play in ensuring that the commitment to transform services for children and young people to meet their emotional health and well-being needs are achieved. Health Scrutiny needs to secure assurance that transformation meets the needs of this population group, provides value for money and is sustainable.
- 3.2 Local plans need to meet the requirements of Transformational Planning Programme developed by the Lancashire Transformation Board - a strategically led partnership of the eight Clinical Commissioning Groups (CCGs) and the three Local Authorities (and Health and Wellbeing Boards) for the Lancashire area.
- 3.3a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.3b Is the recommendation in accordance with the Council’s approved budget? N/A

3.4 Other alternative options to be considered: None.

4.0 Council Priority:

4.1 The relevant Council Priority “Communities: Creating stronger communities and increasing resilience”.

5.0 Background Information

5.1 Following the release of [Future in Mind](#) (see ‘policy drivers’ section below for more information on this) the following Transformational and Systemic work is currently underway across Blackpool as part of a wider Lancashire programme of work with each Clinical Commissioning Group being the lead partner agency around Children and Young People’s Emotional Health and Wellbeing.

5.2 Clinical Commissioning Groups through the Lancashire partnership submitted Transformational Plans to NHS England in October 2015 clearly articulating the case for change and evidencing how this will be achieved with all partners over the next five years. The case for change originates from the Department of Health and the Department for Education following Government work in this area (see ‘policy drivers’ section below for more information on this).

5.3 Each Clinical Commissioning Group locality area through the wider Lancashire partnership co-ordinates the effort across all agencies in relation to how Children and Young People’s Emotional Health and Wellbeing Services are delivered. There is an expectation that Transformational and systemic change occurs. Delivering this means making some real changes across the whole system. It means the NHS, all services within local authority (public health, social care, schools and youth justice sectors) must work together to ensure the following priorities are realised:

- Promoting resilience, prevention and early intervention - Place the emphasis on building resilience, promoting good mental health, prevention and early intervention.
- Improving access to effective support – A system without tiers - Simplify structures and improve access: by dismantling artificial barriers between services by making sure that those bodies that plan and pay for services work together, and ensuring that children and young people have easy access to the right support from the right service.
- Care for the most vulnerable - Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable, so people do not fall between gaps.
- Accountability and transparency - Harness the power of information: to drive improvements in the delivery of care, and standards of performance, and

ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

- Developing the workforce - Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience.
- Make the right investments: to be clear about how resources are being used in each area, what is being spent, and to equip all those who plan and pay for services for their local population with the evidence they need to make good investment decisions in partnerships with children and young people, their families and professionals. Such an approach will also enable better judgements to be made about the overall adequacy of investment.

5.4 Due to considerable investment in Blackpool from the Big Lottery Fund (Betterstart – Headstart – Fulfilling Lives), Blackpool Council, Blackpool Clinical Commissioning Group, NHS England and Lancashire MIND around emotional well-being and mental health, the Transformational Planning Programme is timely in that it provides the Strategic Framework to ensure that this work is linked together to ensure a coherent system. This is a must to ensure that complex commissioning arrangements and funding of new programmes are seamlessly linked and creates system change that is effective.

5.5 A governance structure that includes all key partners has been implemented in order to take this work forward over the next five years. The structure reports to Health and Wellbeing Board, who are the accountable body. It will also link with the Strategic Commissioning Group; Betterstart Executive; Headstart Executive; Clinical Commissioning Group Executive Board; Clinical Leads Group; Commissioners’ Network Meeting.

Policy drivers

5.6 The Policy Framework that underpins this transformation and systemic change originates from the following and is mandatory.

5.7 In 2014 the Government asked for a Taskforce to understand what needs to be done to improve the emotional health and wellbeing of children and young people. Norman Lamb MP took leadership of the Taskforce to review the different aspects of care and services.

5.8 The Taskforce has resulted in a suite of seven documents being published with recommendations for systemic changes. The leading document is entitled [‘Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing’](#). This has been collectively produced by the Department of Health (DoH), Department for Education (DfE) and NHS England.

5.9 Within the documents and also as part of additional press releases, the Government increased the funding dedicated to Children’s Mental Health Services. There is a recommendation for commitment by the Government of £250 million annual investment with outcomes of 110,000 additional children and young people being treated within mental health services by 2020.

5.10 All Clinical Commissioning Group areas have produced Transformational Plans to provide the framework for systemic change and transformation.

5.11 The over-arching strategy, that all of this Transformational work links to, is the Government paper – [‘No Health Without Mental Health’](#).

5.12 **Access Targets**

- A requirement of the Transformation Plan is to achieve an increase of children and young people accessing NHS funded Community Mental Health Services.
- Children and Young People access to mental health services trajectories (NHS England) – set at 28%; Blackpool currently achieving 33.6% (Quarter one and two, 2016-2017).
- For 2017-2018 we will be required to demonstrate that 30% of children and young people with a diagnosable mental health condition are accessing support.
- Based on current understanding, the numbers required to achieve the target for 2017-2018 may be challenging.

5.13 **Achievements to date**

- Perinatal mental health bid submitted – led by Blackpool
- Health based ‘place of safety’ bid submitted – including a ‘place of calm’ for the Child and Adolescent Self Harm Emergency Response Team (CASHER) Service
- By 1 April 2017 new referrals will be taken for the co-designed evidence based dedicated community eating disorder service for our children and young people
- Robust action plan in place – co-produced with Better Start, Head Start and Emotional Health and Wellbeing services (CASHER, Connect now known as YouTherapy and Child and Adolescent Mental Health Services (CAMHS))
- Duty hours (for emergency paediatric psychosocial assessments) extended until 4:00pm – CASHER on duty at 5:00pm
- CAMHS have extended their opening hours until 7pm twice a week; YouTherapy are now opening and offering appointments 3 evenings a week

with a twilight drop in starting in January 2017

- CAMHS 'Choice' appointments will be offered in both North and South Shore Medical Centres from January 2017
- Looked After Children psychologist recruited
- YouTherapy Looked After Children post established
- YouTherapy are now offering counselling support to the children's diabetic clinic
- Two CAMHS Transformation Champions have been identified within our CAMHS service and have completed two days training funded by Health Education England
- Two Primary Mental Health Workers (PMHWs) in post (September 2016) – named contacts for all schools
- CAMHS patient experience survey completed
- Robust plans in place to reduce waiting times for CAMHS/Child Psychology by 15% by end of Q4 2016-2017.
- Engagement events are being held on a regular basis with 'Breaking the Cycle' (anti bullying group)
- CASHER self-harm support follow up will commence in Spring 2017

5.14 **Challenges to Date**

- Aligning the work-streams and finances allocated to these across the Lancashire footprint to ensure that Clinical Commissioning Group locality areas retain their autonomy and that the diverse population needs are met. These challenges have been overcome.
- Working with, and around, the different systems and services in place across the Lancashire footprint i.e. there are different three providers of CAMHS services across Lancashire.
- Ensuring Blackpool retains its identity, and the transformational planning process aligns with Betterstart, Headstart and Fulfilling Lives, which is also a strength.
- Developing the Blackpool workforce, creating a culture for change and implementing systemic change across both the Blackpool and Lancashire workforce that embraces local programmes, but is equitable across the footprint and shares good practice principles.

5.15 **Local Governance**

A Blackpool Transformation Board has been established to oversee implementation of Blackpool's plan and to ensure continued alignment with the Lancashire plan. The

group is chaired by the Clinical Commissioning Group's Head of Commissioning with senior representation from Council Commissioning, health providers, social care, police, education, Headstart and Betterstart. There are various sub-groups and other meetings that feed into the Board (see Appendix 6(a)).

5.16 Does the information submitted include any exempt information? No

List of Appendices:

Appendix 6(a) – Blackpool Transformation Programme Governance Structure

6.0 Legal considerations:

6.1 To meet the requirements of Transformational Planning Programme, the Council and Clinical Commissioning Group must work within the legal requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005. Individuals in hospital settings are subject to restrictions through the Deprivation of Liberties Safeguards (DOLS) or Court of Protection. Patients can therefore not be moved without the appropriate applications being made.

