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Blackpool Council

27 June 2017

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

The above members are requested to attend the:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Wednesday, 5 July 2017, 6.00 pm
First Floor Meeting Room, Blackpool Carers' Centre,
Beaverbrooks House, 147 Newton Drive, Blackpool FY3 8LZ

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 26 APRIL 2017 (Pages 1 - 2)

To agree the minutes of the last meeting held on 26 April 2017 as an accurate record.

3 PUBLIC SPEAKING

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

4 FORWARD PLAN (Pages 3 - 8)

To consider the content of the Council’s Forward Plan, July 2017 - October 2017, relating to Adult Social Care and Health Scrutiny Committee (HSC) functions. There is one relevant item: Creation of a specialised supported living service at Mansfield Road.

5 COUNCIL PLAN PERFORMANCE REPORT 2016-2017 (END OF YEAR) (Pages 9 - 18)

To present performance against the Council Plan 2015-20 for the period 1 April 2016 - 31 March 2017 (End of Year).

6 BLACKPOOL CLINICAL COMMISSIONING GROUP END OF YEAR PERFORMANCE REPORT (APRIL 2016 TO MARCH 2017) (Pages 19 - 36)

To consider the performance of the Blackpool Clinical Commissioning Group for 2016-2017 (April 2016 - March 2017).

7 TRANSFORMATIONAL PLANNING PROGRAMME (Pages 37 - 46)

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.

8 PUBLIC MENTAL HEALTH ACTION PLAN 2016-2019 (Pages 47 - 74)

To present the Public Mental Health Action Plan 2016-2019.

9 MENTAL HEALTH COMMISSIONING UPDATE (Pages 75 - 84)

To present progress being made and planned for improving mental health service provision.

10 LANCASHIRE CARE FOUNDATION TRUST: HARBOUR PROGRESS REPORT (Pages 85 - 94)

To provide an update about the work and performance of The Harbour (in-patient mental health facility in Blackpool), particularly focussing on the Trust's responses to the National Staff Survey and the Trust's re-inspection by the Care Quality Commission (CQC) which took place during September 2016.

11 ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018 (Pages 95 - 124)

To consider the Adult Social Care and Health Scrutiny Committee Workplan 2017-2018, together with any suggestions that Members may wish to make for scrutiny review topics.

12 NEXT MEETING

To note the date and time of the next meeting as Wednesday, 27 September 2017 commencing at 6pm in Committee Room A, Blackpool Town Hall.

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 Adviser, tel: 01253 477211, e-mail sandip.mahajan@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 26 APRIL 2017

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Owen
Mrs Callow JP	O'Hara	L Williams

In Attendance:

Councillor Danny Scott

Mr Sandip Mahajan, Senior Democratic Governance Adviser

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 22 MARCH 2017

The Committee agreed that the minutes of the Health Scrutiny Committee meeting held on 22 March 2017 be signed by the Chairman as a correct record.

3 PUBLIC SPEAKING

The Committee noted that there were no applications to speak by members of the public on this occasion.

4 TRANSFORMATIONAL PLANNING PROGRAMME

The Committee agreed to defer this item to its next meeting, due to this meeting falling within the General Election period of heightened sensitivity.

5 LANCASHIRE CARE FOUNDATION TRUST: HARBOUR PROGRESS REPORT

The Committee agreed to defer this item to its next meeting, due to this meeting falling within the General Election period of heightened sensitivity.

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

The Committee agreed to defer this item to its next meeting, due to this meeting falling

within the General Election period of heightened sensitivity.

7 HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017

Members noted that the next meeting, provisionally scheduled for 5 July 2017 subject to confirmation at Annual Council, would be a Public Health themed meeting including mental health.

Three deferred items (Transformation Planning, The Harbour progress, Blackpool Teaching Hospital progress) were also scheduled for the same meeting, two of which related to mental health. Although the three items had been deferred, progress reports had been provided which would be updated for the next meeting. A comprehensive progress report would also be provided on integrated health and social care focusing on sustainability and transformation planning.

Assurance information had been recently circulated to Members on patient choice for continuing health care, positive sustainability for the Grange Park Health Centre and improvement planning for the North West Ambulance Service. In view of the assurances given and number of other priority items, no further reports were required by the Committee for the time being.

Members were advised that the Workplan for 2017-2018, in particular the first meeting, would be refined nearer the time.

The Committee agreed:

1. To approve the remaining Scrutiny Workplan 2016-2017, which consisted of commenting by email on annual Quality Accounts submitted by NHS trusts with final responses to be approved by the Chairman, and note the provisional Scrutiny Workplan 2017-2018 including deferred items.
2. To note the 'Implementation of Recommendations' table.

8 NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 5 July 2017 commencing at 6pm in Blackpool Carers' Centre, Beaverbrooks House, Blackpool (date and venue subject to confirmation).

Chairman

(The meeting ended 6.15 pm)

Any queries regarding these minutes, please contact:
Sandip Mahajan Senior Democratic Governance Adviser
Tel: (01253) 477211
E-mail: sandip.mahajan@blackpool.gov.uk

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Lorraine Hurst, Head of Democratic Governance
Date of Meeting:	5 July 2017

FORWARD PLAN

1.0 Purpose of the report:

1.1 To consider the content of the Council's Forward Plan, July 2017 - October 2017, relating to Adult Social Care and Health Scrutiny Committee (HSC) functions. There is one relevant item: Creation of a specialised supported living service at Mansfield Road.

2.0 Recommendations:

2.1 Members will have the opportunity to question the relevant Cabinet Member in relation to items contained within the Forward Plan relating to Adult Social Care and Health Scrutiny functions.

2.2 Members will have the opportunity to consider whether any of the items should be subjected to pre-decision scrutiny. In so doing, account should be taken of any requests or observations made by the relevant Cabinet Member.

3.0 Reasons for recommendations:

3.1 To enable the opportunity for pre-decision scrutiny of the Forward Plan items.

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 The Forward Plan is prepared by the Leader of the Council to cover a period of four months and has effect from the first working day of any month. It is updated on a monthly basis and subsequent plans cover a period beginning with the first working day of the second month covered in the preceding plan.

5.2 The Forward Plan contains matters which the Leader has reason to believe will be subject of a key decision to be taken either by the Executive, a Committee of the Executive, individual Cabinet Members, or Officers.

5.3 Attached at Appendix 4 (a) is a list of items contained in the current Forward Plan. Further details appertaining to each item contained in the Forward Plan has previously been forwarded to all members separately.

5.6 Witnesses/representatives

5.6.1 The following Cabinet Member is responsible for the Forward Plan item in this report and has been invited to attend the meeting: Councillor Cross.

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 4 (a) - Summary of items contained within Forward Plan
July 2017 - October 2016.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

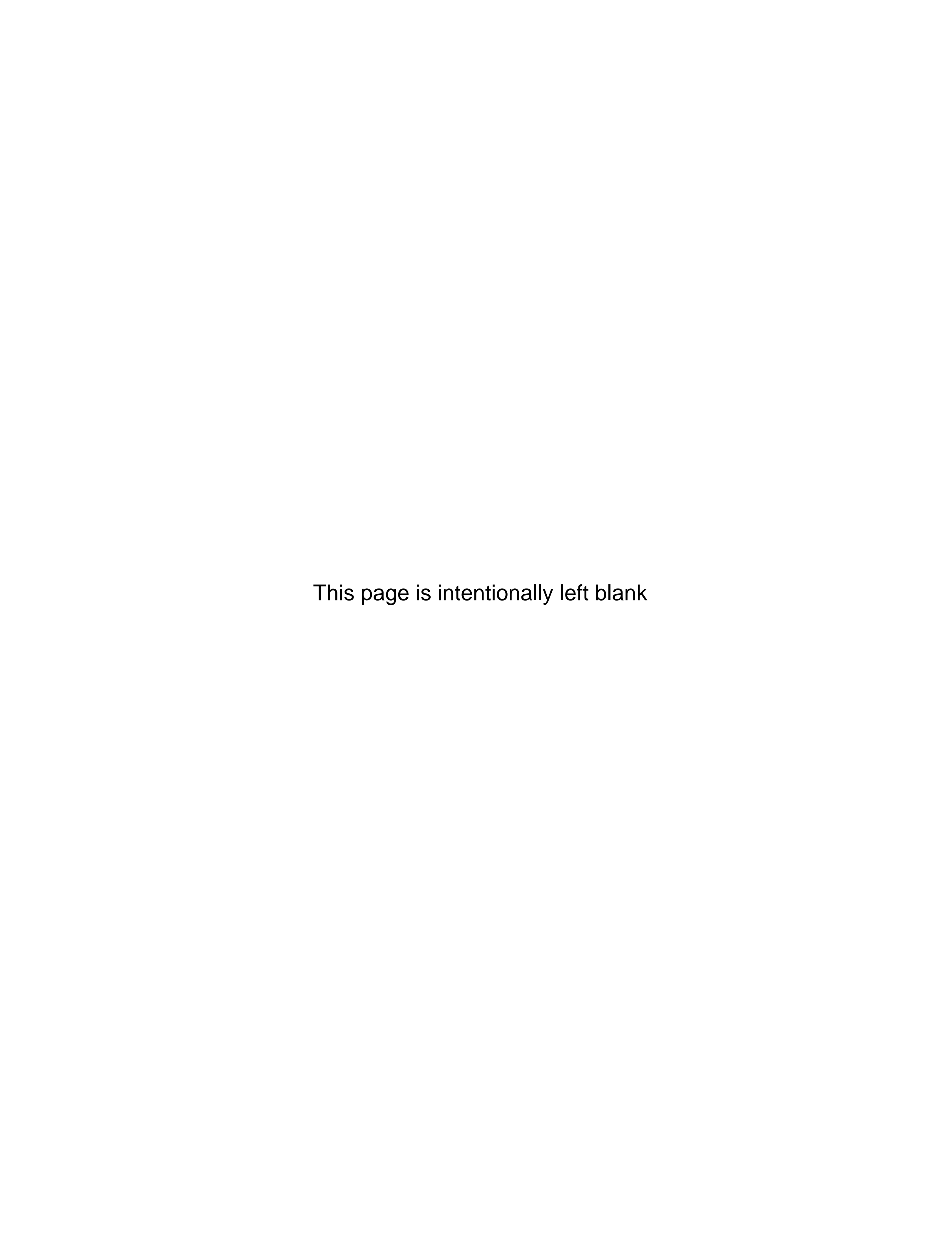
11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.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Appendix 4 (a)

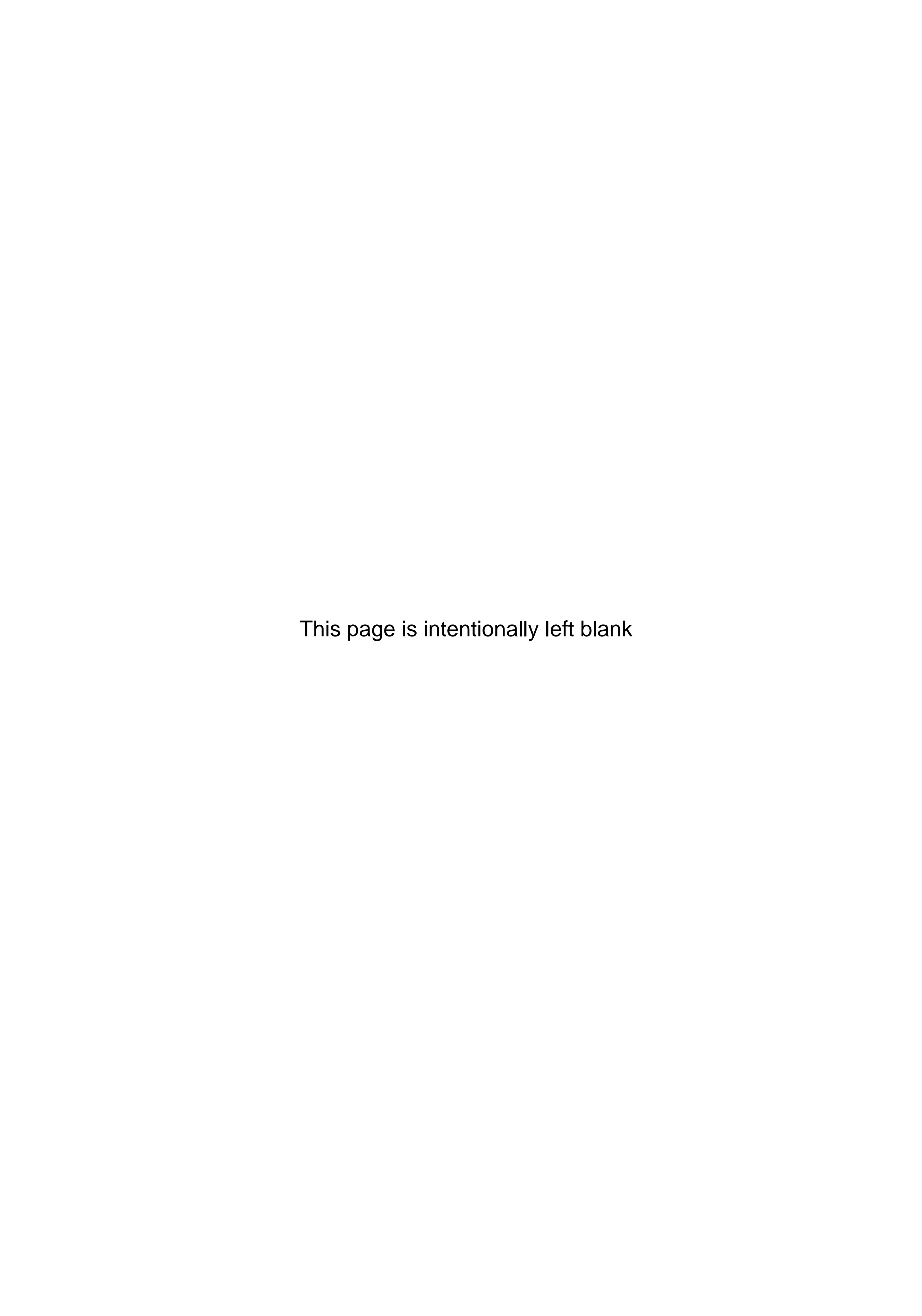
EXECUTIVE FORWARD PLAN - SUMMARY OF KEY DECISIONS

(JULY 2017 TO OCTOBER 2017)

*** Denotes New Item**

Page No. (of FP)	Anticipated Date of Decision	Matter for Decision	Decision Reference	Decision Taker	Relevant Cabinet Member
2	*July 2017	Creation of a specialised supported living service at Mansfield Road	24/2017	Executive	Cllr Cross

Matter for decision ***Ref 24/2017**	Creation of a specialised supported living service at Mansfield Road
Decision making individual or body	Executive
Relevant Cabinet Member	Cllr Amy Cross, Cabinet Member for Adult Services
Date on which or period within which decision is to be made	July 2017
Who is to be consulted and how	Potential Service Users and their families along with Local Residents
How representations are to be made and by what date	N/A
Documents to be submitted to the decision maker for consideration	Executive Report
Name and address of responsible officer	Karen Smith, Director of Adult Services e-mail: Karen.Smith@blackpool.gov.uk Tel: (01253) 477502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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Val Watson, Delivery Development Officer
Date of Meeting:	5 July 2017

COUNCIL PLAN PERFORMANCE REPORT 2016-2017 (END OF YEAR)

1.0 Purpose of the report:

1.1 To present performance against the Council Plan 2015-20 for the period 1 April 2016 - 31 March 2017 (End of Year).

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.