7.0 Human Resources considerations:

7.1 There is workforce development, systemic and cultural change to be considered across different organisations and other strategic programmes in order for the programme to be successful.

8.0 Equalities considerations:

8.1 According to CHI Mat the National Child and Maternal Health Intelligence Network (CHI Mat) the health and wellbeing of children and young people in Blackpool is generally worse than the English average.

9.0 Financial considerations:

9.1 There is additional finance directed through NHS England, received through the locality Clinical Commissioning Groups to undertake system transformation over the next five years. Blackpool's proportion is approximately half a million a year for five years (£2.5m in total). The finance is to be used to support existing budgets to facilitate transformational change, not to replace existing provision or create stand alone new provision. It must transform the system.

10.0 Risk management considerations:

10.1 Aligning the work-streams and finances allocated to these across the Lancashire

footprint to ensure that Clinical Commissioning Group locality areas retain their autonomy and that the diverse population needs are met.

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 Involvement of Parents, Children and Young People (CYP)

Children and Young People and their parents have been consulted and engaged regarding their views relating to the emotional health and well-being system through the following means:

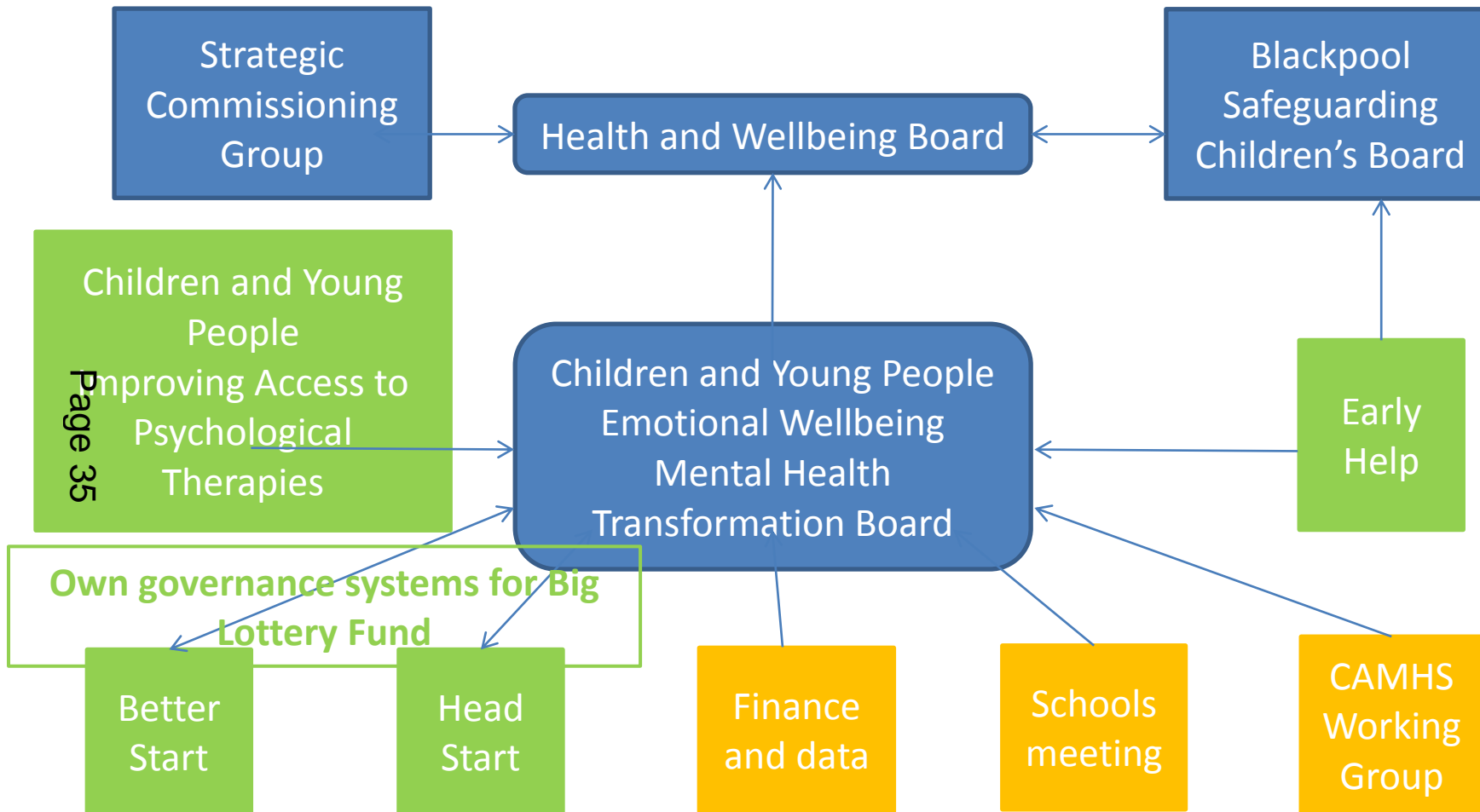
- January 2016: Feeding in consultation and engagement that has taken place with Children and Young People and parents through the Betterstart and Headstart Programme
- February 2016: Survey Monkey that was circulated to parents, children and young people who access any commissioned health service (including CAMHS) and some council commissioned services.
- February 2016: A consultation and engagement day that was held at Blackpool Zoo targeting parents, children and young people who access any commissioned health service directed at Children and Young People (including CAMHS) and some council commissioned services.
- February 2016: Telephone interviews targeting all those parents, children and young people who access any commissioned health service directed at Children and Young People (including CAMHS) and some council commissioned services, who were not able to attend the zoo consultation event but wished to participate.
- February 2016: Analysis of results of 'Friends and Families Test' issued by Blackpool Teaching Hospitals' Childrens Services.
- April 2016: A pan Lancashire event that was specifically aimed at consulting with Children and Young People to feed into the Pan Lancashire Transformational Planning process.
- August to September 2016: Stand-alone placing of electronic devices in Blackpool CAMHS and Psychology waiting area so that parents and children could provide feedback. Also separate Staff Supported placing of electronic devices in Blackpool CAMHS and Psychology waiting area so that parents and children could again provide feedback.
- November 2016: Consultation and engagement through questionnaires over

several weeks supported by staff with groups of Children and Young People in UR Potential (third sector group supporting young people) and CAMHS around crisis pathways.

13.0 Background papers:

13.1 None.

Appendix 6(a) – Blackpool Transformation Programme Governance Structure Children and Young People’s Emotional Wellbeing and Mental Health Transformation Board



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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Lynn Donkin, Consultant in Public Health
Date of Meeting:	22 March 2017

PUBLIC HEALTH UPDATE ON CHILDREN'S HEALTHY WEIGHT AND ORAL HEALTH

1.0 Purpose of the report:

1.1 To present an update on work to promote healthier weight and good oral health amongst children in Blackpool.

2.0 Recommendation(s):

2.1 The Committee is asked to note the content of the report and highlight any areas for further scrutiny which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of actions to promote healthier weight and good oral health amongst children in Blackpool.

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? N/A

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 This report presents the latest data on child obesity and oral health in Blackpool alongside an overview of the current strategies and action plans to promote healthier weight and good oral health amongst children in the town.

6.0 Picture of child weight and oral health in Blackpool

6.1 Child obesity and poor oral health are both important public health issues affecting Blackpool's children. Blackpool rates are higher than average, and whilst rates of childhood obesity appeared to plateau nationally this slow-down was not seen locally or in other socially disadvantaged areas. So our local population experiences higher than average levels of overweight children and obesity, and rates continue to rise faster than average which is widening the inequality between Blackpool and the national average. Similarly, Blackpool children suffer from considerably worse oral health than the rest of England.

7.0 Promoting healthier weight and good oral health amongst children

7.1 The attached paper describes the national and local strategies and approaches relevant to promoting healthier weight and good oral health amongst children in the town. Action plans arising from local strategies are described and progress to date is highlighted.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 7(a) – Public health update on children's weight and oral health in Blackpool

8.0 Legal considerations:

8.1 None

9.0 Human Resources considerations:

9.1 None

10.0 Equalities considerations:

10.1 None

11.0 Financial considerations:

11.1 None

12.0 Risk management considerations:

12.1 None

13.0 Ethical considerations:

13.1 None

14.0 Internal/External Consultation undertaken:

14.1 N/A

15.0 Background papers:

15.1 Department of Health. [Childhood Obesity: A Plan for Action](#), London, August 2016.

Department of Health.

[Delivering Better Oral Health: an evidence-based toolkit for prevention \(3rd edition\)](#), London, 2014.

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DIRECTORATE OF PUBLIC HEALTH

Update on children's weight and oral health

Health Scrutiny Committee 22 March 2017

1. INTRODUCTION

This document presents a summary of Blackpool children's weight and oral health, and describes the strategies and local actions taking place to improve the public's health in these areas.

2. HEALTHIER WEIGHT

Maintaining a healthy weight protects against a range of serious health conditions. Overweight and obesity are risk factors for a number of serious health conditions including heart disease, diabetes, cancer and early death. Beyond the consequences for individuals there are significant implications for the wider community and economy, through sickness absence, worklessness and the costs of treating the health consequences of obesity. It has been estimated to cost the NHS £6.1bn nationally for treating health conditions associated with obesity.

The government acknowledges that obesity, particularly amongst children, is an issue. In August 2017 the Department of Health published a national strategy, *Childhood Obesity: A Plan for Action*. The strategy deliverables include:

- Soft drinks industry levy
- Reformulation of food products across nine categories that make the largest contribution to children's sugar intake
- Increasing physical activity in schools
- Making healthy options available in the public sector – from leisure centres to hospitals
- Health rating scheme for schools (voluntary)
- Making school food healthier – updated standards

(a) The local picture

Levels of overweight and obesity have been rising in recent years amongst both children and adults both locally and nationally. The UK has some of the highest rates of overweight and obesity in Europe. In Blackpool rates are higher than average, and whilst rates of childhood obesity appeared to plateau nationally this slow-down was not seen locally or in other socially disadvantaged areas. So our local population experiences higher than average levels of overweight and obesity, and rates continue to rise faster than average which is widening the inequality between Blackpool and the national average.

Overweight and obesity levels in Blackpool:

- **More than a quarter of 4-5 year olds** are overweight or obese (26.5%).
- **More than a third of 10-11 year olds** (40%)
- **Almost three quarters of adults aged 16 and over** (74.5%). This is more than 84,000 adults in the town.

It is also recognised that some of the factors driving overweight and obesity in the town are also contributing to other issues of public health concern, for example consumption of sugary drinks and poor oral health.

(b) Overview of the Healthier Weight Strategy

The factors driving increasing levels of overweight and obesity are complex and broad. We all need to eat. Food is good for us – a healthy balanced diet protects against ill health, helps faster recovery from illness, and enables optimal growth for kids. Preparing and sharing food is important for us socially too. However, at the simplest level there is a mismatch between the calories that we consume and the calories that we burn during our daily lives. Whilst on the whole people know about messages such as ‘five a day’, this doesn’t always translate in to behaviour change. Our ability to make healthier choices is often undermined by the environment in which we live. Advertising of high-fat high-sugar foods, promotions of unhealthy foods (for example ‘buy one get one free’), availability of cheap fast-food, a takeaway culture, sedentary lifestyles, use of food as a coping tool, lack of clear labelling are just some examples of this.

Blackpool’s Healthy Weight Strategy was presented to the Health and Wellbeing Board in January 2016. The strategy is structured around the following themes for local action:

- Increase knowledge, skill and abilities to make healthier choices
- Focus on children and young people
- Reducing sugar consumption
- Promoting the redesign of environments to promote healthier eating and physical activity
- Securing good quality weight management services for children

(c) Progress with actions arising from the strategy

An update on progress with the actions arising from the strategy was presented to the Health and Wellbeing Board in October 2016.

Summary of progress to date:

1. In January 2016, Blackpool Council became the first council in the country to sign a **Local Authority Declaration on Healthy Weight** and made a commitment to support employees and the residents of Blackpool to tackle the issue of obesity by encouraging individuals to make healthy choices. Good progress is being made with the Local Authority Declaration and a number of the priorities are progressing well.
2. Blackpool’s first **Healthy Weight Summit** took place on 2nd February 2017 and saw 20 organisations pledge to follow the Council’s lead and adopt their own declaration on healthy weight.
3. **Give up loving pop (GULP)** campaign in secondary schools and colleges in November 2015 and March 2017. Work is underway to incorporate the GULP messages in the Fit2go programme that is delivered across all Year 4 children and we are exploring the development of a GULP science lesson plan which will be targeted at Years 5/6 children.

4. Work to promoting **healthier lunchboxes** is underway at present and on track to launch Spring/Summer 2017.
5. **Healthier vending guidelines** implemented and audited.
6. **Making Changes**, the redesigned weight management service for children and families launched in September 2016.
7. The **Healthy Choices Award** is now operational and a number of takeaways and sandwich shops have already received the award.
8. There has been good partnership work with the Corporate Procurement team reviewing how we influence and shape contracts in the future to reflect the priorities of the declaration.
9. Public Health and Public Protection/Enforcement are working together to develop a **Street Trader Policy** with particular reference to Ice Cream Vans and Street Food providing healthier choices.
10. **Holiday breakfast scheme** in local authority children's centres.
11. **Living Streets 'Walk to School' project** extended.

Blackpool's work on healthy weight has received considerable external recognition:

- Case Studies in two Local Government Association (LGA) publications: *Healthy weight, healthy futures: Local government action to tackle childhood obesity* and *Healthier Food Procurement*
- National coverage of GULP on BBC News, November 2015
- Poster presentation at Public Health England's national conference, September 2016
- Environmental Health News, February 2017
- The team have provided input to national scoping work to develop actions arising from the national Childhood Obesity strategy
- As the first local authority in the country to sign a Local Authority Declaration on Healthy Weight it has generated a lot of good publicity and interest in the work being undertaken in Blackpool and we are being held as a beacon of success. Areas across the country that are interested to learn about what we are doing are Lancashire, Cumbria, Leeds, Tameside, Cheshire West, Camden and Islington, and Lambeth.
- The work has also enabled the Public Health team to develop good links with the Department of Health's lead for Obesity, Emma Reed, who attended the Healthy Weight Summit giving the keynote address.

3. ORAL HEALTH

Oral health plays an important role in the health and wellbeing of individuals. The risk factors for many common health conditions are common to those that affect oral health namely, smoking, alcohol misuse and poor diet. The Department of Health sets out the evidence-base for prevention in its publication *Delivering Better Oral Health; an evidence-based toolkit for prevention (3rd edition 2014)*.

For children, poor oral health can have important consequences. These include pain and discomfort, embarrassment and unwillingness to participate in lessons, absence from school, admission to hospital and general anaesthesia for tooth extraction.

(a) Local picture

Blackpool children suffer from considerably worse oral health than the rest of England.

The most recent data for five year olds comes from a survey in 2015 which found that over 40% of Blackpool's five year olds had obvious decay compared to the national average of 25%. Trend data appears to show a rising trend in Blackpool which is in contrast to an improving picture on average nationally. In addition Blackpool children have a high prevalence of Incisor caries (decay) 8.1% compared with 3.9 % in England; this is a pattern of decay associated with sugary drinks fed in bottles and cups with teats.

Each year around 400 Blackpool children under 16 are admitted to hospital for tooth extraction under general anaesthetic as a result of significant dental decay affecting their teeth.