To agree to the proposals for future reporting for the 2017-2018 calendar year as outlined in paragraph 8.0.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

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: N/A

4.0 Council Priority:

4.1 The relevant Council Priority is "Communities: Creating stronger communities and increase resilience".

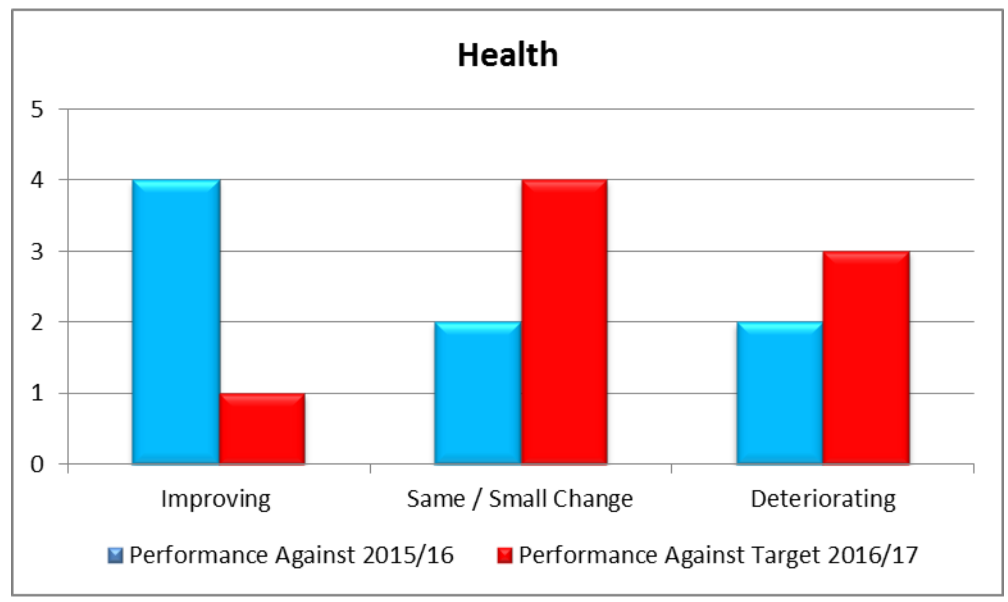
5.0 Background information

5.1 This report reviews performance against the priorities in the Council Plan 2015-20. 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.

6.0 Overview of Performance

6.1 There are eight indicators within the performance basket for Health / thirteen indicators within the performance basket for Adults and Health. The graph below shows the direction of travel against performance in 2015-2016 and against target for 2016-2017.



6.2 Further information on the indicators where performance is below target or where performance has deteriorated compared with 2015/16 can be found in **Appendix 5 (b) - End of Year Exception Reports**.

6.3 The three indicators where performance deteriorated in 2016-2017 were:

- % of opiate drug users successfully completing treatment who do not re-present to treatment within 6 months;
- % of successful completions of alcohol treatment
- Prevalence of excess weight in Year 6 children (10-11 years)

7.0 Trajectories

7.1 The trajectory for the prevalence of excess weight in Year Six children (ten to eleven years old) has been produced for this report and can be found in **Appendix 5(b) - End of Year Exception Reports**.

8.0 2017-2018 Future Performance Reporting

8.1 The Corporate Delivery Unit is working on a revised set of indicators that will better reflect the Council's two priorities. These indicators are being developed with Departments in line with the revised 3 year business planning framework and the Medium Term Financial Sustainability Strategy. It is proposed that this new basket of indicators be reported to the Scrutiny Committee for the 2017-2018 reporting year.

8.2 Reporting performance information through an annual cycle can be difficult when many of the indicators collected are only reported annually - with many of the indicators being reported at different times of the year and not necessarily at year end.

8.3 To allow members to receive more timely and appropriate performance information it is proposed that performance reports in 2017-2018 be aligned to the future workplans for that committee, with a full break down of indicator performance reported as an overview report at year end. This will equip Members with more relevant performance information reported at the same time and topic as future scrutiny reports. These reports will be focussed and more in-depth than the current reporting arrangements and will give Members more insight and narrative to current performance issues. The Corporate Delivery Unit will work closely with the Democratic Governance Team and relevant Departments to ensure that the reports are as insightful as possible.

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 5 (a): End of Year Key Performance Indicators (KPI)
Appendix 5 (b): End of Year Exception Reports

9.0 Legal considerations:

9.1 None

10.0 Human Resources considerations:

10.1 None

11.0 Equalities considerations:

11.1 None

12.0 Financial considerations:

12.1 None

13.0 Risk management considerations:

13.1 None

14.0 Ethical considerations:

14.1 None

15.0 Internal/ External Consultation undertaken:

15.1 N/A

16.0 Background papers:

16.1 None

Corporate Key Performance Indicators

Performance as at 31st March 2017

KEY - Direction of Travel Icons:

Icon	Meaning
⇧✓ ⇩✓	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	% of opiate drug users successfully completing treatment who do not re-present to treatment within 6 months	*n/a (measured differently)*	*5.75%*	*6.3%*	⇧✓	5.7%	5% (54/1074)	6.1% (66/1079)	5.8% (62/1075)	**5.8%**	**8%**	⇩	⇩✖	5.8% compared with 6.3% in 2015/16. Please see App B - Exception Reports for more details as the outturn figure is lower than last years figure and lower than the target.	PH
	Cllr Cross	% of non-opiate drug users successfully completing treatment who do not re-present to treatment within 6 months	*n/a (measured differently)*	*51.22%*	*44.7%*	⇩✖	51.2%	55.5% (136/245)	55% (132/240)	52.6% (110/1209)	**52.6%**	**55%**	⇧✓	⇩	52.6% compared with 44.7% in 2015/16.	PH
	Cllr Cross	% of successful completions of alcohol treatment	*54.6%*	*44.5%*	*45.5%*	⇩✖	44.6%	42.1% (212/504)	36.7% (165/450)	41.1% (179/436)	**41.1%**	**60%**	⇩✖	⇩✖	41.1% compared with 45.5% in 2015/16. Please see App B - Exception Reports for more details as the outturn figure is lower than last years figure and lower than the target.	PH
	Cllr Cross	Smoking prevalence in adults aged 18 or over	*29.47%*	*26.5%*	*26.93%*	⇩✓	A	A	A	A	**25.3% (2015 data)**	**25%**	⇩✓	⇧	25.3% compared with 26.93% in 2015/16. Change of source from Integrated Household Survey (HIS) to Annual Population Survey (APS). All historic and current outturn data change to APS source.	PH
	Cllr Cross	Smoking status at the time of delivery	*30.84%*	*27.48%*	*27.19%*	⇩✓	A	A	A	A	***26.0% (2015/16 data)***	**25% or less by end of 2017**	⇩✓	⇧	26% compared with 27.19% in 2015/16	PH
	Cllr Cross	Prevalence of excess weight in Reception children (4-5 years)	*25.54%*	*26.79%*	*25.72%*	⇧	A	A	A	A	**26.47%**	**< 25.72%**	⇧	⇧	26.47% compared with 25.72 in 2015/16.	PH
	Cllr Cross	Prevalence of excess weight in Year 6 children (10-11 years)	*34.72%*	*35.67%*	*37.98%*	⇧✖	A	A	A	A	**40%**	**< 37.98%**	⇧✖	⇧✖	40% compared with 37.98% in 2015/16. Please see App B - Exception Reports for more details as the outtun figure is higher than last years figure and higher than the target.	PH
	Cllr Cross	% take up of NHS Health Checks per year amongst the eligible population (aged 40-74)	*76.10%*	*73.14%*	*43.10%*	⇩✖	A	A	A	A	**60.0%**	**Increase on last year**	⇧✓	⇧✓	60% compared with 43.1% in 2015/16	PH

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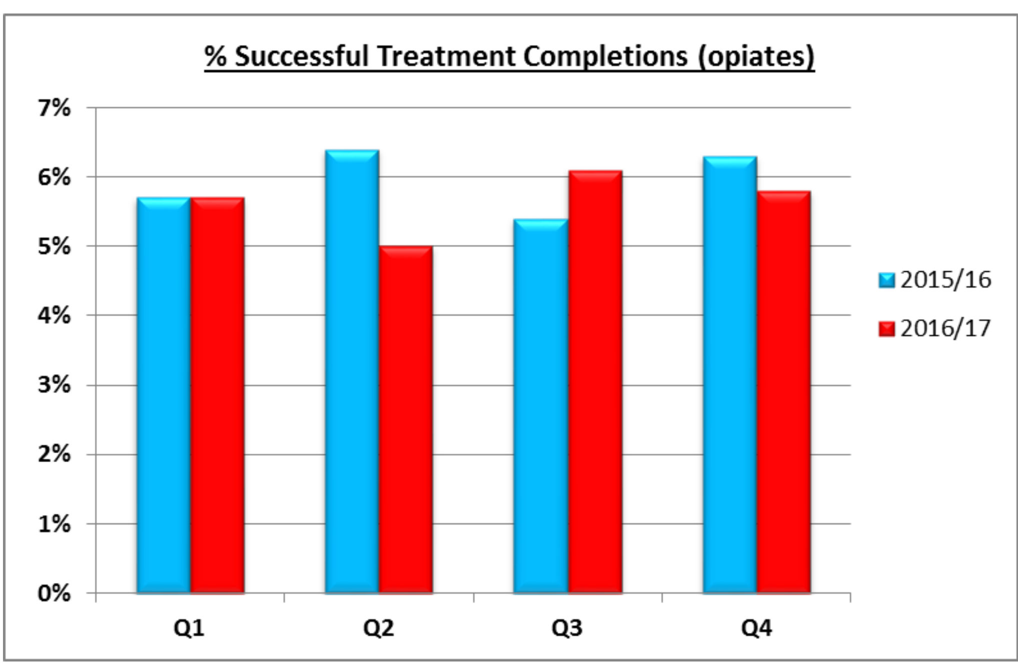
CABINET SECRETARY (HEALTH))

Indicator Description	Better to be?
% of opiate drug users successfully completing treatment who do not re-present to treatment within 6 months	High

2014/15	2015/16	2016/17					Target 2016/17	
		Q1	Q2	Q3	Q4	EoY		
5.75%	6.3%	5.7%	5%	6.1%	5.8%	**5.8%**	**8%**	⇩✖



Commentary:

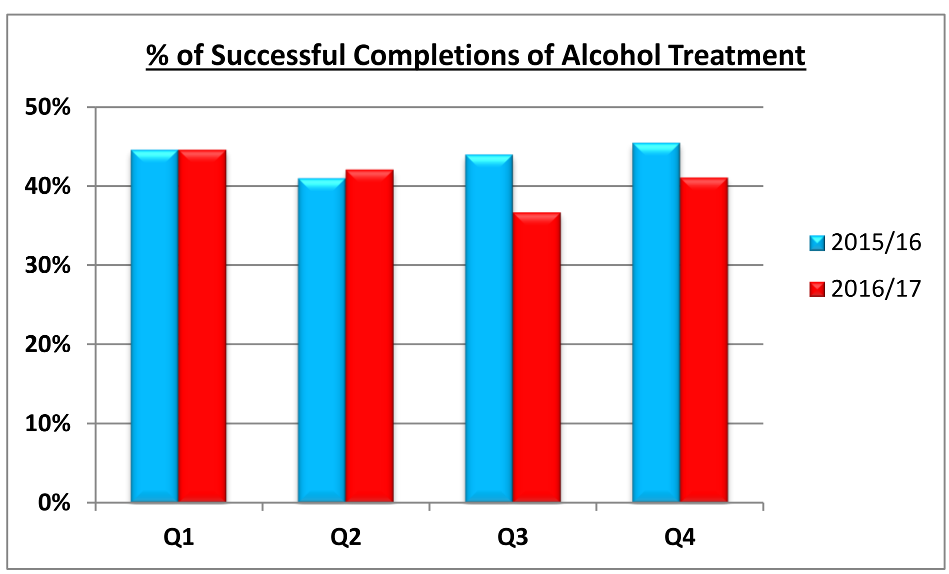
The percentage of opiate drug users successfully completing treatment who do not re-present to treatment within 6 months has reduced slightly in Quarter 4 compared with Quarter 3.

This figure is calculated as a proportion of the total number in treatment and as this number has increased this % has decreased.

App 5(B) - Exception Reports (End of Year 2016-2017)

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

2014/15	2015/16	2016/17					Target 2016/17	
		Q1	Q2	Q3	Q4	EoY		
44.5%	45.5%	44.67%	42.1%	36.7%	41.1%	**41.1%**	**60%**	⇩✖

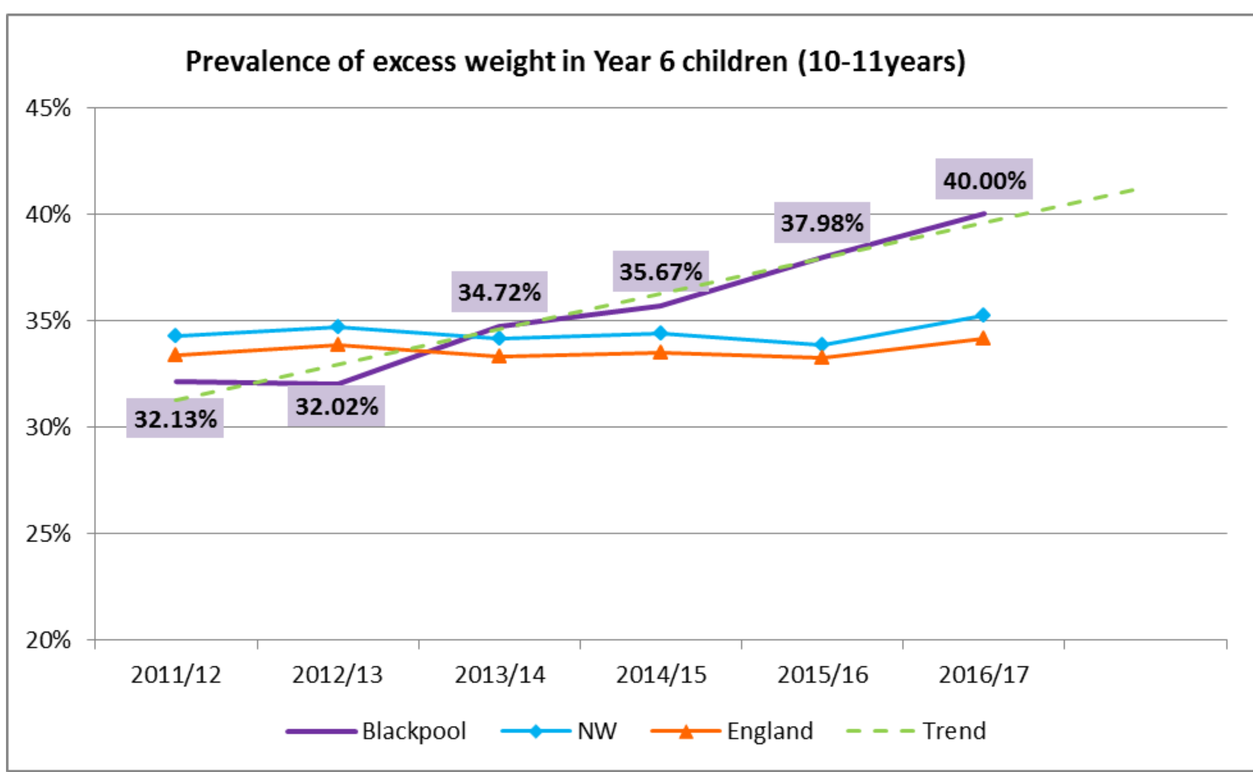


Commentary:

The percentage % of successful completions of alcohol treatment has increased since last quarter and is in the top quartile range with comparator local authorities.