(b) Overview of the Oral Health Strategy

The Public Health Oral Health Strategy aims to promote and support the development of good oral hygiene habits and optimise exposure to fluoride. The strategy delivery comprises the following services and activities:

- Oral Health Promotion Service includes delivery of oral health messaging to children in the town
- Supervised brushing in children's centres
- Toothpaste and toothbrush distribution scheme at 6 months
- Fluoride in school milk scheme from November 2016
- Commissioning of dental epidemiology surveys (mandated)

Oral health improvement in 0-4 year olds is a key indicator for Blackpool's Better Start programme. Blackpool's Better Start Centre for Early Child Development (CECD) programme is enabling additional activities to enhance the local strategy including:

- Supervised brushing scheme expansion to 2,3 and 4 year olds attending nurseries (an additional estimated 2500 children)
- Development and distribution of consistent oral health messaging across the towns workforce
- Community mobilisation and workforce mobilisation

The arrangements and responsibilities for commissioning oral health services are complex and present a challenge for the design and delivery of interventions. Commissioning responsibility for oral health improvement lies with the local authority. However, the authority is limited in its ability to influence how young children and families access dental treatment services. Commissioning of dental treatment and access to dental services, and in turn access to General Dental Practitioners falls under the remit of NHS England (NHSE). The current NHSE contract for dentists does not prioritise oral health improvement and it will require real commitment to collaborative and concerted partnership working to make change. The Better Start partnership offers the opportunity to look closely at this challenge. In January 2017, discussions commenced with commissioning colleagues from NHS England

(NHSE) and dental public health experts from Public Health England (PHE) to find innovative ways to address oral health improvement in the town.

To date NHSE have already agreed to explore a number of potential interventions within Blackpool (as outlined below). These will require NHS England to revise dental contracts to allow General Dental Practitioners flexibility to provide oral health improvement interventions.

1. Ensure practices are giving advice and providing professional interventions in accordance with 'Delivering Better Oral Health'
2. Ensure all children are seen by a dentist before their first birthday
3. Identifying an Oral Health Champion within the practice who is responsible for overseeing prevention oral health promotion activities
4. Oral Health Champion liaises with partners including Health Visitors, Local Dental Networks and Local Authorities to support facilitated access to dental services

(c) Fluoride milk scheme

In November 2016, Blackpool Council introduced a fluoridated milk scheme alongside the free school breakfast programme. This scheme contributes to the oral health strategy objective of optimising exposure to fluoride. The scheme sees a 189 ml carton of fluoridated milk offered to children in Years 1-6 in primary schools across the town. Parents are provided with information on fluoride milk, and are able to decline inclusion in the scheme in which case their child will be offered non-fluoridated milk.

Initial evaluation

Initial evaluation of the implementation is positive. Between November and December 2016, 78% of all school milk ordered was fluoridated milk and we estimate that 6550 children are drinking fluoridated milk on a daily basis. Members of the Public Health team continue to monitor take up and work to support schools.

Ongoing monitoring and evaluation

Public Health has established the Quality Assurance and Monitoring Process with fluoridated milk suppliers and receives a fluoride concentration analysis milk sample test certificate on a regular basis. The suppliers operate food safety compliant quality assurance systems covering raw milk, product processing, filling, handling and distribution, including HACCP (Hazard Analysis Critical Control Point). All samples need to be checked before they can be released. Each holding tank is subject to sampling and a range of quality checks before the milk is released.

4. SUMMARY

This paper has described strategies and actions in place to promote healthier weight and good oral health amongst children in the town, and has highlighted recent progress.

5. RECOMMENDATION

The Committee is asked to note the content of the report and highlight any areas for further scrutiny which will be reported back as appropriate.

Update prepared by:

Lynn Donkin, Consultant in Public Health

Donna Taylor, Lead Nurse/Senior Public Health Practitioner

13 March 2017

Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Lorraine Hurst, Head of Democratic Governance
Date of Meeting:	22 March 2017

HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017

1.0 Purpose of the report:

- 1.1 To consider the Health Scrutiny Committee Workplan 2016-2017, together with any suggestions that Members may wish to make for scrutiny review topics.

2.0 Recommendations:

- 2.1 To approve the Health Scrutiny Committee Workplan 2016-2017, taking into account any suggestions for amendment or addition.
- 2.2 To monitor the implementation of the Health Scrutiny Committee's recommendations/actions.

3.0 Reasons for recommendations:

- 3.1 To ensure the Workplan is up-to-date and is an accurate representation of the Health Scrutiny Committee's work.
- 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? N/A
- 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 Health Scrutiny Committee Workplan

- 5.1.1 The Health Scrutiny Committee Workplan 2016-2017 is attached at Appendix 8 (a). The Workplan is a flexible document that sets out the work that the Committee will undertake over the course of the year.
- 5.1.2 Members are invited, either now or in the future, to suggest topics that might be suitable for scrutiny in order that they be added to the Workplan.

5.2 Health Scrutiny Committee Review Checklist

- 5.2.1 The Health Scrutiny Committee Review Checklist is attached at Appendix 8 (b). The checklist forms part of the mandatory scrutiny procedure for establishing review panels and must therefore be completed and submitted for consideration by the HSC, prior to a topic being approved for scrutiny.

5.3 Implementation of Recommendations/Actions

- 5.3.1 The table attached to Appendix 8 (c) has been developed to assist the Health Scrutiny Committee to effectively ensure that recommendations made are acted upon and also to review the effectiveness of outcomes. The table will be regularly updated and submitted to each meeting. The Resilient Communities Scrutiny Committee was previously responsible for health scrutiny. Actions requested by the Resilient Communities Scrutiny Committee have been transferred over to the Health Scrutiny Committee to monitor.
- 5.3.2 Members are requested to consider the updates provided in the table and ask questions as appropriate.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 8 (a), Health Scrutiny Committee Workplan 2016-2017
Appendix 8 (b), Health Scrutiny Committee Review Checklist
Appendix 8 (c), Implementation of Recommendations/Actions

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 SCRUTINY COMMITTEE WORKPLAN 2016-2017	
26 April 2017	<p><u>SUSTAINABILITY AND INSPECTIONS THEMED MEETING</u></p> <p><u>Subject to confirmation / short updates at Mar meeting (or deferred):</u></p> <ol style="list-style-type: none"> 1. Patient Choice - Consider the costs/benefits/issues concerning people's choice of continuing healthcare in a person's own home (community focused) rather than care in a residential home. Subject to confirmation (CCG provided initial response). 2. Health and Social Care Integration - Progress - Focus on Development of Sustainability Transformation Plan (including Projected Costings/Savings) and Healthier Lancashire. Update originally requested for mid-2017 but earlier progress requested following Dec 2016 meeting. Invite Age UK. 3. Clinical and Financial Sustainability - Blackpool Teaching Hospitals - Progress. Follows Dec 2016 meeting and further assurance required following winter (pressures) performance for Mar / early 2017. 4. The Harbour - Inspection Progress following the CQC report of the September 2016 inspection. Note - this item was only provisional but will not be held (or deferred) if the CQC report provides sufficient good quality and safety assurance. The CQC provided a 'good' rating overall ('safe' domain 'requires improvement') for the Lancashire Care Foundation Trust as a whole, i.e. across Lancashire without specific breakdown of performance in Blackpool (The Harbour) although local performance will be extracted. 5. North West Ambulance Service - Inspection Progress following the CQC report of the June 2016 inspection. Note - the Blackpool Clinical Commissioning Group act as the lead commissioner of the NWS for across the north west. The CQC provided a 'requires improvement' rating for the NWS as a whole, i.e. across the north west region without specific breakdown of performance in Blackpool although local performance will be extracted. 6. Grange Park Health Centre - Inspection Progress. CQC re-inspection report due. Health Centre making progress (supported by CCG / NHS England) with updates to CQC etc. Assurance needed ref long-term improvement and sustainability independent of CCG / NHS England support which will cease. Scrutiny has previously maintained an informal 'watching eye' recognising that patients and their safety/care have not been directly at risk. <p>Note - some of the April items may not be required / need to be deferred (for a balanced meeting and/or more substantive progress reports at a future meeting)</p>
	<p>Quality Accounts of NHS Trusts (annual reviews of quality of care)</p> <ol style="list-style-type: none"> Lancashire Care Foundation Trust [expected 24 Mar 2017, deadline 28 Apr 2017] Blackpool Teaching Hospitals Foundation Trust [tbc] North West Ambulance Service [tbc] <p>Note - instead of a Panel meeting, quality accounts may be considered as brief items at the April Committee meeting or members sent the accounts and draft response/s prepared for informal sign off through the Chair</p>
2017/18 (or 2018/19) Potential Topics	<p>Potential interest for 2017-2018</p> <ol style="list-style-type: none"> 1. Local Health Service financial planning and long-term sustainability of key organisations (alongside quality of service, i.e. whether financial pressures

	<p>impacting on service delivery). See 2) below which can be incorporated.</p> <p>2. Availability/Duration of GP Appointments (Access to Services and Quality).</p> <p>3. (CQC) Neonatal Review. How newborn babies and infants with complex health conditions are cared for in hospitals and in the community. Three areas of care focus - detection of health problems during pregnancy through screening, diagnosis and management of newborn babies with deteriorating medical conditions (particular focus on high blood pressure) and management of infants requiring respiratory support in the community. The CQC findings need to be checked ref any Blackpool issues.</p>
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COMPLETED HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017 FOR INFORMATION	
6 July 2016	<p>1. Council Plan - End of Year 2015-2016 (April 2015 to March 2016) Performance Monitoring</p> <p>2. Blackpool Clinical Commissioning Group Performance Report - Month 12 (March 2016) and end of year 2015-2016 for CCG referrals and commissioned hospital and ambulance services</p> <p>Healthwatch Impact Report 2015-2016 and 2016-2017 Priorities Timeline</p> <p>3. Public Health Scrutiny Report</p> <p>4. Delayed Hospital Discharges</p>
19 September 2016	Blackpool Clinical Commissioning Group - Training Seminar
28 September 2016	<p>1. Council Plan - Quarter One 2016-2017 (April to June 2016) Performance Monitoring.</p> <p>2. Blackpool Clinical Commissioning Group - Vanguard and New Models of Care Update. This may also link to Health and Social Care Integration and Sustainability and Transformation Action Plan. The update is to consider the proposed model and programme. Further updates may be considered for progress and performance.</p> <p>OPERATIONAL PLANNING THEMED MEETING</p> <p>3. North West Ambulance Service - Performance Report. Receive an update on the work and performance (response rates) of the NWSAS including any other relevant information on priorities, budget and plans.</p>
12 October 2016	<p>1. Harbour Progress update including clinician update - compliance with National Institute for Clinical Excellence (NICE) Guidance (Byron Ward incident)</p> <p>The update should focus on the Harbour Improvement Plan and also significant improvements required following the September 2016 review of mental health and community health services by the Care Quality Commission. The CQC review covered the Lancashire Care Foundation Trust as a whole. The CQC also published national results of inspections into MH trusts during July 2016. Most including the LCFT required improvement overall. CQC review on lessons learnt following deaths may also be of interest. Healthwatch undertook a service user survey of the Harbour in April 2016 so will be invited to the meeting and their report including as an appendix to the report. Resilient Communities Scrutiny Committee requested that an update on safeguarding progress is provided.</p>
18 October 2016	Blackpool Teaching Hospitals - Training Seminar
14 December 2016	<p>1. Winter Health Planning /Issues - Blackpool Clinical Commissioning Group (with Blackpool Teaching Hospitals and North West Ambulance Service as appropriate). Note - item deferred from September 2016 meeting in order to allow time for new national guidance (NHS England) and local information updates.</p> <p>3. Council Plan - Quarter Two 2016-2017 Performance Monitoring</p> <p>FINANCIAL PLANNING AND SUSTAINABILITY THEMED MEETING</p>

	<p>4. Blackpool Clinical Commissioning Group Performance Report - 2016-2017 (April – September 2016) for quality of care (for all commissioned services), CCG referrals and commissioned hospital and ambulance services, GP practices and financial performance. Note - this may include a brief update on the Care Quality Commission's (CQC) re-inspection of the Grange Park Health Centre else after the CQC's report which is expected around 16 December 2016.</p> <p>5. Ambition Targets and Work Plans including Economic Recovery - Blackpool Teaching Hospitals. Note - item deferred from September 2016 meeting.</p>
<p>22 March 2017</p>	<p>1. Council Plan - Quarter Three 2016-2017 Performance Monitoring</p> <p><u>YOUNG PEOPLE'S HEALTH THEMED MEETING</u></p> <p>2. Young People's Mental Health. Hear from young people concerning mental health concerns/support and the Child and Adolescent Mental Health Services (CAMHS) provider. Potential consideration of the Transformation Action Plan (Young People's Emotional Health and Wellbeing, Resilience and Mental Health).</p> <p>3. Young People's Physical Health. Consider progress with tackling child obesity and the Oral Health Strategy.</p> <p>4. Young People's Health Needs in Care. Consider this issue which was raised by the Care Quality Commission (CQC) during mid-2016 ('Not seen Not heard' report). The CQC have since undertaken an inspection of services within Lancashire (not including Blackpool) leading to a Lancashire Action Plan. Although services in Blackpool not considered there may be parallel lessons. Note - focused meeting on the two key areas of mental and physical health issues for young people it may be more appropriate to defer the health needs in care item.</p> <p>Note – some of the March items may not be required / need to be deferred (for a balanced meeting and/or more substantive progress reports at a future meeting)</p>

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SCRUTINY SELECTION CHECKLIST**Title of proposed Scrutiny:**

The list is intended to assist the relevant scrutiny committee in deciding whether or not to approve a topic that has been suggested for scrutiny.

Whilst no minimum or maximum number of 'yes' answers are formally required, the relevant scrutiny committee is recommended to place higher priority on topics related to the performance and priorities of the Council.

Please expand on how the proposal will meet each criteria you have answered 'yes' to.

	Yes/No
The review will add value to the Council and/or its partners overall performance:	
The review is in relation to one or more of the Council's priorities:	
The Council or its partners are not performing well in this area:	
It is an area where a number of complaints (or bad press) have been received:	
The issue is strategic and significant:	
There is evidence of public interest in the topic:	
The issue has potential impact for one or more sections of the community:	
Service or policy changes are planned and scrutiny could have a positive input:	
Adequate resources (both members and officers) are available to carry out the scrutiny:	

Please give any further details on the proposed review:

Completed by:

Date:

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE (NOTE - DETAILED RESPONSES ARE FURTHER BELOW AFTER THE TABLE)	RED / GREEN / AMBER (RAG)
1	RC Comm 02.07.15	Blackpool Teaching Hospitals Foundation Trust circulate regular information regarding Patient Experience outside of the Committee meeting to allow Members to escalate any issues to the Committee.	30 Nov 2015	Pat Oliver	First report circulated 18 January 2016. Second report circulated 15 June 2016. Ongoing.	Green
2	RC Comm 02.07.15	Healthwatch Blackpool circulate the outcomes from Consumer Reviews and Consultations to Resilient Communities Scrutiny Committee Members.	Ongoing	Steven Garner	Outcomes are regularly circulated. To date Members have received reports pertaining to: Mental Health, Outpatients, Dentistry, Maternity Services.	Green
3	RC Comm 02.07.15	Formal six monthly reporting from Healthwatch, with the ability for Healthwatch to raise any issues outside of this timescale informally to Members, who could escalate them to the next available Committee meeting.	6 July 2016	Healthwatch / Sharon Davis	Originally scheduled for 17 th March 2016, delayed until May 2016 to alleviate workplan pressures. Annual Impact and Priorities report received from Healthwatch for 6 July 2016 meeting of the Health Scrutiny Committee (HSC). Note - proposed to move to annual reporting with provision retained for Healthwatch to raise in-year concerns.	Green
4	RC Comm 10.12.15	To receive an update on the progress to meet the national waiting list target for Psychiatric Therapies in six months.	30 June 2016 (now end Nov 2016)	Helen Lammond-Smith, Blackpool Clinical Commissioning Group (CCG)	Update to be sought in June 2016. To be transferred to Health Committee. Update received 13 June 2016. The psychological therapy waiting time targets were achieved for April 2016, but not ratified yet by NHS England (two months lag period). 27 June 2016 – further information requested for 12 months (longer-term picture) and confirmation that the overall trend was meeting national targets with continuous improvement being pursued and was sustainable. 27 June 2016 -	Not yet due