Indicator Description	Better to be?
Prevalence of excess weight in Year 6 children (10-11 years)	Low

2014/15	2015/16	2016/17	Target 2016/17	
35.67%	37.98%	**40.00%**	**37.98%**	⇧✖



Commentary:

General points:

- Levels of child overweight and obesity are increasing (getting worse) in Blackpool. This is against national trend which had appeared to be levelling off in recent years. Our experience is reflected in other disadvantaged areas.
- Physical activity has a range of important health benefits and children should have regular physical activity as part of their daily routines. We need to be careful not to rely too heavily on physical activity to tackle child overweight and obesity. It won't. The physical activity is part of the answer but the focus should be on achieving a healthy balanced diet including appropriate portion sizes and regular mealtimes/routines to support the achievement of healthy weight and optimal growth and development.
- National Child Measurement Programme (mandated) – we achieve a high level of coverage so our figures will be reliable. Anecdotally overweight/obese children are more likely to have consent withheld and not get measured, so rates in low coverage areas more likely to underestimate prevalence

Blackpool's Healthier Weight Strategy:

- This has a focus towards young people
- The key achievement of the strategy so far is the introduction of a Local Authority Declaration on Healthier Weight – earlier this year Blackpool Council became the first authority in the country to sign up to such a declaration.
- The Health and Wellbeing Board wants all partners on the board to adopt their own version and will be holding a Healthy Weight Summit at which partners will be supported to develop their own declarations and pledge to adopt these. An event was held on 2 February 2017 at the Winter Gardens to encourage our partner organisations, voluntary sector and schools to develop their own declaration. At the event 20 organisations signed the pledge to develop their own. Since the event Blackpool Teaching Hospital has signed its own declaration.
- Encouraging uptake of breast feeding and healthy weaning, and promotion of healthy weight through children's public health services (Health Visitors, Family Nurse Partnerships, school nurses)
- School based programmes that include nutrition info: Fit2Go reaches all Year 4 pupils (eight-nine years old) across the town
- Blackpool Council's Sport for Champions is a new programme for Year 6 (ten-eleven years old) pupils
- Promotion of early year's physical activity in nurseries.
- A new children and family's weight management service commenced in Sept 2016, commissioned by Public Health and delivered by the Council's leisure services. Families can self-refer or be referred via GPs or school nurses
- Living Streets 'Walk to Schools' project operates in every primary school in the town
- Local campaigns/promotions:
    - 'Give up loving pop' ran very successfully in 2015 in high schools and colleges and we ran the campaign again in March 2017 and are looking to extend to include primary age children
    - Healthy lunchbox promotion in development with a view to running in Autumn 2017.
- Within the Council we have developed Healthier Vending Guidelines. The only vending machines on council premises that we are now aware of are those in leisure centres. The Healthier Vending Guidelines are published on the Council's website. As with the LA Declaration, we'd encourage all partners to adopt these.
- Exploring Supplementary Planning Document (SPD) and local licensing scheme for mobile food units. This in early stages at present, but would be looking at things like improving the availability of water and ensuring this is the cheapest item to purchase, and restrictions over ice-cream vans parking up outside schools.

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group
Date of Meeting:	5 July 2017

BLACKPOOL CLINICAL COMMISSIONING GROUP END OF YEAR PERFORMANCE REPORT (APRIL 2016 TO MARCH 2017)

1.0 Purpose of the report:

1.1 To consider the performance of the Blackpool Clinical Commissioning Group for 2016-2017 (April 2016 - March 2017).

2.0 Recommendation(s):

2.1 To receive and scrutinise the report.

2.2 To make any recommendations to the Blackpool Clinical Commissioning Group.

2.3 To determine any future reporting from the Blackpool Clinical Commissioning Group on the issues / identify any topics for further consideration by the Committee.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the end-year health performance report in relation to commissioned hospital services.

3.2 To note the reported exceptions and support the Blackpool Clinical Commissioning Group in its actions to improve performance.

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 Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group will be in attendance at the meeting to present the 2016-2017 mid-year performance summary and answer any questions on performance against the national NHS measures: including NHS Constitution measures such as referral to treatment; cancer waiting times; mixed sex accommodation breaches and cancelled operations.

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 6 (a): Blackpool Clinical Commissioning Group
Performance Report 2016-2017.

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:

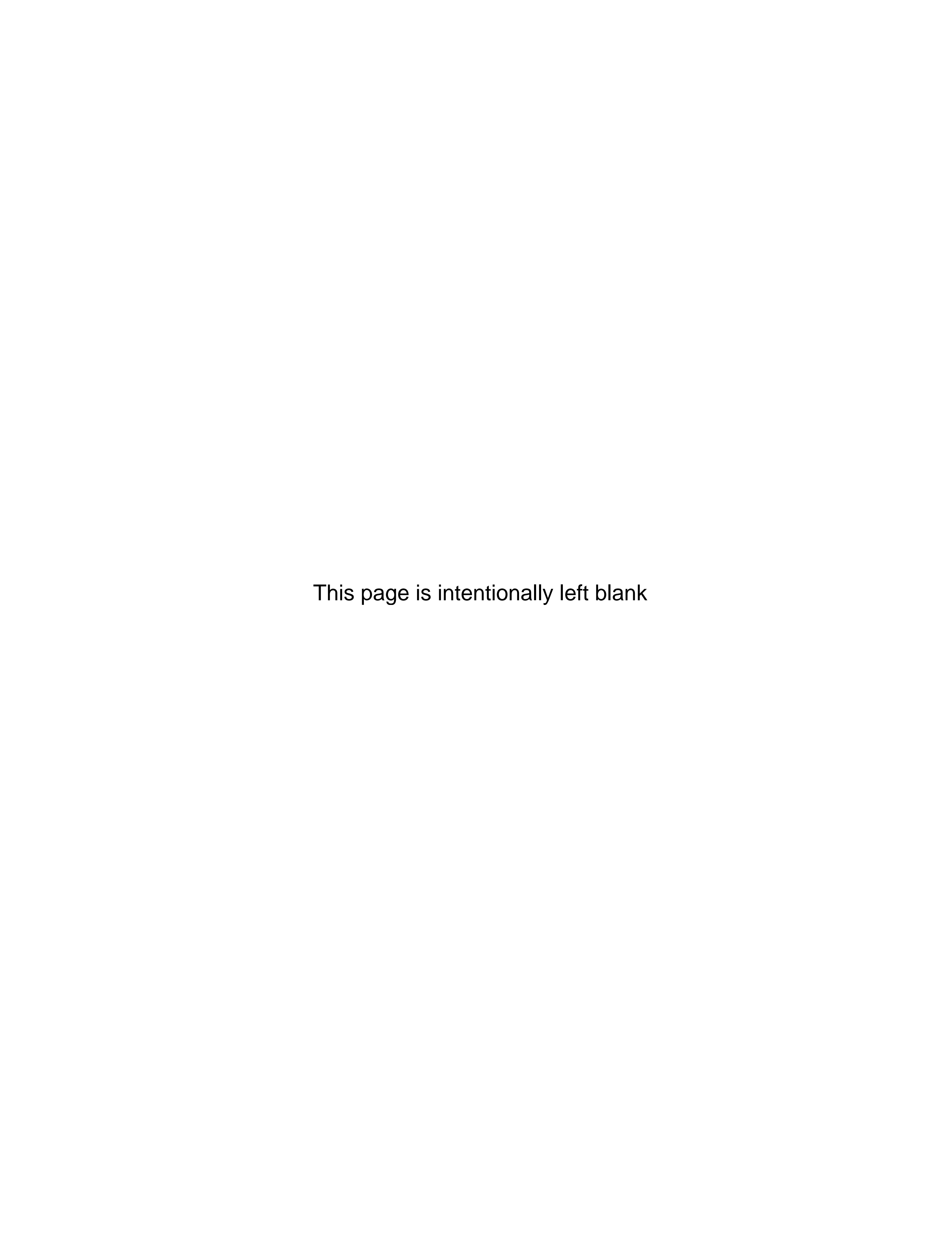
13.1 None

14.0 Internal/External Consultation undertaken:

14.1 N/A

15.0 Background papers:

15.1 None



Blackpool Clinical Commissioning Group

End of Year Performance

Report 2016/17

April 2016 - March 2017

Introduction

This report is to provide the Health Scrutiny Committee with assurance in relation to the indicators within the national Clinical Commissioning Group (CCG) Assurance Framework. The report includes a summary mid-year position of all the relevant indicators, as published by NHS England, with an exception narrative for any indicators not meeting the requisite target.

Summary for 2016/17

Metric	End of Year Position	Target	Page No.
NHS Constitution Measures			
Referral to Treatment (RTT) Incompletes (c)	91.77%	≥92%	4
Diagnostic Test Waiting Time (c)	0.46%	≤1%	4
A&E waits (c)	87.90%	≥95%	4
Patients receiving definitive treatment within 1 month of a cancer diagnosis (c)	97.42%	≥96%	5
Patients receiving subsequent treatment for cancer within 31 days (Surgery) (c)	95.73%	≥94%	5
Patients receiving subsequent treatment for cancer within 31 days (Drugs) (c)	100%	≥98%	5
Patients receiving subsequent treatment for cancer within 31 days (Radiotherapy) (c)	97.87%	≥94%	5
Patients receiving 1st definitive treatment for cancer within 2 months (c)	82.09%	≥85%	5
Patients receiving treatment for cancer within 62 days from an NHS Screening Service (c)	96.20%	≥90%	5
Patients receiving treatment for cancer 62 days upgrading their priority (c)	87.27%	≥85%	5
Red 1 Ambulance Calls (c)	81.45%	≥75%	6
Red 2 Ambulance Calls (c)	75.47%	≥75%	6
Category A Ambulance Calls (c)	90.50%	≥95%	6
NHS Constitution Support Measure			
Referral to Treatment waiting times more than 52 weeks (incomplete) (c)	5	0	4
A&E waits 12 hour trolley waits (p)	33	0	4
Mixed Sex accommodation breaches (c)	1	0	6
Cancelled Operations (p)	0	0	6
Mental Health (c)	96.19%	≥95.73%	7
Primary Care Dementia (c)	90.10%	≥67%	7
Incidence of Healthcare Associated Infection (c)	MRSA – 1 C-Diff - 20	See Page 7	7
Financial Sanctions			
Possible Sanctions excluding Admitted and Non-Admitted RTT	2016/17 Position	£1,853,135.74	
Overall Summary of Blackpool CCG Improvement and Assessment Indicators	January Position	Page 14	

Key						
	(red)	Failing target	↑ (green)	Improving and within target	↑ (red)	Improving and below target
	(green)	Target Achieved	↓ (green)	Deteriorating and within target	↓ (red)	Deteriorating and below target
	(c) / (p)	Commissioner level / Provider level	↔ (green)	No change and within target	↔ (red)	No change and below target

Achievements

- The % of patients waiting 6 weeks or more for diagnostic tests has remained below the target of <1% throughout 2016/17. The year-end figure is 0.46%.
- Blackpool CCG cancer waits performance show eight (8) out of nine (9) targets have been achieved in 2016/17.
- Blackpool CCG Ambulance call response rates for Red 1, Red 2 have been met for 2016/17.
- There have been no cancelled operations at Blackpool Teaching Hospitals NHS Foundation Trust within 2016/17 without patients being offered another binding date within 28 days.
- The *Clostridium difficile* incidents for both Blackpool CCG and Blackpool Teaching Hospitals remain within trajectory for 2016/17.
- Improving access to psychological therapies have achieved their targets for access and waiting times for 2016/17.

Areas for focus / information

- Blackpool CCG (BCCG) has not met the RTT target for 2016/17 for incomplete pathways; performance has been affected by BCCG patients breaching, predominantly at Lancashire Teaching Hospitals NHS Foundation Trust.
- Blackpool Teaching Hospitals' performance against the 4 hour A&E waiting time target has remained below target since April 2016. Although this indicator remains under target in comparison to other local A&E departments the Trust is performing well.
- The Trust has had a total of 33 12-hour breaches between April 2016 and March 2017. Root Cause Analyses have been received for all breaches in line with National policy and in order to provide assurance and an understanding of lessons learned.
- The percentage of patients waiting no more than 62 days from urgent GP referral to first definitive treatment has not achieved the target of 85% and is reported as 82.09% at the end of 2016/17.
- The target for Category A Ambulance, resulting in an ambulance arriving at the scene within 19 minutes, has failed to achieve its target of 95% and stands at 90.5%, this is due to activity being significantly over planned levels.
- There were five incidents of MRSA bacteraemia reported from 1 April 2016 to 31 March 2017 at Blackpool Teaching Hospitals.
- The IAPT recovery rate has remained below target of 50% throughout 2016/17. The end of year figure is 38%, the Commissioning team continue to implement the actions recommended by NHS England in order to improve this figure.
-

Key						
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	(c) / (p)	Commissioner level / Provider level	↔ (green)	No change and within target	↔ (red)	No change and below target

NHS Constitution for period ending March 2017

RTT (c)		Organisation	Target	End of year position	Performance (October-March)	No. of Breaches
* Patients on incomplete pathways treated within 18 weeks		CCG	≥ 92%	91.77%	↓	734 excess breaches
Patients waiting for more than 52 weeks	Incomplete pathway	CCG	0	5	↔	5

Blackpool CCG (BCCG) has not met the RTT target for 2016/17 for incomplete pathways; performance has been affected by BCCG patients breaching predominantly at Lancashire Teaching Hospitals NHS Foundation Trust.

Diagnostic Test Waiting Time (c)	Organisation	Target	End of year position	Performance (October-March)	No. of Breaches
% of patients waiting 6 weeks or more	CCG	≤ 1%	0.46%	↔	105

Diagnostic waiting times have remained below target since April 2016.

A&E Waits (c)	Organisation	Target	End of year position	Performance (October-March)	No. of Breaches
*4 Hour A&E Waiting Time Target	CCG	≥ 95%	87.90%	↓	13,605

Blackpool Teaching Hospitals' performance against the 4 hour A&E waiting time target has remained below target since April 2016. An NHSE (Lancashire) escalation process remains in place with daily and weekly updates being followed in addition to local and regional teleconferences. Nationally the position replicates the issues being experienced locally. Although this indicator remains under target in comparison to other local A&E departments the Trust is performing well

12 Hour Trolley waitsin A&E (p)	Organisation	Target	End of year position	Performance (October-March)	No. of Breaches
12 Hour Trolley waits in A&E	Provider - BTH	0	33	↓	33

The Trust continues to experience significantly increased pressure within the A and E department and resultant pressure on bed availability; this is reflected within the current national picture. Delayed Transfer of care position continues to be extremely challenging.
The Trust has had a total of 33 12-hour breaches between April 2016 and March 2017. Root Cause Analyses have been received for all breaches in line with National policy and in order to provide assurance and an understanding of lessons learned. The position has been escalated through the A&E Delivery Board, Trust Quality Review Group and the Contract Board Meeting.

Key						
Key	(red)	Failing target	↑ (green)	Improving and within target	↑ (red)	Improving and below target
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	(c) / (p)	Commissioner level / Provider level	↔ (green)	No change and within target	↔ (red)	No change and below target

Cancer Waits (c)		Organisation	Target	End of Year Position	Performance (October-March)	No. of Breaches
% seen within 2 weeks of referral		CCG	≥ 93%	94.93%	↔	317
% seen within 2 weeks of referral – breast symptoms		CCG	≥ 93%	99.16%	↑	5
31 Days	% of patients receiving definitive treatment	CCG	≥ 96%	97.42%	↔	27
31 Days	% of patients waiting no more than 31 days for subsequent treatment – surgery	CCG	≥ 94%	95.73%	↑	7
31 Days	% of patients waiting no more than 31 days for subsequent treatment - drug therapy	CCG	≥ 98%	100.00%	↔	0
31 Days	% of patients waiting no more than 31 days for subsequent treatment –radiotherapy	CCG	≥ 94%	97.87%	↔	7
62 Days	* % of patients waiting no more than 62 days from urgent GP referrals to first definitive treatment	CCG	≥ 85%	82.09%	↓	89
62 Days	% of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment.	CCG	≥ 90%	96.20%	↑	3
62 Days	% of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade.	CCG	≥85%	87.27%	↑	34

Eight of the nine constitutional targets for Cancer waits have been met within 2016/17; the exception being the percentage of patients waiting no more than 62 days from urgent GP referral to first definitive treatment. There are noticeably fewer patients within this category; consequently the number of patient breaches which infringe this target are also fewer.

Key						
Key	(red)	Failing target	↑ (green)	Improving and within target	↑ (red)	Improving and below target
	(green)	Target Achieved	↓ (green)	Deteriorating and within target	↓ (red)	Deteriorating and below target
	(c) / (p)	Commissioner level / Provider level	↔ (green)	No change and within target	↔ (red)	No change and below target

Category A Ambulance Calls (p)	**Organisation**	**Target**	**End of Year Position**	**Performance (October-March)**	**No. of Breaches**
*Category A **calls** resulting in an emergency response arriving within 8 minutes (Red 1)	CCG	≥ 75%	81.45%	←→	201
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	CCG	≥ 75%	75.47%	←→	3745
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	CCG	≥ 95%	90.5%	←→	1552

Blackpool CCG Ambulance call response rates for Red 1, Red 2 have been met for 2016/17; however activity remains significantly over planned levels and is having an adverse effect on performance; particularly on category A calls arriving at the scene within 19 minutes. In addition to activity growth, NWAS performance is also being significantly impacted by handover and turnaround issues at hospitals. Significant efforts have been made to reduce the turnaround times across the North West, with joint work being carried out with NHS Improvement, CCGs, Acute Trusts and NWAS. All responses which do not meet the targets set are monitored by the NWAS board to ensure patient harm has not occurred as a result of the breach.