					CCG actually have further targets to hit as they are a transformation area ref Fylde coast so need to increase access to 25% by March 2017. Latest figures expected 1 July 2016. 20 Sept 2016 update - 14 Dec 2016 meeting for final figures else 22 Mar / 26 Apr 2017 for enhanced targets. See Actions 17 and 18.	
5	RC Comm 10.12.15	To receive the results of the additional piece of work regarding feedback from service users from Healthwatch Blackpool and Lancashire Care Foundation Trust (LCFT) in due course.	30 June 2016	Steve Winterson, LCFT	<p>Timescales currently unknown. Feedback will be sought in due course. To be transferred to Health Committee. Update requested 13 June 2016.</p> <p>Update received on 27 June 2016 - due to the methodology of the original report, there was no way to identify which service (and therefore provider) service users were commenting on. LCFT is committed to support further work undertaken by Healthwatch and the Network Director for Adult Mental Health Services attended the Resilient Communities Committee meeting on 14 April 2016 to give a further update on the wide range of work being undertaken at The Harbour.</p> <p>LCFT remains committed to being open and transparent with the Health Scrutiny Committee and senior Lancashire Care Staff will attend future meetings when invited.</p> <p>LCFT also receives the national Community Mental Health Survey and the national Inpatient Mental Health Survey responses annually and works with our Experts By Experience to formulate action plans to tackle any issues that arise from these.</p>	Green

					28 Sept 2016 - to close this action unless further details required.	
6	RC Comm 10.12.15	To receive performance reports from Blackpool CCG biannually commencing in six months.	Ongoing	Roy Fisher / David Bonson	First report due 6 July 2016. To be transferred to Health Scrutiny Committee. First report received for 6 July 2016 Health Scrutiny Committee.	Green
7	RC Comm 04.02.16	A report in approximately six months detailing the progress the Trust has made in relation to the ambition targets and work plans.	Sept 2016 (now 14 Dec 2016)	Tim Bennett, Blackpool Teaching Hospitals	Update to be sought in September 2016. To be transferred to Health Scrutiny Committee. Tim Bennett unavailable for 28 Sept 2016 so on agenda for 14 Dec 2016.	Green
8	RC Comm 04.02.16	To receive an update on the uptake of milk with fluoride in approximately six months.	Sept 2016	Councillor Cross	<p>An update will be sought in due course. To be transferred to Health Scrutiny Committee. Update to be sought for 28 Sept 2016. Update provided for the implementation of fluoride in milk scheme for schools ref progress with the scheme, parental choice and safety assurances etc.</p> <p>The update covered implementation to date (schools started introducing the scheme in Sept 2016 with full implementation due 7 Nov 2016), support and advice being given to schools and the milk supplier and also compliance with international health guidance and quality control checks etc.</p> <p>A poster used within schools (for the two choices of milk) was also provided.</p> <p>See comprehensive update at end of table.</p>	Green
9	RC Comm 17.03.16	That the CCG provide an update report to a meeting of the Committee in approximately six months on the Vanguard/New Models of Care	Sept 2016	David Bonson/Roy Fisher, CCG	To be included in workplan. To be transferred to Health Scrutiny Committee. On agenda for 28 Sept 2016. Update provided.	Green

		Project.				
10	RC Comm 17.03.16	The Committee agreed to invite relevant NHS organisations to a future meeting in order to discuss discharges that had been delayed as a result of the NHS.	6 July 2016	Blackpool Hospitals Trust/Blackpool CCG	To be transferred to Health Scrutiny Committee. Report from BTH being considered on 6 July 2016. 28 Sept 2016 - to close this action unless further details required. No further action sought.	Green
11	RC Comm 14.04.16	To receive an update from LCFT on The Harbour in approximately six months.	Oct 2016	Lisa Moorhouse / Steve Winterson	To be added to workplan. To be transferred to Health Committee. A special meeting will be arranged for either 12 or 24 Oct 2016. Special meeting arranged for 12 Oct 2016. Update given, progress made. Further assurance sought ref CQC on-site inspection Sept 2016 (report due Nov/Dec 2016). Subject to satisfactory assurance, action will be complete. Email summarising CQC findings and link to report. CQC rated LCFT as 'good', covers LCFT across Lancashire (no specific Blackpool breakdown). Action complete subject to agreement from Members (Scrutiny Officer note - The Harbour can always be reviewed should significant issues arise or if Members would like a progress report). Action treated as complete (superseded by Action 25).	Green
12	RC Comm 14.04.16	To receive a full response to the questions regarding the incident on Byron Ward, The Harbour, from a clinician following the meeting.	Oct 2016	Lisa Moorhouse / Steve Winterson	It has been agreed that the response will be provided in person by a clinician at the next meeting. To be transferred to Health Scrutiny Committee. To be covered at the special meeting in Oct 2016. Update given on 12 Oct 2016 by Dr Le Roux, LCFT Clinical Director. Lessons learnt acknowledged, further assurance sought on implementation of lessons learnt. Subject to satisfactory assurance, action will be complete.	Green
13	HSC	To receive detailed information on the	28 Sept	Ruth Henson	On agenda for 28 Sept 2016 as part of the Council	Green

	06.07.16	significant difference in non-opiate and opiate drug users completing treatment successfully at the next meeting.	2016		Plan Performance Report. Explanation given concerning opiate users facing far more complex, deep-rooted problems than non-opiate users and focus on needing to improve long-term sustainable recovery and better life outcomes for both opiate and non-opiate users. Information also provided on the proposed new integrated drug and alcohol service. See minutes of meeting for more details.	
14	HSC 06.07.16	To receive an update from the Cabinet Secretary concerning progress with tackling overweight children with particular reference to unhealthy snacks being sold in health centres.	28 Sept 2016	Cabinet Secretary [Public Health]	<p>Comprehensive update received from Lynn Donkin, Public Health Specialist, on behalf of Cllr Cain.</p> <p>The factors driving obesity levels are extremely complex. A Healthy Weight Strategy is in place and includes a particular focus on promoting healthier weight for children.</p> <p>Members of the Public Health team will be presenting an update to the Health and Wellbeing Board (HWB) in October 2016. A key achievement of the strategy to date has been the signing of a Local Authority Declaration on Healthy Weight in January 2016, Blackpool being the first authority in the country to adopt such a declaration. This offers the opportunity to encourage HWB partners to follow the Council's lead.</p> <p>See end of table for remainder of full comprehensive update.</p> <p>Proposed that this action is considered complete unless further details required. Action complete</p>	Green
15	HSC 06.07.16	To receive detailed information on attendance types of patients at	28 Sept 2016	David Bonson, CCG	Update to be sought for 28 Sept 2016. Requested again on 25 Oct 2016. Will be requested again at 14	Green

		Accident and Emergency.			December 2016 meeting. Table received Jan 2017 (see further below) subject to clarity on data columns, action complete. 13.03.17 Email with refined data forwarded to Members with useful interactive table allowing Members to review wide range of data by type etc. Still some clarity issues that Members may wish to comment upon. See end of table for top 10 incident types.	
16	HSC 06.07.16	To receive a full performance report on the ambulance service including response rates from Blackpool Clinical Commissioning Group and the North West Ambulance Service.	28 Sept 2016	David Bonson, CCG; David Rigby, NWAS	On agenda for 28 Sept 2016. Action complete.	Green
17	HSC 06.07.16	To receive definitions on the various terms and measures used concerning improving access to psychological therapies (IAPT) following the meeting from BCCG.	28 Sept 2016	David Bonson, CCG	Update to be sought for 28 Sept 2016. Requested again on 25 Oct 2016. Will be requested again at 14 December 2016 meeting. Definitions received Jan 2017. The targets for improving access to psychological therapies have recently been changed but the definitions of the targets are detailed after the table below. If further info is required then this may be given with the Action 4 update. Action 17 complete.	Green
18	HSC 06.07.16	To receive information from BCCG on the provision of mental health services including progress with recovery rates at a future meeting.	28 Sept 2016	David Bonson, CCG	Update to be sought for 28 Sept 2016. Information to be received / circulated and progress tracked retaining option for a meeting report. Requested again on 25 Oct 2016. Will be requested again at 14 December 2016 meeting. Jan 2017 update – this will be covered under Action 4 update as the recovery rates relate to the provision of IAPT services. The update will also include reference to recent detailed discussions with Lancashire Care NHS Foundation Trust around mental health services. See Action 4.	Amber

19	HSC 06.07.16	To receive a quality of care performance report from BCCG at a future meeting.	28 Sept 2016	David Bonson, CCG	Proposed to be included in current regular performance reports of CCG commissioned areas. Next performance report due 14 Dec 2016. Not done for 14 Dec 2016. Will be requested again at 14 Dec 2016 meeting. Jan 2017 - The quality of care indicators monitored by NHS England are reported in the normal performance report [Scrutiny Officer note - Members may wish to review those indicators and consider whether they are satisfied that sufficient quality of care info has been provided, e.g. recovery rates, feedback from patients]	Amber
20	HSC 28.09.16	Health Key Performance Indicators should all have specific (baseline) targets for monitoring progress and for performance, actual numbers alongside percentages.	14 Dec 2016	Ruth Henshaw	25.10.16 The change is being prepared for the next Council Plan Performance report (Quarter Two). Baseline data added for the three regular indicators (drugs and obesity).	Green
21	HSC 12.10.16	Percentage of newly qualified staff when The Harbour (LCFT) started in 2015 and the current percentage.	Oct / Nov 2016	Steve Winterson	22.11.16 According to the LCFT Electronic Staff Record system, there are 156 staff occupying nursing positions (including matrons and senior matrons) – of these 20 meet the definition of “newly qualified” which equates to 12.8%. “Newly qualified staff” are defined as a nurse who is on the bottom incremental point on the Agenda for Change Band 5 scale (i.e. within their preceptorship period). Percentage still required (if Members wish) for parallel figures in 2015.	Amber
22	HSC 12.10.16	Number of original staff retained from when The Harbour (LCFT) started in 2015.	Oct / Nov 2016	Steve Winterson	22.11.16 64% of staff who were based at the Harbour in Apr 2015 (according to ESR) are currently working there now – this is for all staff groups.	Green
23	HSC	Staff turnover rates.	Oct /	Steve	22.11.16 The turnover rate for the 12 months	Green

	12.10.16		Nov 2016	Winterson	ending Sept 2016 for all staff working at The Harbour was 9.50%.	
24	HSC 12.10.16	Results of the latest staff survey ref The Harbour (LCFT).	Oct / Nov 2016	Steve Winterson	22.11.16 There is a staff survey which closes on 2 Dec 2016. This is part of the national programme which enables our results to be compared to other Trusts and the results will be shared as soon as available.	Not yet due
25	HSC 12.10.16	Sight of CQC recent inspection (covers LCFT as a whole so aspects relevant to Harbour for highlighting)	Oct / Nov 2016	Steve Winterson	22.11.16 Reports expected late Dec 2016. Reports will be shared as soon as available. Likely that there will be a specific report on In Patient Mental Health Services rather than specifically The Harbour. 07.02.17 Emails sent by Scrutiny Officer to Members on 19.01.17 and 30.01.17. CQC gave LCFT an improved 'good' rating, some concerns on areas 'requiring improvement' e.g. 'safe' theme. LCFT gave a helpful summary listing good practice areas / improvements required along with a colour tracking table highlighting good practice / improvements needed. Brief progress requested for 26.04.17 meeting (supersedes Action 11).	Not yet due
26	HSC 12.10.16	Latest figures on different types of assaults and numbers for each type (and comparable data for the previous year / period).	Oct / Nov 2016	Bridgett Welch / Steve Winterson	25.10.16 Comparable data request added post-meeting. Explanatory commentary welcome. See end of table below for detailed breakdown. Action complete.	Green
27	HSC 12.10.16	Evidence that procedures at The Harbour (LCFT) have been strengthened for ensuring 'scene of crime' material does not go missing.	Oct / Nov 2016	Leon Le Roux / Steve Winterson	22.11.16 It should be noted that terminology such as "scene of the crime" is inappropriate in relation to Serious Incident investigations. Any incident concerning mental health issues should not be considered as a criminal situation. Since 2015 the Trust's Incident Policy (June 2015) has been revised and Section 4.5 specifically states:	Green

					<p>“Senior Managers, Managers and Clinicians are responsible for taking immediate action following an incident to support people who are affected, preserving any evidence for future investigation and implementing any required immediate safety measures;”</p> <p>This is reflected in the Draft Standard Operating Procedure for the Investigations and Learning Team.</p>	
28	HSC 12.10.16	Confirmation of what new sites [in-patient mental health facilities in Blackpool] were proposed and details of service capacity.	Oct / Nov 2016	Steve Winterson	22.11.16 Proposals / options are being developed for future mental health service requirements as part of supporting the wider health and social care transformation agenda and will be considered by Blackburn commissioners / Lancashire Scrutiny early in 2017. See after end of table for detailed response. Further update in due course.	Green
29	HSC 29.11.16 (14.12.16)	Health and social care integration (principally Sustainability and Transformation Plan) being reported to the Committee at its March 2017 meeting or another early date in 2017.	Mar 2017	Amanda Doyle / David Bonson	17.02.17 Email sent confirming integration / STPs update for additional 26.04.17 meeting. CCG update will include costing info.	
30	HSC 14.12.16	Update before the March 2017 meeting from Councillor Cross on GP patient referral rates for support to stop smoking.	Mar 2017	Cllr Cross		
31	HSC 14.12.16	Receive an assurance report in spring or summer 2017 on Blackpool Teaching Hospital’s clinical care and financial performance achieved during the winter period (end March 2017).	End Mar 2017	Tim Bennett	17.02.17 Email sent confirming assurance report required for additional 26.04.17 meeting.	
32	HSC 14.12.16	Future CCG performance reports should contain actual numbers and	Jul 2017	David Bonson		

		percentages for proper context as well as explanatory commentary.				
33	HSC 14.12.16	The next CCG performance report to include patient satisfaction data, quality of care figures and financial budget monitoring.	Jul 2017	David Bonson	13.03.17 CCG may be requested to bring the scheduled July 2017 update forward to additional 26.04.17 meeting. This is subject to CCG being able to verify final year-end figures for 2016/17 (end Mar '17) in time for 26.04.17 meeting.	

Action 8 - see above for summary response, below comprehensive response ref update on **Implementation of the Fluoridated Milk Scheme** (28 Sept 2016)

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Members further queried how schools would manage the logistics and ensure that children were given the correct milk. Councillor Cross advised that schools had a process in place and Headteachers would be able to amend the milk order to ensure the right level of delivery of milk and milk with fluoride. In response to further questions, Councillor Cross reported that if parents were confident that their child was obtaining enough fluoride through the use of high fluoride toothpaste or diet then they could opt out of the scheme. She added that the milk contained a recommended level of fluoride and reassured Members that research provided by a number of health organisations had demonstrated that the level was safe.

The Committee agreed: 1) To receive an update on the uptake of milk with fluoride in approximately six months; and 2) To receive a briefing note from Councillor Cross on the research undertaken on the safe level of consumption of fluoride for children.

Response from the Director of Public Health on behalf of the Cabinet Member for Health Inequalities, Councillor Cross

Fluoridated Milk is due to be fully implemented on 7 November 2016 when fluoridated milk will be available for those children whose parents have opted into the scheme. At the start of the Autumn Term 2016, schools were provided with further information on the scheme, and opt-out forms to enable parents the opportunity to opt their children out from the scheme if they so desired. Schools were instructed to facilitate this process, and were notified that we [Public Health] will be requesting numbers of opt-out from Friday 30 September 2016 to allow sufficient time for the return of their forms from parents/carers.