Mixed Sex Accommodation Breaches (c)	**Organisation**	**Target**	**End of Year Position**	**Performance (October-March)**	**No. of Breaches**
Breaches of same sex accommodation	BCCG	0	1	↓	1
	Provider - BTH	0	6	↓	6
	Provider - Spire	0	0	←→	0

All of the breaches which occurred within 2016/17 were due to no suitable specialist beds being available other than within CITU.

Cancelled Operations (p)	**Organisation**	**Target**	**End of Year Position**	**Performance (October-March)**	**No. of Breaches**
Patients whose operations are cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days.	Provider - BTH	0	0	←→	0

There have been no cancelled operations reported at Blackpool Teaching Hospitals within 2016/17

Key						
	(red)	Failing target	↑	Improving and within target	↑	Improving and below target
	(green)	Target Achieved	↓	Deteriorating and within target	↓	Deteriorating and below target
	(c) / (p)	Commissioner level / Provider level	←→	No change and within target	←→	No change and below target

Mental Health (c)	Organisation	Target	End of Year Position	Performance (October-March)	No. of Breaches
% of Mental Health patients on Care Programme Approach (CPA) discharged from hospital and followed up within 7 days	Provider - LCFT	≥ 95%	96.19%	↓	12

The % of Mental Health patients on a CPA discharged and followed up within 7 days has remained above target since April 2016.

Dementia (c)	Organisation	National	End of Year Position	Performance (October-March))	No. of Breaches
CCG's estimated prevalence for people over 65 with dementia against the CCG's actual dementia diagnosis rate	CCG	≥ 67%	90.10%	↑	2045

The CCG's estimated prevalence for people over 65 with dementia against the actual diagnosis has remained significantly above target year to date.

Incidence of Healthcare Associated Infection (c)	Organisation (assigned)	Threshold	End of Year Position	Performance (October-March))	No. of Breaches
Incidence of MRSA bacteremia	CCG	0	1	↓	1
	Provider	0	5 (2 contaminants)	↓	5
Incidence of Clostridium difficile* (CDI)	CCG	58 (2016/17)	20	↑	20
	BTH	40 (2016/17)	29	↑	29

* *Data source; Public Health England HCAI Monthly Reports, throughout 2016/17.*

The table above shows the breakdown by month and split between CCG and Trust apportioned cases of MRSA bacteraemia and Clostridium difficile infections (CDI).

Clostridium difficile infections - Blackpool Teaching Hospitals NHS Foundation Trust

From 1 April 2016 to 31 March 2017 twenty-nine incidents of CDI have been reported by Blackpool Teaching Hospitals NHS Foundation Trust (BTH). Of the ten reported between October and November, eight were agreed as unavoidable and two avoidable (both Fylde & Wyre CCG patients). Two of the three cases in February were agreed as avoidable and one avoidable (Blackpool CCG patient). Of the five cases reviewed in March, one was agreed as avoidable (Fylde & Wyre CCG patient). Overall ten Blackpool CCG patients had CDI at BTH within 2016/17.The CDI trajectory for BTH for 2017/18 remains the same as 2016/17 (40 cases) and BTH are within trajectory.

Summary of CDI – Blackpool CCG

From 1 April 2016 to 31 March 2017 twenty incidents of CDI were attributed to Blackpool CCG. One incident in February was not an infection and appears on the HCAI data capture system due to a mislabelled sample, therefore the number of patients affected by CDI is nineteen. The CDI trajectory for Blackpool CCG for 2017/18 remains the same as 2016/17 (58 cases) and the CCG is within trajectory.

MRSA bacteraemia - Blackpool Teaching Hospitals NHS Foundation Trust

There were five incidents of MRSA bacteraemia reported from 1 April 2016 to 31 March 2017 at BTH, two of which have been identified as contaminants. The single case of MRSA bacteraemia reported in December has been investigated and assigned to the Trust.

An MRSA bacteraemia specimen dated 2 March 2017 was assigned to the Trust following the post infection review (PIR) meeting held on 22 March 2017 The PIR panel agreed that this case was unavoidable with no lapses in care.

Mental Health IAPT	Organisation	Expectation	End of Year position	Performance (October-March)	No of Breaches
IAPT access proportion rate (3.75% quarterly, suggested 1.25% monthly)	CCG	≥ 1.25% monthly	1.36%	↑	
*IAPT recovery rate (50% monthly)	CCG	50%	38%	↑	1294
The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment	CCG	75% per month	87%	↑	289
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment.	CCG	95% per month	99%	↑	16

Waiting times and access proportion rates have consistently met targets for IAPT in 2016/ 17; however the recovery rate has not achieved the 50% target. The Commissioning team continue to implement the actions recommended by NHS England which include the following:-

- Review how recovery rates are reported
- Implement more robust monitoring of recovery rates separately for anxiety and depression
- Review referral methods for clients who DNA
- Review appropriateness of treatment periods

Performance Scorecard

Metric	Level	Period	Target	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	YTD
NHS Constitution measures																
Referral To Treatment waiting times for non-urgent consultant-led treatment																
62: Referral to Treatment (Non-Admitted)	CCG	March 2017	95%	93.60%	93.60%	93.90%	92.20%	93.90%	93.30%	92.40%	92.50%	93.73%	91.40%	90.8%	90.40%	92.76%
1291: Referral to Treatment (Incomplete)	CCG	March 2017	92%	93.31 %	93.36 %	92.66 %	92.79 %	91.83 %	90.94 %	91.54 %	90.86 %	91.12 %	90.71 %	90.78%	90.99%	91.77%
Diagnostic test waiting times																
1828: % of patients waiting 6 weeks or more for a diagnostic test	CCG	March 2017	1%	0.52 %	0.32 %	0.46 %	0.40 %	0.26 %	0.54 %	0.47 %	0.41 %	0.31 %	0.66 %	0.35%	0.83	0.46%
Cancer waits – 2 Week Wait																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)	CCG	March 2017	93%	95.10 %	93.92 %	93.06 %	93.66 %	94.91 %	94.11 %	93.81 %	94.37 %	96.22 %	98.19 %	96.67 %	95.74%	94.93%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)	CCG	Jan 2017	93%	100.00%	96.43%	98.63%	100.00%	98.36%	100.00%	97.87%	100.00%	100.00%	100.00%	100.00%	100%	99.16%

Metric	Level	Period	Target	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	YTD
NHS Constitution measures																
Cancer waits – 31 days																
535: % of patients receivingdefinitive treatment within 1month of a cancer diagnosis (MONTHLY)	CCG	Feb 2017	96%	98.55 %	98.99 %	96.15 %	95.29 %	97.00 %	97.94 %	98.77 %	94.68 %	95.12 %	98.67 %	98.68 %	100.00%	97.42 %
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery)(MONTHLY)	CCG	Feb 2017	94%	83.33 %	100.00 %	100.00 %	92.31 %	100.00 %	100.00 %	90.00 %	92.86 %	100.00 %	94.44 %	100.00%	100.00%	95.73 %
1170: % of patients receivingsubsequent treatment forcancer within 31 days (Drug Treatments) (MONTHLY)	CCG	Feb 2017	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
25: % of patients receivingsubsequent treatment forcancer within 31 days (Radiotherapy Treatments) MONTHLY)	CCG	Feb 2017	94%	96.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	97.30 %	96.67 %	83.33 %	100.00%	100%	97.87 %
Cancer waits – 62 days																
539: % of patients receiving 1stdefinitive treatment for cancer within 2 months(62 days) (MONTHLY)	CCG	Feb 2017	85%	89.47 %	83.72 %	85.71 %	68.09 %	88.64 %	83.33 %	89.19 %	81.82 %	80.56 %	76.47 %	78.05 %	80.95%	82.38 %
540: % of patients receiving treatment for cancer within 62days from an NHS Cancer Screening Service (MONTHLY)	CCG	Feb 2017	90%	66.67 %	100.00 %	100.00 %	100.00 %	93.75 %	100.00 %	100.00 %	87.50 %	100.00 %	100.00 %	100.00 %	100.00%	96.20 %

Metric	Level	Period	Target	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	YTD
541: % of patients receivingtreatment for cancer within 62 days upgrade their priority (MONTHLY)	CCG	Feb 2017	85%	81.82 %	89.29 %	90.00 %	85.71 %	88.00 %	100.00 %	90.91 %	80.00 %	88.00 %	90.48 %	73.68 %	86.36%	87.27%
NHS Constitution measures continued																
Category A ambulance calls																
1887: Category A Calls Response Time (Red1)	CCG	March 2017	75%	92.41 %	85.70 %	79.10 %	82.00 %	92.55 %	84.62 %	72.86 %	81.61 %	73.45 %	75.93 %	82.93 %	77.78%	81.45 %
1887: Category A Calls Response Time (Red1)	NWAS	March 2017	75%	76.47 %	74.28 %	73.06 %	70.45 %	72.60 %	69.49 %	64.59 %	62.80 %	61.63 %	61.79 %	64.71 %	65.64%	67.73 %
1889: Category A (Red 2) 8 Minute Response Time	CCG	March 2017	75%	76.73 %	83.20 %	75.50 %	74.46 %	77.32 %	75.63 %	73.61 %	79.04 %	67.40 %	77.02 %	71.82 %	73.69%	75.48 %
1889: Category A (Red 2) 8 Minute Response Time	NWAS	March 2017	75%	67.46 %	66.26 %	66.20 %	62.69 %	65.25 %	61.75 %	63.05 %	60.35 %	57.31 %	58.78 %	60.96 %	63.44%	62.67 %
546: Category A calls responded to within 19 minutes	CCG	March 2017	95%	91.90 %	94.10 %	91.20 %	90.10 %	91.26 %	92.27 %	89.82 %	93.23 %	84.21 %	89.85 %	86.78 %	91.20%	90.51 %
546: Category A calls responded to within 19 minutes	NWAS	March 2017	95%	92.01 %	91.47 %	91.49 %	89.81 %	91.09 %	89.04 %	88.23 %	86.79 %	85.42 %	85.74 %	88.38 %	90.23%	89.04 %

Metric	Level	Period	Target	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	YTD
NHS Constitution support measures																
Mixed Sex Accommodation Breaches																
1067: Mixed sex accommodation breaches - All Providers	CCG	Jan 2017	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Mental Health																
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days	CCG	QTR 3 2016	95%	96.00% (Q1)			95.52% (Q2)			100% (Q3)			94.12% (Q4)			96.19%

Metric	Level	Period	Target	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	YTD
NHS Constitution support measures																
Referral To Treatment waiting times for non-urgent consultant-led treatment																
1839: Referral to Treatment -No of Incomplete Pathways Waiting >52 weeks	CCG	Feb 2017	0	0	0	0	1	0	0	0	1	1	1	1	0	5
A&E waits																
1928: 12 Hour waits in A&E	Hospital Provider (BTH)	Feb 2017	0	0	0	0	0	0	0	0	1	13	6	3	10	33
Activity Measures																
Elective																
77: Number of G&A elective ordinary admission FFCEs in the period (Inpatient)	CCG	Feb 2017	Target	TBC	This data set is no longer available through the Monthly Activity Report. In future, this will be a NHS England report based onSUS data. The timetable for the publication of this data set has not been published by NHS England.											TBC
			Actual	322												322

Metric	Level	Period			Comment	YTD
71: Number of G&A elective FFCEs in the period - Day Cases (Day cases)	CCG	Feb 2017	Target	TBC		TBC
			Actual	2516		2516
Non Elective						
72: Number of G&A non-elective FFCEs in the period - Total	CCG	Feb 2017	Target	TBC	This data set is no longer available through the Monthly Activity Report. In future, this with be a NHS England report based on SUS data. The timetable for the publication of this data set has not been published by NHS England.	TBC
			Actual	2027		2027
Outpatients						
73: All first outpatient attendances (consultant-led) in general and acute specialties	CCG	Feb 2017	Target	TBC	This data set is no longer available through the Monthly Activity Report. In future, this with be a NHS England report based on SUS data. The timetable for the publication of this data set has not been published by NHS England.	TBC
			Actual	5326		5326

Metric	Level	Period	Target	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	YTD
A&E waits																
1926: A&E Attendances: Type1	BTH	Feb 2017	Actual	7,076	7,754	7,555	8,166	7,524	7,332	7,794	6,752	6,902	6,534	6,229	7,064	86,682
1927: A&E Attendances: All Types	BTH	Feb 2017	Actual	16,258	33,890	50,623	68,602	85,714	102,354	120,031	135,457	151,552	167,295	182,058	198,642	198,642

CCG Improvement and Assessment Framework

This new framework intends to provide a greater focus on assisting improvement alongside the existing statutory assessment function. It aligns with NHS England's Mandate and planning guidance, with the aim of unlocking change and improvement in a number of key areas. This approach aims to reach beyond CCGs, enabling local health systems and communities to assess their own progress from ratings published online; the table below provides a graphical illustration of Blackpool CCG's performance against the framework as released by NHSE on the 18th October 2016.

Blackpool CCG Improvement and Assessment Indicator Summary – January 2017

indicator will be available at a later date

the lowest performance quartile nationally.

KEY
H = Higher
L = Lower
<> = N/A

KEY
Nat Average | Org Value
Worst | Best
25th | Percentile | 75th

Blackpool	Latest Period	CCG	England	Trend	Better is...	Range
Better Health						
Maternal smoking at delivery	Q2 16/17	31.0%	10.4%		L	
Percentage of children aged 10-11 classified as overweight or obese	2014-15	38.0%	33.2%		L	
Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for	2014-15	44.1%	39.8%		H	
People with diabetes diagnosed less than a year who attend a structured education course	2014-15	1.9%	5.7%		H	
Injuries from falls in people aged 65 and over	Jun-16	2,559	1,985		L	
Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Sep-16	72.4%	51.1%		H	
Personal health budgets	Q2 16/17	13.4	18.7		H	
Percentage of deaths which take place in hospital	Q1 16/17	47.6%	47.1%		<>	
People with a long-term condition feeling supported to manage their condition(s)	2016	65.9%	64.3%		H	
Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	1,816	929		L	
Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	3,640	2,168		L	
Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Sep-16	1.3	1.1		<>	
Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Sep-16	4.9%	9.1%		<>	
Quality of life of carers	2016	0.77	0.80		H	
Better Care						
Provision of high quality care	Q3 16/17	59.0			H	
Cancers diagnosed at early stage	2014	43.7%	50.7%		H	
People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q2 16/17	80.3%	82.3%		H	
One-year survival from all cancers	2013	67.7%	70.2%		H	
Cancer patient experience	2015	8.5			H	
Improving Access to Psychological Therapies recovery rate	Sep-16	37.4%	48.4%		H	
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Nov-16	66.7%	77.2%		H	
Children and young people's mental health services transformation	Q2 16/17	20.0%			H	
Crisis care and liaison mental health services transformation	Q2 16/17	72.5%			H	
Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	100.0%			H	
Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	84			L	
Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	34.2%	37.1%		H	
Neonatal mortality and stillbirths	2014-15	10.4	7.1		L	
Women's experience of maternity services	2015	77.1			H	
Choices in maternity services	2015	62.1			H	
Estimated diagnosis rate for people with dementia	Nov-16	92.5%	68.0%		H	
Dementia care planning and post-diagnostic support	2015/16	80.0%			H	
Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H	
Emergency admissions for urgent care sensitive conditions	Q4 15/16	2,928	2,359		L	
Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Nov-16	89.1%	88.4%		H	
Delayed transfers of care per 100,000 population	Nov-16	15.6	15.0		L	
Population use of hospital beds following emergency admission	Q1 16/17	1.2	1.0		L	
Management of long term conditions	Q4 15/16	1,205	795		L	
Patient experience of GP services	H1 2016	86.2%	85.2%		H	
Primary care access	Q3 16/17	0.0%			H	
Primary care workforce	H1 2016	1.0	1.0		H	
Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	90.9%	90.6%		H	
People eligible for standard NHS Continuing Healthcare	Q2 16/17	68.9	46.2		<>	
Sustainability						
Financial plan	2016	Red			<>	
In-year financial performance	Q2 16/17	Red			<>	
Outcomes in areas with identified scope for improvement	Q2 16/17	54.2%			H	
Expenditure in areas with identified scope for improvement	Q2 16/17	83.3%			H	
Local digital roadmap in place	Q3 16/17	Yes			<>	
Digital interactions between primary and secondary care	Q3 16/17	75.1%			H	
Local strategic estates plan (SEP) in place	2016-17	Yes			<>	
Well Led						
Probity and corporate governance	Q2 16/17	Fully complia			H	
Staff engagement index	2015	3.8	3.8		H	
Progress against workforce race equality standard	2015	0.5	0.2		L	
Effectiveness of working relationships in the local system	2015-16	75.2			H	
Quality of CCG leadership	Q2 16/17	Green			<>	