The Public Health Team leading on implementation have been in regular contact with schools, with regular updates via email, enquiries and meeting in person with school heads where requested. The Council has been working closely with the Dairy supplier and the school milk administrators to ensure that systems will be in place by early October 2016 to allow for supplies of fluoridated and non-fluoridated milk in time for the start of the scheme on 7 November 2016.

The Public Health lead for scheme implementation has had a number of discussions with school heads on operational and logistic issues ensuring that children receive the correct milk. The Council provided posters for each class showing the graphic of both fluoridated milk (in yellow carton) and non-fluoridated milk (in green cartons) with room for children, and staff, to write their names. The majority of schools reported they are ready for scheme implementation and confident and comfortable with facilitating the process.

Only two schools raised some concerns around children that were used to drinking more than one carton of milk a day in the school. These schools were advised that a child should only receive one carton of fluoridated milk a day, and if there are spare cartons this should not be shared with other children or used in other ways in the school e.g. for cooking, or used in other drinks. The School Food Trust's (<http://www.childrensfoodtrust.org.uk>) advice is that that

milk should be provided once a day, and public health advice is that children who are thirsty should be offered plain water. This is perfectly acceptable nutritionally and in developing healthy eating preferences.

The schools were advised to review their milk standing orders and amend them accordingly, to more accurately reflect the number of cartons that were required. On discussion with schools it was apparent that there was a considerable excess carton of milk being used or disposed of per week unnecessarily. Cartons of milk (both fluoridated and non-fluoridated) can be refrigerated as normal and used the next day. Thus this will reduce costs to the Council and avoids waste; and removes the potential of a child drinking more than one carton of fluoridated milk a day.

Under the proposed fluoridated milk scheme each carton of milk will contain 0.8mg Fluoride in 189 ml of milk (equivalent to 4.2 parts per million). Levels of Fluoride in the milk are proceeding in line with the WHO guidance on milk fluoridation (Banoczy J, Petersen PE, Rugg-Gunn AJ. *Milk fluoridation for the prevention of dental caries. World Health Organisation, Geneva 2009*) http://www.who.int/oral_health/publications/milk_fluoridation_2009_en.pdf. Product quality control and monitoring of fluoride levels in the milk is arranged with the Dairy supplier and part of school milk procurement arrangements.

Action 14 - see above for first half of comprehensive response ref update on **Progress with Tackling Overweight Children** (28 Sept 2016)

Referring to the specific query regarding vending machines in Whitegate Health Centre, as this Centre is operated by Blackpool Teaching Hospitals NHS Trust, we have asked colleagues at the Trust to look into this. The Trust are active members of the Healthy Weight Steering Group and have a number of actions underway within the hospital including the development of a food and nutrition policy which includes adopting the Healthier Vending Guidelines developed by the Council's Public Health team. These guidelines recently featured as a good practice case study in the Local Government Association publication on Healthier Food Procurement http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/7931587/PUBLICATION. There is assurance that vending machines on local authority premises have already been the subject of action as a result of the Healthy Weight Strategy. The Healthy Vending Guidelines have been implemented across the authority and were the subject of a recent audit. The audit found only a few machines on local authority premises, these being in leisure centres. There are no machines at Bickerstaffe House or the Town Hall (a machine was found here and has been removed). Public Health have worked with the Procurement Team to ensure that the content of machines in the leisure centres are compliant with the guidelines.

Action 15 - To receive detailed information on attendance types of patients at Accident and Emergency.**Blackpool CCG A&E Attendances Top 10 Diagnosis Reasons Jan-16 - Oct-16**

First Diagnosis	Activity
	40,625
38: Diagnosis not classifiable - Diagnosis not classifiable	615
03: Soft tissue inflammation - Soft tissue inflammation	513
05: Dislocation/fracture/joint injury/amputation - Dislocation/fracture/joint injury/amputation	332
01: Laceration - Laceration	236
06: Sprain/ligament injury - Sprain/ligament injury	129
388: Diagnosis not classifiable - Diagnosis not classifiable	86
02: Contusion/abrasion - Contusion/abrasion	80
39: Nothing abnormal detected - Nothing abnormal detected	75
380008: Diagnosis not classifiable - Diagnosis not classifiable	70
Grand Total	42,761

Note - following a request for more refined information, the above table (Jan-Oct 16) was superseded by the following table

Blackpool CCG A&E Attendances Top 10 Diagnosis Reasons Apr-16 - Jan-17 (10 months)

Top 10 Presenting Complaints	Attendances
Limb problems	13,387
Unwell adult	8,295
Chest pain	6,098
Not Applicable	4,471
Shortness of breath in adults	3,773
Head injury	3,746
Abdominal pain in adults	3,417
Wounds	2,828
Collapsed adult	2,738
Falls	2,570
Grand Total	51,323

Action 17 - To receive definitions on the various terms and measures used concerning improving access to psychological therapies (IAPT) following the meeting from BCCG.

The targets for improving access to psychological therapies have recently been changed but the definitions of the targets are as follows:-

Access Rate

- The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies.

Recovery Rate

- The primary purpose of this indicator is to measure the maintenance of recovery rates in psychological services achieved at the end of 2015/16 via the national IAPT programme for people with depression and/or anxiety disorders. The effectiveness of local IAPT services is measured using this indicator and the indicator above which focusses on access to services as a proportion of local prevalence. This indicator measures the proportion of people who complete treatment who are moving to recovery.

IAPT Waiting times

- The primary purpose of these indicators are to measure waiting times from referral to treatment in improved access to psychological therapies (IAPT) services for people with depression and/or anxiety disorders. For planning purposes the indicator is focused on measuring waits for those finishing a course of treatment i.e. two or more treatment sessions and coded as discharged but also requires local monitoring of all referral to treatment starts.

Action 26 - see below for breakdown of (safeguarding) assaults at The Harbour (12 Oct 2016)Definitions of Incident Levels

- Level 1 – Insignificant: Aggression (verbal and physical) with no actual or potential harm or negative clinical outcome.*
- Level 2 – Low: Physical assault resulting in minor harm to people (e.g. first aid assistance) or property.*
- Level 3 – Moderate: Physical assault resulting in moderate harm to people (e.g. A&E assessment) or property.*
- Level 4 – Severe: Physical assault resulting in severe harm to people (e.g. fractures or long term conditions / disability) or property (including all attempted or actual rape or hate crime). Severe verbal aggression including racial abuse, discrimination and sexual advances.*

Incident Type	April 2016 to June 2016		
	Q1 2016/17		
	No	Category	Reported Incident Level on Datix
Sexual	0		
Verbal	0		
Physical	1	Patient on Staff	Level 2 = 1
	72	Patient on Patient	Level 1 = 15 Level 2 = 49 Level 3 = 8 A safeguarding alert was raised in respect of the Level 3 incident
	2	Patient on Other	Level 2 = 2

	1	Alleged Staff on Patient	Level 3 = 1
With a Weapon	3	Patient on Patient	Level 2 = 1 Level 3 = 1 Level 4 = 1

Action 28 - Confirmation of what new LCFT sites [in-patient mental health facilities in Blackpool] were proposed and details of service capacity (12 Oct 16)

The Trust and its commissioners continue to work together to determine the range of mental health services that will be required for Lancashire in the future. Part of this involves determining how many beds will be needed in the future and on a broader scale what other types of services are needed to keep people well and supported within the community, which serves to prevent the need for admission in the first place.

The future model for mental health services is being planned as part of the Lancashire and South Cumbria Change programme. At present an options appraisal is being undertaken to determine the range and scope of provision for Lancashire in the future and this will also set out options for provision in Pennine Lancashire and Central Lancashire.

The option to purchase land and develop a mental health facility adjacent to the Royal Blackburn Hospital site remains. Among the range of options being considered is the original preferred option of redeveloping a site on the Royal Blackburn Hospital estate. This will help to manage the increase in patients presenting at A&E and will also further enhance joint working between mental health and A&E teams and complement additional provision that has been put in place at the hospital recently.

Further information about the options will be made available and engagement will be undertaken prior to a final proposal being presented to Lancashire scrutiny committees early in 2017.

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