Report to:	**ADULT SOCIAL CARE AND 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:	5 July 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 7(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

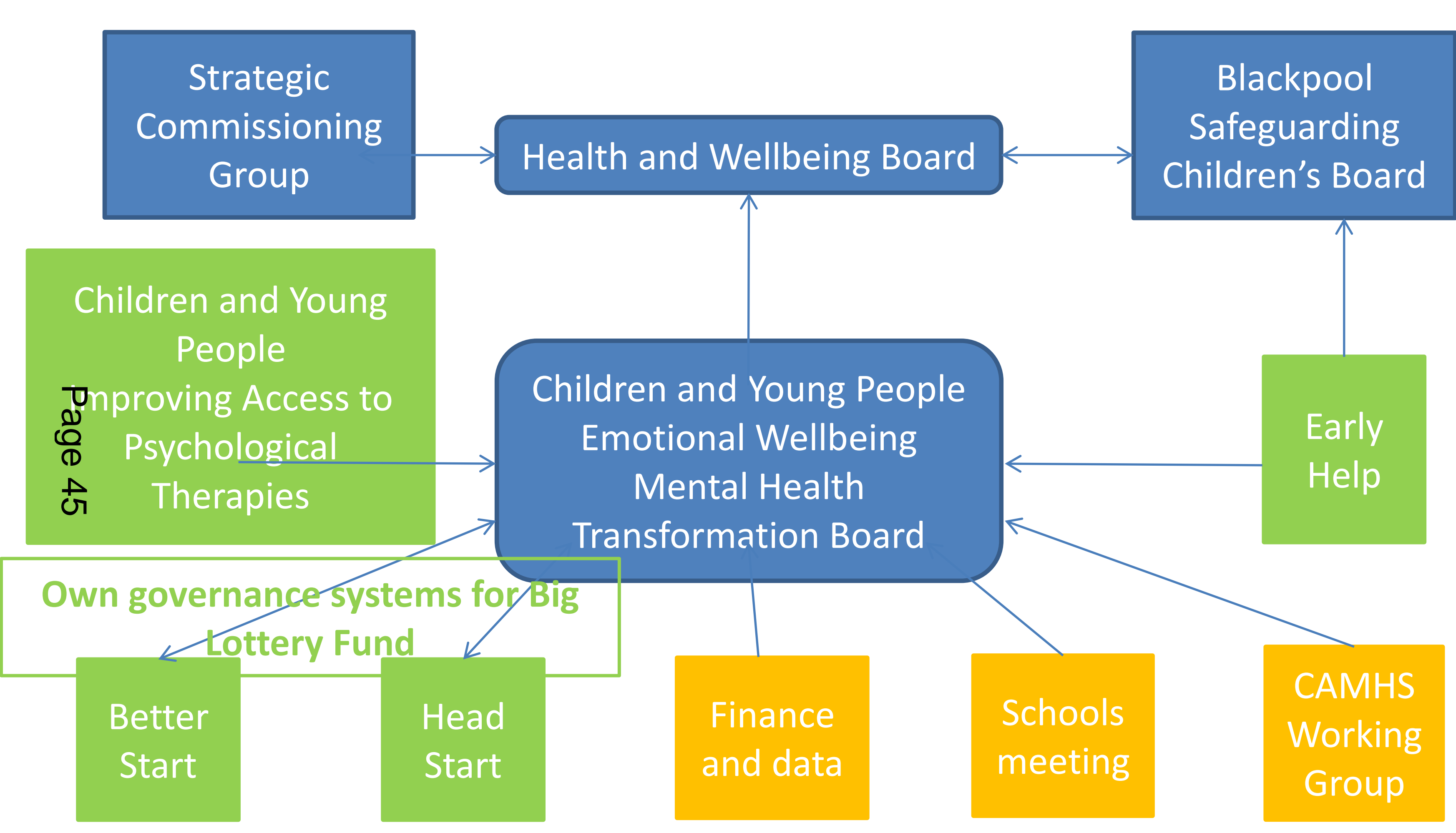
Blackpool CAMHS and Psychology waiting area so that parents and children could provide feedback. Also separate Staff Supported placing of electronic devices in Blackpool CAMHS and Psychology waiting area so that parents and children could again provide feedback.

- 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 7(a) – Blackpool Transformation Programme Governance Structure
Children and Young People's Emotional Wellbeing and Mental Health Transformation Board



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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Zohra Dempsey, Public Health Practitioner
Date of Meeting:	5 July 2017

PUBLIC MENTAL HEALTH ACTION PLAN 2016-2019

1.0 Purpose of the report:

1.1 To present the Public Mental Health Action Plan 2016-2019.

2.0 Recommendation(s):

2.1 The Committee is asked to note the content of the plan 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 public mental health 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 Public mental health refers to mental health in public health practice. It involves promotion, prevention, effective treatment, care and recovery. Promoting mental health and wellbeing is integral to any strategies to improve health and reduce health inequalities.

5.2 This Plan is underpinned by national policy and guidance. The actions have been developed using data on local needs and evidence of what works to improve mental wellbeing.

5.3 The overall aim of this Action Plan is to provide a framework for the promotion of mental health and resilience in Blackpool, creating a supportive environment for individuals and communities to flourish. This will be achieved by:

- Promoting good mental health and resilience across the population;
- Preventing mental ill health and suicide;
- Reducing the stigma and discrimination associated with mental illness;
- Improving the quality and length of life of people living with mental illness.

6.0 Picture of mental health and wellbeing in Blackpool

6.1 Mental health is a significant issue in Blackpool. The rate of suicide is 17 per 100,000 (compared to a national average of 10 per 100,000) 74% of deaths by suicide in 2011-13 were male.

6.2 The rate of self-harm in Blackpool is the highest of any local authority in the country and is over three times the average in England. The prevalence of depression, both identified by GPs and self-reported within the GP patient survey, is significantly higher than the average in England. 19.1% of the Blackpool population reported moderate or extreme anxiety or depression compared to 12.0% of the population of England as a whole.

7.0 Scope of the Plan

7.1 There are a number of current local strategies and work plans that address mental health, wellbeing and resilience. As a result, this Public Mental Health Action Plan does not include actions that are already being undertaken as part of existing work. For example actions, related to children and young people, which are outlined under the Lancashire and South Cumbria Sustainability and Transformation Plans (STP), or perinatal mental health which are addressed through the Blackpool Better Start Programme.

7.2 However, some of the actions specifically relating to suicide prevention, for example effective support for those bereaved by suicide, will now be addressed through a

Lancashire and South Cumbria STP Suicide Prevention Plan. This will be launched in September and will need to be shared with the Health and Wellbeing Board and this committee as part of the consultation and scrutiny process.

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 8 (a) - Public Mental Health Action Plan 2016-2019

8.0 Legal considerations:

8.1 None

9.0 Human Resources considerations:

9.1 None

10.0 Equalities considerations:

10.1 Equality Impact Analysis was completed and identified that there was no explicit mention of certain protected groups that are at higher risk of mental ill health - black and minority ethnic and lesbian, gay, bisexual and transgender communities. This has now been addressed in the action plan.

11.0 Financial considerations:

11.1 Some interventions will require external funding - for example, potential application for funding through Sport England for physical activity interventions aimed at vulnerable men. Police and Crime Commissioner funding has been allocated for the crisis/mental health café and the innovative psychological therapies.

12.0 Risk management considerations:

12.1 None

13.0 Ethical considerations:

13.1 None

14.0 Internal/External Consultation undertaken:

14.1 Consultation has been undertaken individually with internal and external stakeholders and through presentation at groups such as the Adult Safeguarding Board and the

Mental Health Partnership Board.

15.0 Background papers:

15.1 NHS England Mental Health Taskforce, '*The Five Year Forward View for Mental Health*'[1] - This report makes the case for transforming mental health care in England, with more of a focus towards prevention. The corresponding implementation plan outlines how this will be achieved with the main focus on NHS services.

15.2 *Better Mental Health for All: a public health approach to mental health improvement*[2] – this guidance from the Faculty of Public Health and the Mental Health Foundation outlines what can be done individually and collectively to enhance the mental health of individuals, families and communities by using a public health approach.

15.3 *Improving the Physical Health of People with Mental Health Problems: Actions for mental health nurses*[3] - this resource provides information on a more holistic approach to physical and mental health. The action areas identified are, support to quit smoking; tackling obesity; improving physical activity levels; reducing alcohol and substance misuse; sexual and reproductive health; medicine optimisation; dental and oral health and reducing falls.

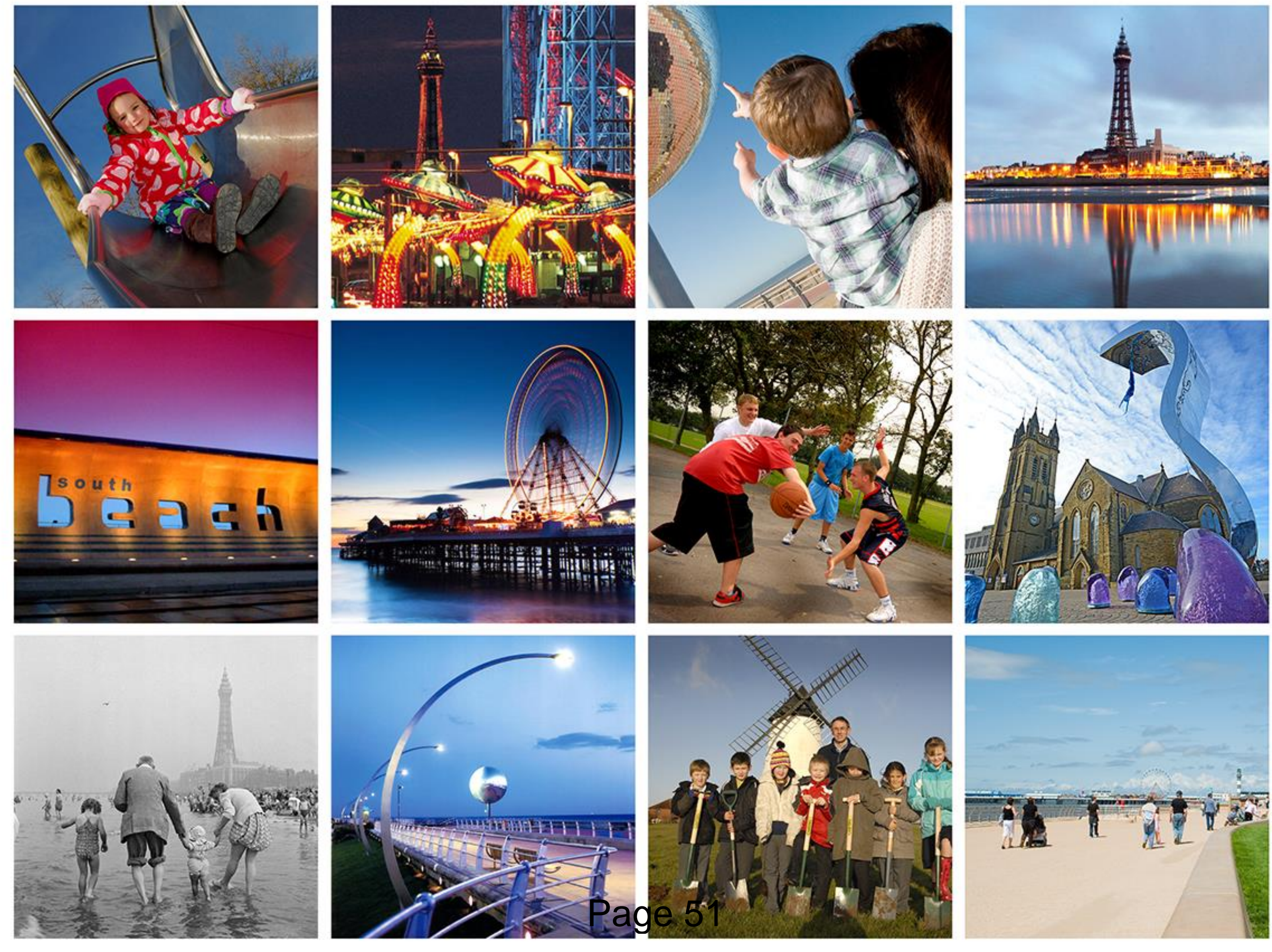
15.4 *Local suicide Prevention Planning: A practice resource*[4]- This resource, supported by the National Suicide Prevention Alliance outlines how local authorities can in partnership with mental health and health care services, primary care, schools, employers and other organisations to develop a local suicide prevention plan.

[1] The Mental Health Taskforce (2016) the five year forward view for mental health.
[2] Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement
[3] Nursing, Midwifery and Allied Health Professionals Policy Unit (2016)
[4] Public Health England (2016) Local suicide prevention planning: a practice resource

PUBLIC MENTAL HEALTH ACTION PLAN

2016-2019

Blackpool Council



Public Mental Health Action Plan 2016-2019

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Introduction

We all have mental health and it can impact on all areas of our lives – how we feel about ourselves and others, our relationships and our psychological and emotional development. It is just as important as our physical health and the two are intrinsically linked. Poor mental health underlies many risk behaviours, including smoking, alcohol and drug misuse, higher-risk sexual behaviour, lack of exercise, unhealthy eating and obesity.[1]

Mental health not only refers to the absence of ill health - being mentally healthy helps us to realise our potential, gives us the strength to cope with change, overcome challenges and adversity and make a positive contribution to our community.[2]

Mental wellbeing, or emotional health and wellbeing are associated with better physical health, positive interpersonal relationships and socially healthier societies.[3] 'Wellbeing' itself comprises of two key elements, 'feeling good' and 'functioning well'[4].

The promotion of mental wellbeing is an integral part of any strategies to improve health and reduce health inequalities. The social, physical and environmental factors in which we are born, grow, live, work and age have important implications for mental health[5] and various circumstances can interact with each other, leading to a positive or negative affect on an individual's mental wellbeing.[6]

Public mental health refers to mental health in public health practice. It involves promotion, prevention, effective treatment, care and recovery.[7]

This strategy and action plan uses a public health approach to promoting mental wellbeing and preventing mental health problems. It incorporates interventions at both a universal level (to improve the mental health of our local population) and targeted (targeting those groups and communities most at risk of poor mental health).

Enhancing protective factors for mental health and wellbeing, building resilience and harnessing the assets of individuals and communities are all central to this strategy.

Mental Health – Some National Statistics

- At least 1 in 4 people will experience a mental health condition at some point in their life and 1 in 6 adults has a mental health condition at any one time[8]
- 1 in 10 children aged between 5 and 16 years experiences a mental health condition, and many continue to have a mental health condition into adulthood[9]
- Half of those with lifetime mental health conditions first experience symptoms by the age of 14, and three-quarters before their mid-20s[10]

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[1] Royal College of Psychiatrists Position Statement PS4 (2010)

[2] World Health Organisation (2005) Promoting Mental Health; Concepts, emerging evidence and practice.

[3] Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement

[4] New Economics Foundation (2008) Five ways to wellbeing

[5] Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement

[6] World Health Organisation (2012) Risks to mental health: An overview of vulnerabilities and risk factors.

[7] Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement

[8] McManus s, Meltzer h, Brugha T et al. (2009) Adult Psychiatric Morbidity in England, 2007: Results of a household survey. Leeds: NHS Information centre for health and social care

[9] Green h, McGinnity A, Meltzer h et al. (2005) Mental Health of Children and Young People in Great Britain, 2004. Basingstoke: Palgrave Macmillan.

- Self-harming in young people is not uncommon (between 10 and 13% of 15-16 year olds have self-harmed)[11]
- Almost half of all adults will experience at least one episode of depression during their lifetime[12]
- 1 in 10 new mothers experiences postnatal depression[13]
- About 1 in 100 people has a severe mental health illness[14]
- Some 60% of adults living in hostels have a personality disorder[15]
- Some 90% of all prisoners are estimated to have a diagnosable mental health condition (including personality disorder) and/or a substance misuse problem[16]
- People with severe mental illness will die up to 20 years younger than their peers in the UK[17]
- People with mental health conditions consume 42% of all tobacco in England[18]

Risk Factors, Protective Factors and Emotional Resilience

Any one of us can experience poor mental health and mental illness, but some individuals and communities are particularly vulnerable. Risks to mental health can happen at all stages in life and a 'life-course' approach is helpful, as it provides a model to explain how biological and social factors experienced at different life stages, such as early life and adolescence can interact with each other and impact in adulthood and later life. There are also other factors that can impact on an individual at any age or stage in their life, depending on the sociocultural context in which they live. For example, experiencing homophobia and discrimination can lead to social exclusion and leave people vulnerable to stress, anxiety and other common mental health problems.

Risk factors can include:

- Adverse childhood experiences - ACEs (e.g. experiencing physical or emotional neglect or abuse, having a parent/carer with a mental health condition, domestic abuse)
- Demographics (being female- as women are more likely to be diagnosed with common mental health problems; belonging to particular ethnic groups; and lacking educational qualifications);
- Socio-economic context (living in social housing; on a low income; in debt; poor housing conditions; and lacking employment or in stressful working conditions);
- Social relationships (separation or divorce; living as a one-person family unit or as a lone parent; and experience of violence or abuse);
- Health, disability and health behaviours (low predicted IQ; impaired functioning; physical health conditions; nicotine, alcohol and illicit drug consumption).
  (from Stansfeld et al 2014)[19]

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[10] Kim-Cohen J, Caspi A, Moffitt T et al. (2003) Prior juvenile diagnoses in adults with mental disorder. Archives of General Psychiatry 60: 709–717; Kessler R, Berglund P, Demler o et al. (2005) lifetime prevalence and age-of-onset distributions of dsM-Iv disorders in the national comorbidity survey Replication. Archives of General Psychiatry 62: 593–602.

[11] Hawton k, Rodham k, Evans E and Weatherall R (2002) deliberate self-harm in adolescents: self-report survey in schools in England. British Medical Journal 325: 1207–1211

[12] Andrews G, Poulton R and Skoog I (2005) lifetime risk of depression: restricted to a minority or waiting for most? British Journal of Psychiatry 187: 495–496.

[13] Gavin n, Gaynes B, Lohr k et al. (2005) perinatal depression: a systematic review of prevalence and incidence. Obstetrics and Gynaecology 106: 1071–1083.

[14] Department of Health (2011) No Health without Mental Health; A Cross Government Mental Health Outcomes Strategy for People of All Ages.

[15] Rees s (2009) Mental Ill Health in the Adult Single Homeless Population: A review of the literature. London: crisis and Public health Resource unit.

[16] Department of Health (2011) No Health without Mental Health; A Cross Government Mental Health Outcomes Strategy for People of All Ages

[17] Chang C-K, Hayes RD, Perera G, Broadbent MTM, Fernandes AC, Lee WE, et al. (2011) Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders from a Secondary Mental Health Care Case Register in London. PLoS ONE 6(5): e19590. doi:10.1371/journal.pone.0019590

[18] McManus et al (2010) Cigarette smoking and mental health in England

A public mental health approach also involves consideration of protective factors for mental health. There is an imperative to enhance the resilience of individuals and communities, to help them cope with adversity and flourish. Some examples of protective factors are:[20 21]

- Having a secure attachment experience in childhood;
- Having psychological coping skills / problem-solving skills;
- Having a supportive network / positive personal relationships;
- Good physical health;
- Having a belief in control;
- Faith or spirituality;
- Good communication skills.

Emotional resilience is a complex and personal concept; what is important for one person may not be helpful to another. Resilience is often described as the ability to cope with life's ups and downs, or the ability to bounce back when something difficult happens in your life. Resilient people can adapt when faced with challenging circumstances, whilst remaining mentally well.

In terms of developing resilient communities, three key factors have been identified:[22]

- Promoting wellbeing
- Building social capital
- Developing psychological coping strategies

Mental Health and Physical Health

There are a number of ways in which poor mental health is linked to physical health. High levels of wellbeing directly affect good health. It is estimated that high levels of subjective wellbeing can increase life by 4 to 10 years, compared with low levels of subjective wellbeing. Positive emotions have also been linked to living longer and negative emotions to mortality.[23]

People with long-term conditions commonly experience mental health problems such as depression and anxiety, or dementia in the case of older people. There is particularly strong evidence for a close association with cardiovascular diseases, diabetes, chronic obstructive pulmonary disease (COPD) and musculoskeletal disorders. Overall, the evidence suggests that at least 30 per cent of all people with a long-term condition also have a mental health problem[24].

Thirty three percent of people with a mental health condition smoke compared to 18.7% of people in the general population [25] Studies which examine prevalence within individual mental conditions

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[19] Stansfeld et al (2014) Annual report of the Chief Medical Officer 2013, Public mental health priorities: Investing in evidence. Chapter 7, page 116.
[20] Mind (2015) Our communities, our mental health: Commissioning for better public mental health
[21] Department for Education (2016) Mental health and behaviour in schools
[22] The Mental Health Strategic Partnership (2013) Building resilient communities: Making every contact count for mental health
[23] Department of Health (2014) What works to improve wellbeing? A compendium of factsheets: wellbeing across the lifecourse.

24 The Kings Fund and Centre for Mental Health (2012) Long term conditions and mental health, the cost of co-morbidities.
25 Public Health England (2015) Smoking cessation in secure mental health settings – guidance for commissioners.

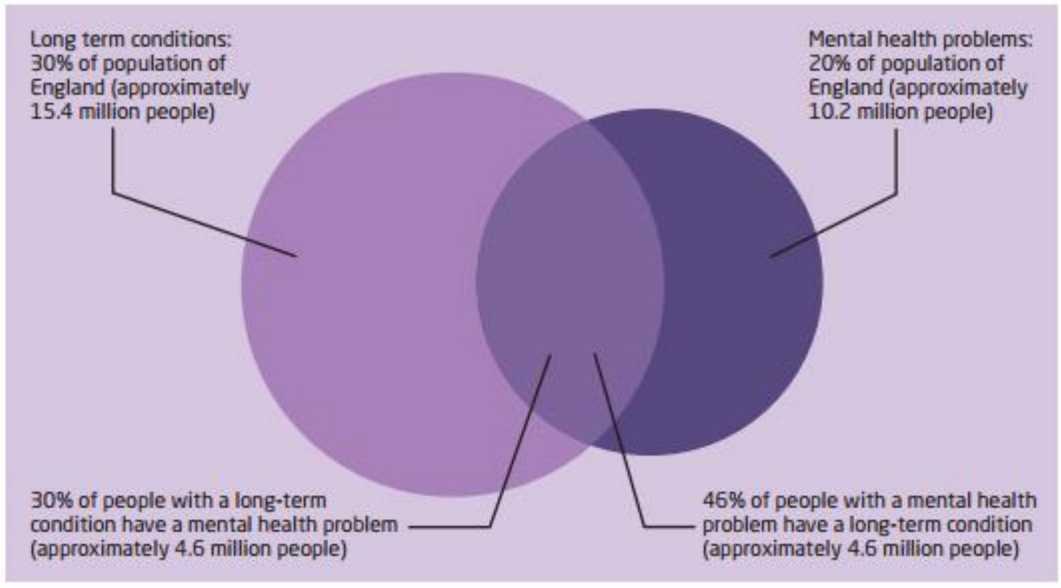
have found prevalence of around 60% in people with probable psychosis and up to 70% for people in psychiatric units.[26]

People with severe mental illness die on average 20 years younger than the general population, often from avoidable physical illness. The vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes and hypertension. Suicide is another important cause of death.[27] The medical conditions experienced by this group are associated with preventable risk factors, such as smoking, physical inactivity, obesity, and side effects of psychiatric medication.

Unhealthy behaviours such as tobacco use and inactivity are associated with depression, schizophrenia and bipolar disorder and can lead to the development of long term conditions. Once illness has developed, poor self-care associated with having a severe mental illness can lead to worse health outcomes and higher mortality rates.[28]

There are also strong links between adverse experiences in childhood and physical health outcomes in adults. Evidence shows that ACEs effect neurological, immunological and endocrine development, increasing stress on the body and a person's vulnerability to health-harming behaviours (e.g. tobacco use, substance misuse). This can lead to increased risk of poor health outcomes in adulthood.[29]

The following table shows the overlap between long-term conditions and mental health problems:[30]



[26] Action on Smoking and Health (2016) Factsheet: smoking and mental health
[27] World Health Organisation: Information Sheet: Premature death among people with severe mental disorders
[28] World Health Organisation: Information Sheet: Premature death among people with severe mental disorders
[29] C. McGee, K. Hughes, Z. Quigg, M. Bellis, W. Larkin & H/Lowey (2015) A Scoping Study of the Implementation of Routine Enquiry about Childhood Adversity (REACh) Centre for Public Health
[30] The Kings Fund and Centre for Mental Health (2012) Long term conditions and mental health, the cost of co-morbidities.

People in Blackpool are 0.4 times more likely to die before age 75 than the national average and this rises to 3.6 times for people with a serious mental health problem. This rate is significantly higher than the national average (2.4)[31]

Those living with any mental health condition are often at a disadvantage compared with the general population owing to factors such as unemployment, living in institutions, social isolation and exclusion, as well as socioeconomic status – all risk factors that can prevent recovery as well as lead to poor health and premature mortality.[32]

Lack of integration between mental health and physical health services can mean that the mental health of people living with long term conditions and the physical health of people living with a mental health condition are not adequately addressed.

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[31] Open Public Services Network (2015) https://www.ther sa.org/action-and-research/rsa-projects/public-services-and-communities-folder/mental-health/long-life.html

[32] World Health Organisation: Information Sheet: Premature death among people with severe mental disorders

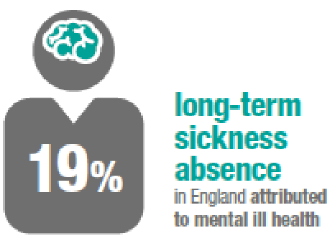
The Business Case for Public Mental Health

Poor mental health has a personal, economic and societal cost. Globally, mental health problems form the largest single source of economic burden, with an estimated global cost of £1.6 trillion. People with mental health problems are more likely to have a disrupted education, be unemployed, take time off work, fall into poverty and be over-represented in the criminal justice system.[33] Mental ill health is the cause of 40% of new disability benefit claims each year in the UK.

Almost **1 in 6** people of working age have a diagnosable **mental health condition**

Mental health conditions are a leading cause of sickness absence in the UK

were lost to **stress, depression and anxiety' in 2014 –** an increase of 24% since 2009



long-term sickness absence in England **attributed to mental ill health**

In 2015, some **48%** of **Employment and Support Allowance recipients** had a **'Mental or Behavioural disorder'** as their primary condition

Each year mental ill-health costs the economy an estimated **£70bn** through lost productivity, social benefits and health care.

In 2016, **42.7% employment rate** for those who report mental illness as their main health problem (Mental illness, phobia, panics, nervous disorders (including depression, bad nerves or anxiety. **Compared to 74% of all population**

The Work Foundation, Lancaster University (2016)

[33] Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement

The following table demonstrates how investing in prevention, promotion and early identification can lead to a significant return on investment.

Table 1: Total returns on investment: economic pay-offs per £1 expenditure)[34]

Economic pay-offs per £1 investment

Early identification and intervention as soon as mental disorder arises				
	NHS	**Other public sector**	**Non public sector**	**Total**
Early intervention for conduct disorder	1.08	1.78	5.03	7.80
Heath visitor interventions to reduce postnatal depression	0.40	-	0.40	0.80
Early intervention for depression in diabetes	0.19	0	0.14	0.80
Early intervention for medically unexplained symptoms	1.01	0	0.74	1.75
Early diagnosis and treatment of depression at work	0.51	-	4.52	5.03
Early detection of psychosis	2.62	0.79	6.85	10.27
Screening for alcohol misuse	2.24	0.93	8.57	11.75
Suicide training courses provided to all GPs	0.08	0.05	43.86	43.99
Suicide prevention through bridge safety barriers	1.75	1.31	51.39	54.45
Promotion of mental health and prevention of mental disorder				
	NHS	**Other public sector**	**Non public sector**	**Total**
Prevention of conduct disorder through social and emotional learning programmes	9.42	17.02	57.29	83.73
School-based interventions to reduce bullying	0	0	14.35	14.35
Workplace health promotion programmes	-	-	9.69	9.69

[34] London School of Economics and Political Science (2011) Mental health promotion and prevention: the economic case. Department of Health.

Current National Policy and Guidance
The following policy and guidance underpin the development of this action plan:

In 2016, the independent Mental Health Taskforce to the NHS in England, produced '*The Five Year Forward View for Mental Health'*.[35] This report makes the case for transforming mental health care in England, with more of a focus towards prevention. The corresponding implementation plan outlines how this will be achieved with the main focus on NHS services.

Better Mental Health for All: a public health approach to mental health improvement[36] – this guidance from the Faculty of Public Health and the Mental Health Foundation outlines what can be done individually and collectively to enhance the mental health of individuals, families and communities by using a public health approach.

Improving the Physical Health of People with Mental Health Problems: Actions for mental health nurses[37] - this resource provides information on a more holistic approach to physical and mental health. The action areas identified are, support to quit smoking; tackling obesity; improving physical activity levels; reducing alcohol and substance misuse; sexual and reproductive health; medicine optimisation; dental and oral health and reducing falls.

Building Resilient Communities: Making every contact count for public mental health[38] - this report summarises information from literature in the area of resilience and personal experiences from interviews and focus groups. It identifies three factors that can affect resilience, activities that promote wellbeing, building social capitol and developing psychological coping strategies.

Preventing suicide in England: Two years on[39] outlines current trends in suicide, new messages from research and specific information on preventing male suicides. The report refers to the All-Party Parliamentary Group on Suicide and Self-harm, which considers that there are three main elements to the successful implementation of the national suicide prevention strategy. These are, carrying out a local suicide audit; developing a suicide action plan and establishing a multi-agency suicide prevention group.

Local suicide Prevention Planning: A practice resource[40]- This resource, supported by the National Suicide Prevention Alliance outlines how local authorities can in partnership with mental health and health care services, primary care, schools, employers and other organisations to develop a local suicide prevention plan.

What Works to Improve Wellbeing?
Wellbeing has a wide range of determinants. Interventions in a number of areas have been shown to improve wellbeing[41], for example,

- Improving physical health;
- Physical activity;
- Parenting and early years;
- Engaging in learning throughout the life course;
- Good quality employment and promoting employee mental health in the workplace;

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[35] The Mental Health Taskforce (2016) The five year forward view for mental health.
[36] Mental Health Foundation & Faculty of Public Health (2016) Better mental health for all: a public health approach to mental health improvement
[37] Nursing, Midwifery and Allied Health Professionals Policy Unit (2016)
[38] The Mental Health Strategic Partnership (2013) Building resilient communities: Making every contact count for mental health
[39] HM Government (2015) Preventing suicide in England: Two years on – second annual report on the cross-government outcomes strategy to save lives
[40] Public Health England (2016) Local suicide prevention planning: a practice resource
[41] Department of Health (2014) A compendium of factsheets: Wellbeing across the lifecourse -What works to improve wellbeing?

- Improving housing;
- Taking part in social activities, having good relationships and strong social networks;
- Arts activities;
- Green spaces.

The Five Ways to Wellbeing

The Foresight Project on Mental Capital and Wellbeing looked at how to achieve the best possible mental development and mental wellbeing for people in the future. From a broad evidence base, a long list of actions emerged, which were reduced to a set of five key messages on the evidence around social relationships, physical activity, awareness, learning and giving.[42]

These messages have been organised into five key actions, each offering examples of more specific behaviours that enhance wellbeing. These are not just any one person's individual responsibility, but can be influenced by 'upstream' interventions; shaping existing services or providing new services in such a way that they encourage behaviours that promote the Five Ways to Wellbeing.[43]

Connect...

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

For the purpose of this plan, the Five Ways to Wellbeing have helped to guide the development of specific actions to improve wellbeing. The Five Ways will also be used as a framework to

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[42] New Economics Foundation (2008) Five ways to wellbeing

[43] The Mental Health Strategic Partnership (2013) Building resilient communities: Making every contact count for mental health

communicate and promote public mental health to different stakeholders, including the general public.

Health and Wellbeing– The Local Picture [44]

The health of people in Blackpool is generally worse than the England average. Blackpool is one of the 20% most deprived districts/unitary authorities in England and about 30% (7,700) of children live in low income families. Life expectancy for both men and women is lower than the England average. Life expectancy is 11.8 years lower for men and 8.5 years lower for women in the most deprived areas of Blackpool than in the least deprived areas.

In Year 6, 22.0% (335) of children are classified as obese, worse than the average for England.

The rate of alcohol-specific hospital stays among those under 18 was 89.8, worse than the average for England. This represents 26 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

The rate of alcohol-related harm hospital stays is 1,223, worse than the average for England. This represents 1,702 stays per year. The rate of smoking related deaths is 423, worse than the average for England. This represents 365 deaths per year.

Estimated levels of adult excess weight, smoking and physical activity are worse than the England average. Rates of hip fractures and sexually transmitted infections are worse than average.

Mental health is a significant issue in Blackpool. Our suicide rate is 17 per 100,000 (compared to a national average of 10 per 100,000) 74% of deaths by suicide in 2011-13 were male.

The rate of self-harm in Blackpool is the highest of any local authority in the country and is over three times the England average. The rate of self-harm hospital stays is 629.9; this represents 861 stays per year.

The prevalence of depression, both identified by GPs and self-reported within the GP patient survey, is significantly higher than the England average. 19.1% of the Blackpool population reported moderate or extreme anxiety or depression compared to 12.0% of the population of England as a whole. The percentage of people with a high anxiety score is 21.4%, compared to 19.4% for England.[45]

Approximately 7% of Blackpool's population is Black and minority ethnic (BME). Different ethnic groups have different rates and experiences of mental health problems. BME communities in the UK are more likely to be diagnosed with mental health conditions, more likely to be admitted to hospital, more likely to experience a poor outcome from treatment and more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in mental health.[46]

Local data on sexual identity is not available but based on the number of businesses and venues; Blackpool has a thriving LGB&T population. Studies show that lesbian, gay and bisexual people show higher levels of anxiety, depression and suicidal feelings than heterosexual men and women. Poor levels of mental health among gay and bisexual people have often been linked to

[44] Public Health England (2016) Blackpool Health Profile http://fingertipsreports.phe.org.uk/health-profiles/2016/e06000009.pdf
[45] Public Health Outcomes Framework (2016) https://fingertips.phe.org.uk/profile-group/mental-health
[46] Mental Health Foundation (2016) https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities

experiences of homophobic discrimination and bullying. Suicide risk in the Transgender population is high and this group face considerable social stigma and issues with access to services.[47]

(Visit http://www.blackpooljsna.org.uk/Home.aspx for more information from Blackpool's Joint Strategic Needs Assessment)

Improving Mental Health and Wellbeing: Related strategies

There are a number of current local strategies and work plans that address mental health, wellbeing and resilience, as outlined below. As a result, this Public Mental Health Action Plan does not include actions that are already being undertaken as part of existing work. For example, actions related to children and young people which are outlined under Lancashire and South Cumbria Sustainability and Transformation plans or perinatal mental health, which is addressed through Blackpool Better Start.

Blackpool Council Plan 2015 to 2020

The plan has two priorities, maximising growth and opportunities across Blackpool and creating stronger communities and increasing resilience.

Blackpool Council Workforce Strategy 2016 to 2020

Employee health and wellbeing is part of this strategy and it includes a commitment to activities that improve the mental health and wellbeing and resilience of council staff.

Joint Health and Wellbeing Strategy for Blackpool 2016 to 2019

This strategy outlines the priorities for Blackpool Health and Wellbeing Board which are, housing, tackling substance misuse, early intervention and building resilience and reducing social isolation.

Blackpool Better Start In 2014, Blackpool was chosen as one of only five locations in the UK to receive Big Lottery Funding to help give Blackpool babies a better start in life. Specialist services are being developed to support the most vulnerable families with babies across seven key wards in Blackpool, as well as delivering public health messages and improving public spaces for the benefit of all families in Blackpool. Better Start focuses on pregnancy to pre-school a sit is a crucial time for child development and a unique opportunity for prevention. Priorities for Better Start include:

- Giving babies the best start in relation to Diet and Nutrition, Language and Communication and Social and Emotional Development
- Tackling poor parental health and unhealthy gestation and birth
- Enabling youngest children to enter school ready and able to learn and reach their full potential
- Safeguarding and protecting the most vulnerable children and families
- Tackling poor mental health and well-being along with other parental risk factors
- Delivering quality services through a committed, professional and motivated workforce.

A number of initiatives have been developed through Better Start, as outlined in the strategy:

Blackpool HeadStart: Blackpool HeadStart is a Big Lottery funded programme designed to build the resilience of young people aged 10 to 16 to help prevent them from developing mental health

[47] Trans Mental Health Study (2012) https://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf

problems as they get older. A number of interventions are currently being delivered or planned as part of the HeadStart programme, including 'Walk and Talk' therapy, equine and pet therapy and online counselling. HeadStart is working with number of schools, developing training for the children and young people workforce and developing campaigns to decrease stigma and discrimination related to mental ill health.

Blackpool Fulfilling Lives Blackpool is one of 12 areas in England that has received Big Lottery Funding to support people with multiple needs. Blackpool Fulfilling Lives is targeted at people living very chaotic lifestyles who do not currently engage with services. The programme engages with and supports adults living with a combination of issues – working with individuals that present with at least two of the four specified areas of multiple need (homelessness, reoffending, problematic substance misuse and mental ill health).

Lancashire and South Cumbria Sustainability and Transformation Plans In 2015, the NHS shared planning guidance outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England must produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

To deliver plans that are based on the needs of local populations, local health and care systems came together to form 44 STP 'footprints' and Blackpool is part of the Lancashire and South Cumbria STP 'footprint'. Plans for Lancashire and South Cumbria, include transformation of emotional health and wellbeing services for young people and promoting wellbeing.

The Children and Young People's Resilience, Emotional Wellbeing and Mental Health plan for Lancashire has been developed by the Children and Young People's Emotional Wellbeing and Mental Health System Board, which consists of key partners, including all eight CCGs, and has been informed by consultation with children, young people and families. It is based on comprehensive identification of needs and evidence based practice to promote good emotional wellbeing and prevention of mental ill-health through early intervention, care and recovery.

In order to promote build resilience in Lancashire, ambitions include actions to build resilient communities in all settings including home, school and wider community which promote, improve and maintain the emotional health, mental health and wellbeing of children, young people and their families, to encourage them to help themselves and improve public awareness and understanding of children and young people's wellbeing and mental health, including perinatal mental health, and work to reduce stigma and discrimination. These ambitions have been translated into a local transformation plan for Blackpool.

Aims and Objectives of the Plan
The overall aim of this action plan is to provide a framework for the promotion of mental health and resilience in Blackpool, creating a supportive environment for individuals and communities to flourish. This will be achieved by:

1. Promoting good mental health and resilience across the population
2. Preventing mental ill health and suicide
3. Reducing the stigma and discrimination associated with mental illness
4. Improving the quality and length of life of people living with mental illness

10. Public Mental Health Action Plan

As this is a Public Mental Health Action Plan, most actions are led by Public Health, with actions completed in partnership with other stakeholders.

Promote good mental health and resilience across the population				
Objective	**Actions**	**To be Achieved by**	**Lead/s (mainly Public Health)**	**Outputs**
Support individual, community and population mental health and resilience.	Implement and evaluate a neighbourhood resilience programme in Claremont.	31.03.19	Liz Petch	Evaluation completed and learning outcomes disseminated.
	Develop and promote an online resilience programme incorporating the Five Ways to Wellbeing for residents.	30.09.17	Emily Davis	Resilience programme in place.
	Develop an e-learning tool for Blackpool Council frontline staff to raise awareness of the Five Ways to Wellbeing and how to promote them to service users.	30.06.17	Emily Davis / Rachel Swindells	Staff completion rates for e-learning tool.
	Develop and deliver a short face-to-face training session for non-office-based staff to raise awareness of the Five Ways to Wellbeing and how to promote them to service users.	31.03.18	Emily Davis / Rachel Swindells	Non-office based staff completion rates.
	Develop and deliver a campaign to promote the Five Ways to Wellbeing, with specific targeting for high risk groups (e.g. 'Happier Lancashire')	31.03.18	Emily Davis / Zohra Dempsey	Campaign delivered and evaluated.
	Raise the profile of evidence based interventions to improve mental health and wellbeing for residents and promote access to mental health and resilience	31.03.17	Zohra Dempsey / Lynn Howarth	Marketing plan developed and delivered.

	building courses.			
	Develop and promote a social prescribing offer for all residents, through Healthy Lifestyles at HealthWorks.	31.03.17	TBC	Number of residents accessing socially prescribed activities.
	Ensure mental wellbeing is incorporated into any tools developed for health impact assessments.	31.03.17	Alan Shaw	Blackpool Council Health impact assessment tool includes mental wellbeing.
Objective	**Actions**	**To be Achieved by**	**Lead/s (mainly Public Health)**	**Outputs**
Support the mental health and resilience of the Blackpool Council workforce.	Implement recommendations and best practice from the Centre for Mental Health as part of the Mental Health Challenge.	31.03.19	Zohra Dempsey	Implementation plan in place.
	Audit line managers' use of the Mindful Employer Resource, particularly for staff working in Health and Social Care, identify gaps and encourage better use.	31.03.17	TBC	Action plan in place.
	Develop courses for Blackpool Council staff focusing on building resilience, Mindfulness and promoting the use of evidence-based stress management techniques, including online support and resources.	31.12.17	Zohra Dempsey / Lynn Howarth	Number of Blackpool Council staff accessing workplace opportunities to build resilience.
Increase opportunities for Ecotherapy	Develop a green infrastructure strategy for Blackpool Council.	31.03.19	Judith Mills	Strategy developed.
	Develop a Blackpool-wide network of community growing projects that can be	31.03.18	Judith Mills	Number of people accessing growing opportunities

	accessed through Healthy Lifestyles as a vehicle for social prescribing.			through Health Lifestyles.
Improve access to arts and cultural activities to improve wellbeing.	Develop and implement an arts and health Strategy for Blackpool.	31.03.18	Zohra Dempsey / Carolyn Primett	Strategy and implementation plan in place.

Prevent mental ill health and suicide				
Objective	**Actions**	**To be Achieved by**	**Lead/s (mainly Public Health)**	**Outcome Measure**
Develop a partnership approach to suicide prevention.	Establish a multi-agency suicide prevention group for Blackpool to ensure delivery of the suicide prevention plan.	31.03.17	Emily Davis	Formal group in place.
Ensure appropriate assessment and response for those presenting with deliberate self-harm.	Review and develop multi-agency care pathways for deliberate self-harm in adults, including appropriate psychosocial assessment and follow-up for those presenting at A&E	31.01.18	Zohra Dempsey	Care pathways in place.
Improve access to psychological therapies for people with common mental health conditions	Develop a list of free non-NHS counselling providers to be promoted with NHS, substance misuse and social care staff and ensure details are included in the new directory of services for Blackpool, Fylde and Wyre residents.	31.03.17	Zohra Dempsey	Details circulated to all staff teams.
	Pilot and evaluate the use of behavioural activation for depression to be delivered by mental health and non-mental health staff.	31.03.19	Zohra Dempsey / Helen Lammond-Smith	Number of people receiving behavioural activation as a treatment for depression.
	Pilot and evaluate innovative and alternative ways of delivering talking therapies that are more accessible for	31.12.17	Zohra Dempsey / Nicky Dennison	Number of people accessing psychological therapies.

	those patients that do not want to access traditional models of delivery.			
	Ensure any weight management interventions for people who are overweight or obese include an assessment of mental health and wellbeing and appropriate support and referral.	31.03.17	Helen Lammond-Smith / Nicky Dennison	Number of people accessing weight management care pathways having their mental health and wellbeing assessed.

Objective	**Actions**	**To be Achieved by**	**Lead/s (mainly Public Health)**	**Outputs**
Develop more effective assessments and gender specific interventions for men at risk of poor mental health and suicide.	Pilot and evaluate innovative and alternative ways of delivering psychological therapies that are more acceptable to men.	31.12.17	Zohra Dempsey	Number of men accessing psychological therapies.
	Work with delivery partners to develop specific programmes of physical activity to attract inactive at-risk men.	31.03.19	Zohra Dempsey	Number of inactive men accessing specific programmes.
	Ensure mental health services are commissioned to meet the needs of at-risk men, including support services for vulnerable men.	31.03.19	Helen Lammond-Smith / Zohra Dempsey	Number of men accessing mental health services.
	Pilot ways of delivering relationship therapy and anger management programmes that are more appealing to men.	31.03.19	Zohra Dempsey	Outcomes from pilot used to inform future service provision.
	Work with partner organisations to ensure that vulnerable men are targeted for debt advice services.	31.12.17	Emily Davis / Zohra Dempsey	Debt advice care pathway in place and promoted with services.
	Investigate male-specific measures of depression for use in primary care and	31.03.19	Zohra Dempsey	Protocols in place and evaluation completed

	pilot use in a GP practice.			
Objective	**Actions**	**To be Achieved by**	**Lead/s (mainly Public Health)**	**Outputs**
Ensure the mental health needs of people with substance misuse issues are addressed effectively.	Providers of mental health and substance misuse services to develop and adopt joint working protocols.	31.03.18	Helen Lammond-Smith / Nina Carter	Joint working protocols in place and monitored through contracts.
	Ensure key personnel in substance misuse services are trained in Applied Suicide Interventions Skills Training (ASIST).	31.12.17	Nina Carter / Emily Davis	Number of key personnel trained in ASIST.
	Assertive outreach teams in both mental health and substance misuse services to develop effective protocols to prevent loss of contact with vulnerable and high-risk clients.	31.03.18	Helen Lammond-Smith / Nina Carter	Protocols in place and monitored through contracts.
	All patients accessing primary or secondary care identified as having substance misuse issues to be screened for depression.	31.03.19	Rachel Swindells / Emily Davis	Number of patients with substance misuse issues being screened for depression in primary and secondary care.
Ensure identification of suicide risk, particularly for vulnerable groups (e.g. BME, LGB&T)	Work with service providers to develop appropriate postvention activities for people bereaved or affected by suicide.	31.03.19	Emily Davis	Care pathway in place for bereavement through suicide.
	Review the process for future Public Health audits to eliminate duplication and improve data collection.	31.12.18	Emily Davis	Review completed and new protocol established.
	Ensure that all those working with vulnerable groups, have been trained to	31.03.19	Emily Davis	ASIST training audit shows uptake from those working

	deliver the Applied Suicide Interventions Skills Training (ASIST) model of suicide prevention.			with vulnerable groups.
	Develop a system within primary care for frequent attenders to identify frequent attenders at risk of suicide.	31.03.19	Emily Davis	System developed and adopted by all Blackpool GP practices.
	Pilot 'real time' surveillance of suicides.	31.03.19	Emily Davis	Pilot completed and evaluated.

Objective	**Actions**	**To be Achieved by**	**Lead/s (mainly Public Health)**	**Outputs**
Ensure responsible reporting of suicide and self-harm in the local media.	Develop locally agreed protocols with local media for reporting of suicide and suicidal behaviour.	31.12.18	Emily Davis / Communications	Protocols agreed.
Ensure Blackpool Council planning considerations include suicide risk.	Identify actual or potential suicide hotspots and work with partners to reduce risk and introduce signage.	31.03.19	Emily Davis	Appropriate signage introduced.
	Ensure suicide risk is incorporated into any tools developed for health impact assessments.	31.03.17	Alan Shaw	Health Impact Assessment tool developed and includes suicide risk.
Ensure safer prescribing of opiate analgesics and antidepressants.	Work with primary care and A&E to review prescribing arrangements.	31.12.17	TBC	Review completed and recommendations in place.
Help to alleviate loneliness and social isolation, particularly for older people, carers, those living with mental health and/or long term conditions, those at-risk	Ensure frontline local authority staff and NHS staff (e.g. district nurses) are trained to use the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) and a validated tool to measure social inclusion as part of their assessments and can	31.03.19	Zohra Dempsey / Rachel Swindells	Training delivered as part of Making Every Contact Count.

of a mental health condition and those with substance misuse issues.	promote practical steps on activities to improve social inclusion.			
	Ensure at-risk groups are accessing socially prescribed activities through the Healthy Lifestyles service.	31.12.17	TBC	Equity audit report for Healthy Lifestyles service completed and action plan in place.
	Evaluate the 'Grow you own Happiness' programme.	30.06.17	Zohra Dempsey	Evaluation report completed and disseminated.
	Work with physical activity providers to promote access for at-risk groups.	31.12.17	Zohra Dempsey	Work plans in place.
	Develop a community café for Blackpool to provide out of hours support for vulnerable people.	31.03.18	Nicky Dennison / Zohra Dempsey	Café sustainability plan in place and out of hours support provided.

Reduce the stigma and discrimination associated with mental illness				
Objective	**Action**	**To be Achieved by**	**Lead/s (mainly Public Health)**	**Outcome Measure**
Promote positive conversations around mental illness and encourage open discussions.	Create a Blackpool-wide network of Time to Change Champions.	31.03.19	Zohra Dempsey	Group established.
	Deliver multi-agency awareness raising activities for World Mental Health Day and Time to Talk Day.	31.03.19	Zohra Dempsey / Emily Davis	World Mental Health Day and Time to Talk Day events delivered.
	Work with local media to share best practice for responsible reporting of any incidents that involve mental health/mental illness.	31.03.19	Communications	Local protocols agreed.

	Develop a programme of Time to Change activities for Blackpool Council employees.	31.03.19	Zohra Dempsey / Karen White	Programme in place and activities delivered.

Improve the quality and length of life of people living with mental illness				
Objective	**Action**	**To be Achieved by**	**Lead/s**	**Outcome Measure**
Ensure the physical health needs of people living with mental health conditions are addressed.	Work with mental health services and primary care to look at ways of targeting adults with mental health conditions to promote access to NHS Health Checks.	31.03.18	Liz Petch	Number of people living with a mental health condition receiving an NHS Health Check.
	Ensure all those living with serious mental illness receive an annual physical health check, with appropriate signposting and support to access physical health improvement services.	31.03.19	Helen Lammond-Smith	Numbers of people living with a serious mental illness receiving an annual physical health check.
	Work with providers of mental health services and smoking cessation services to ensure people with a mental health condition are effectively supported to quit smoking, effective harm reduction strategies are put in place for those that are not ready to quit and that all inpatient and community mental health sites are smoke free by 2018.	31.03.19	Rachel Swindells	Plans in place for all providers.
	Ensure mental health services staff adopt a holistic approach to managing physical health and are able to 'Make Every Contact Count' and promote the Five Ways to Wellbeing as part of recovery.	31.03.19	Rachel Swindells	Making Every Contact Count training delivered.

	Produce guidance/script for mental health staff on all NHS population health screening programmes to raise awareness of them and how people who are eligible to access these programmes can be supported.	31.03.19	Zohra Dempsey / Lynn Donkin	Guidance distributed to all mental services health staff.
	Promote Mind's Get Set to Go programme.	31.03.17	Zohra Dempsey	Programme information disseminated.
	Develop and implement a self-care strategy for Blackpool, which addresses the needs of people experiencing a mental health condition.	31.03.19	Emily Davis / Liz Petch	Strategy completed.
Offer people in crisis alternatives to acute inpatient mental health care.	Explore the further development of crisis support in Blackpool (for example, peer led crisis houses)	31.03.19	Zohra Dempsey	Options paper developed and funding streams identified.

11. Outcomes – How will we measure progress?

A number of outputs are described within the action plan above.

Additionally, there are a number of high level indicators from the Public Health Outcomes Framework that summarise good mental health or at least avoidance of mental ill health and will be used to measure impact.

These will include:

- Mortality from suicide and injury undetermined;
- Self-reported wellbeing scores;
- Recorded prevalence of depression and anxiety;
- Emergency admissions for self-harm;
- Premature mortality in adults with serious mental illness.

12. Governance Arrangements

The Health and Wellbeing Board will have overall responsibility for this action plan. Performance will be monitored strategically by the Health and Wellbeing Strategic Commissioning Group. Day to day monitoring will be through the Blackpool Mental Health Partnership Board, with representation from all stakeholders.

Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Helen Lammond-Smith, Head of Blackpool CCG Commissioning And Blackpool Council Commissioning
Date of Meeting:	5 July 2017

MENTAL HEALTH COMMISSIONING UPDATE

1.0 Purpose of the report:

1.1 To present progress being made and planned for improving mental health service provision.

2.0 Recommendation(s):

2.1 To note and comment on progress made.

3.0 Reasons for recommendation(s):

3.1 n/a

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

3.2b Is the recommendation in accordance with the Council's approved budget? Yes/ No

3.3 Other alternative options to be considered: None.

4.0 Council Priority:

4.1 The relevant Council Priority is "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

5.1 The Five Year Forward View for Mental Health and the NHS Operational Plan identified several key priorities. The Programme is governed via a steering group and compromises representation from all five Local Delivery Plan (LDP) footprints and includes clinical work stream leads and public health representation.

- Delivery of the national mental health must do's as outlined in the Five Year Forward View and the Operational Plan
- Deliver a set of consistent Lancashire Standards in line with National Institute for Clinical Excellence (NICE) guidelines
- Integration of Mental Health with in the emerging local models of care
- Delivery of Parity of Esteem
- Ensure that we have sustainable and efficient specialist mental health services.

Appendix 9 (a) to this report provides an update to members, in line with the above.

Does the information submitted include any exempt information? Yes/No

List of Appendices:

Appendix 9 (a) – Mental Health Commissioning Update

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 Contained within report.

8.0 Equalities considerations:

8.1 People will be consulted.

9.0 Financial considerations:

9.1 Contained within report.

10.0 Risk management considerations:

10.1 Contained within report.

11.0 Ethical considerations:

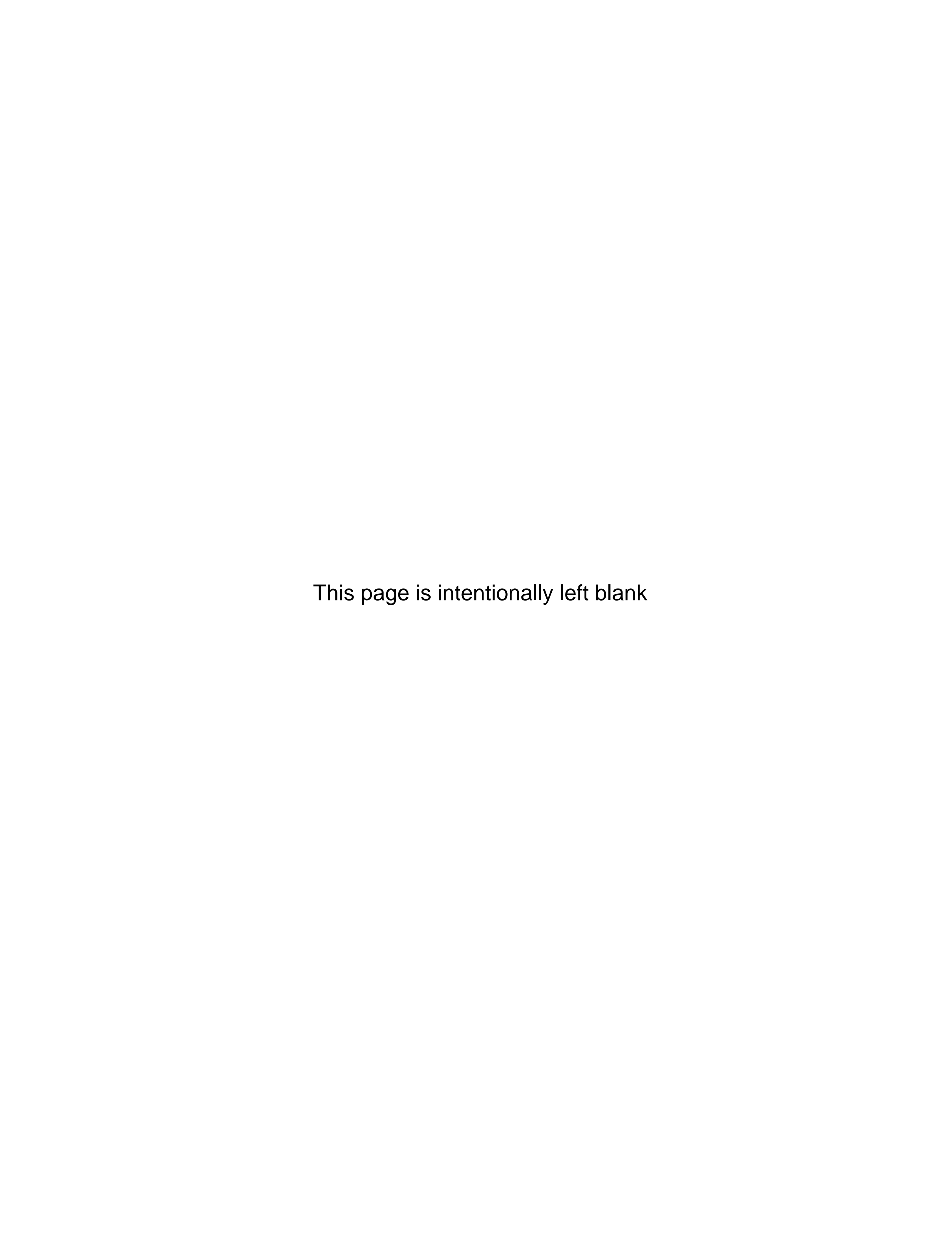
11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 People will be consulted.

13.0 Background papers:

13.1 None other than those listed within the report.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Adult Social Care and Health Scrutiny Committee

Mental Health Commissioning Update

5 July 2017

Introduction

The Five Year Forward View for Mental Health and the NHS Operational Plan identified several key priorities. The Programme is governed via a steering group and compromises representation from all five Local Delivery Plan (LDP) footprints and includes clinical work stream leads and public health representation.

- Delivery of then national mental health must do's as outlined in the Five Year Forward View and the Operational Plan
- Deliver a set of consistent Lancashire Standards in line with National Institute for Clinical Excellence (NICE)
- Integration of Mental Health with in the emerging local models of care
- Delivery of Parity of Esteem
- Ensure that we have sustainable and efficient specialist mental health services

Local Context

Serious Mental Illness Prevalence – above national average
• Lancashire +14% • Blackpool +57% • BwD +37%
Dementia Prevalence - above national average
• Lancashire +17% • Fylde & Wyre +48% • Blackpool +32% • North Lancs +26%
Depression Prevalence - above national average
• Lancashire +27% • Blackpool +70% • Lancashire North +38% • Fylde & Wyre +36%

1. Transforming care for children and young people

- Suggested that at least 70,000 more children and young people have access to high quality mental health care when they need it
- To build upon the Future in Mind work and integrate into wider plans
- Develop new models of inpatient care for young people ages 16 – 25 in an environment that maximises opportunities for rehab/ return to education/ employment (whole social picture)
- By 2020, 30,000 more women to access evidence based specialist care during perinatal period (including psychological, community, inpatient)

Contribution to countywide schemes

- By August 2017 we will have a 0-19 Child and Adolescent Mental Health Services (CAMHS) service model in place
- March 2017 we have procured a co-designed evidence based dedicated community eating disorder service for our children and young people

Local schemes

- Resilience programme in secondary schools
- Development of Out of Hours CAMHS - Child and Adolescent Support and Help Enhanced Response Service(CASHER)
- Primary Mental Health Workers
- Funding to support the embedding of the whole school approach through Anti Bullying Events
- Autism Spectrum Disorder (ASD) pathway – establishment of a co-ordinator post
- Time to Change local campaign
- Therapeutic interventions for Children and Young People (CYP) who are at risk of Child Sexual Exploitation (CSE) and / or display sexually inappropriate behaviour
- Children and Young People - Increased Access to Psychological Therapies (CYP IAPT)
- Commission a service to work with schools and families for children who display challenging behaviour

2. Improving responses to mental and physical health

- 280,000 more people living with Serious Mental Illness (SMI) have their physical health needs met by increasing early detection
- To be achieved by developing primary models of care where GP/ Practice Nurses are responsible for full suite of physical care screenings
- Public Health to prioritise people with mental health in access to prevention and screening programmes e.g. Diabetes, Heart Disease, Cancer. This is being accelerated on the Fylde Coast through our Vanguard Programme.
- Dementia target remains 67% of people to have a diagnosis and be on the GP register with follow up and carer support in place

Integration of mental health is a key feature within the mobilisation of Enhanced Primary Care.
The Vanguard proposition for mental health details the following ambitions:

- Train generic workforce to recognise signs of mental health and to deliver low level interventions
- Colocation of mental health staff across enhanced primary care so they should be able to intervene sooner and direct patients into timely appropriate support.
- Increasing access to psychological therapies for those with long term conditions and integrating this into enhanced care integrating mental health earlier in diagnosis should lead to better self- management and reduced avoidable admissions.

3. Increased Access to Psychological Therapies (IAPT)

The expansion of access to psychological therapies requires:

- By 2020/21, 25% of people with depression and anxiety disorders, of whom 50% will have Long Term Conditions (LTCs) or Medically Unexplained Symptoms Mental Health (MUSs), will start treatment with IAPT
- IAPT integrated care pathways will be established in all local areas from 2018/19 for people with depression or anxiety disorders who also have LTCs or MUSs.
- In Blackpool we also have a Department for Work and Pensions (DWP) and IAPT pilot underway to deliver employment support and therapy together.

Current Position

Mental Health (c) IAPT	**Organisation**	**Expectation**	**April 2017**
IAPT access proportion rate (3.75% quarterly, suggested 1.25% monthly)	CCG	≥ 1.40% Monthly (**New trajectory**)	1.30%
*IAPT recovery rate (50% monthly)	CCG	50%	45%
The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment	CCG	75% per month	97%
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment.	CCG	95% per month	100%

Mental Health IAPT	Organisation	Expectation	End of Year position
IAPT access proportion rate (3.75% quarterly, suggested 1.25% monthly)	CCG	≥ 1.25% monthly	1.36%
*IAPT recovery rate (50% monthly)	CCG	50%	38%
The proportion of people that wait 6 weeks or less from referral to their first IAPT	CCG	75% per month	87%
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment.	CCG	95% per month	99%

4. Supporting people experiencing a mental health crisis

• Expansion of Crisis Resolution and Home Treatment Teams (CRHTTs) to ensure that a 24/7 response is available in all areas. CRHTT to be adequately resourced to offer intensive home treatment as alternative to admission

• Ensure that 'Core 24' liaison mental health services are available in acute hospitals across all ages and departments

• Local strategy to prevent suicides, over the next 5 years to see a 10% fall, this requires multiagency response. (To include joint RCA processes to ensure cross learning)

Locally there has been a task and finish group set up led by the Programme Lead including all CCG commissioners to implement the new model. Transformation funding has been awarded for two years from 2018-2019 totalling £2m to recruit to the new team. This will mean in the future clinical triage in the Accident and Emergency (A&E) department within the one hour standard; including next steps and onward referral to a detailed psychosocial or mental health act assessment, an individual crisis care plan, a follow up appointment or signposting to alternative services. Consultant psychiatrists with expertise in common mental health problems, including problems in older adults and drug and alcohol use will be available 24/7 with a mix of band 6 and 7 nurses providing operational and clinical leadership out of hours as well as making discharge decisions to ensure that services are robust and sustainable. Alternatives include crisis support units, IAPT, brief interventions and fast track to CAMHS. It will also include specialist interventions for frail older adults from the Rapid Intervention Team across all acute sites. Training will be offered to mainstream acute hospital staff.

5. Acute and Secure Care

- Expectation that acute mental health care is provided in the least restrictive manner as close to home as possible
- Practice of OATs to be eliminated by 2020/21
- Increase access to high quality care that prevent avoidable admissions and supports recovery and 'step down' for people of all ages
- Increase provision of community based services such as residential rehabilitation, supported housing

Mental Health must remain a priority in a challenging financial climate for the NHS in the next five years and full transparency and accountability must be shown, CCGs should be able to demonstrate year on year investment in mental health

Improving acute inpatient psychiatric care for Adults in England

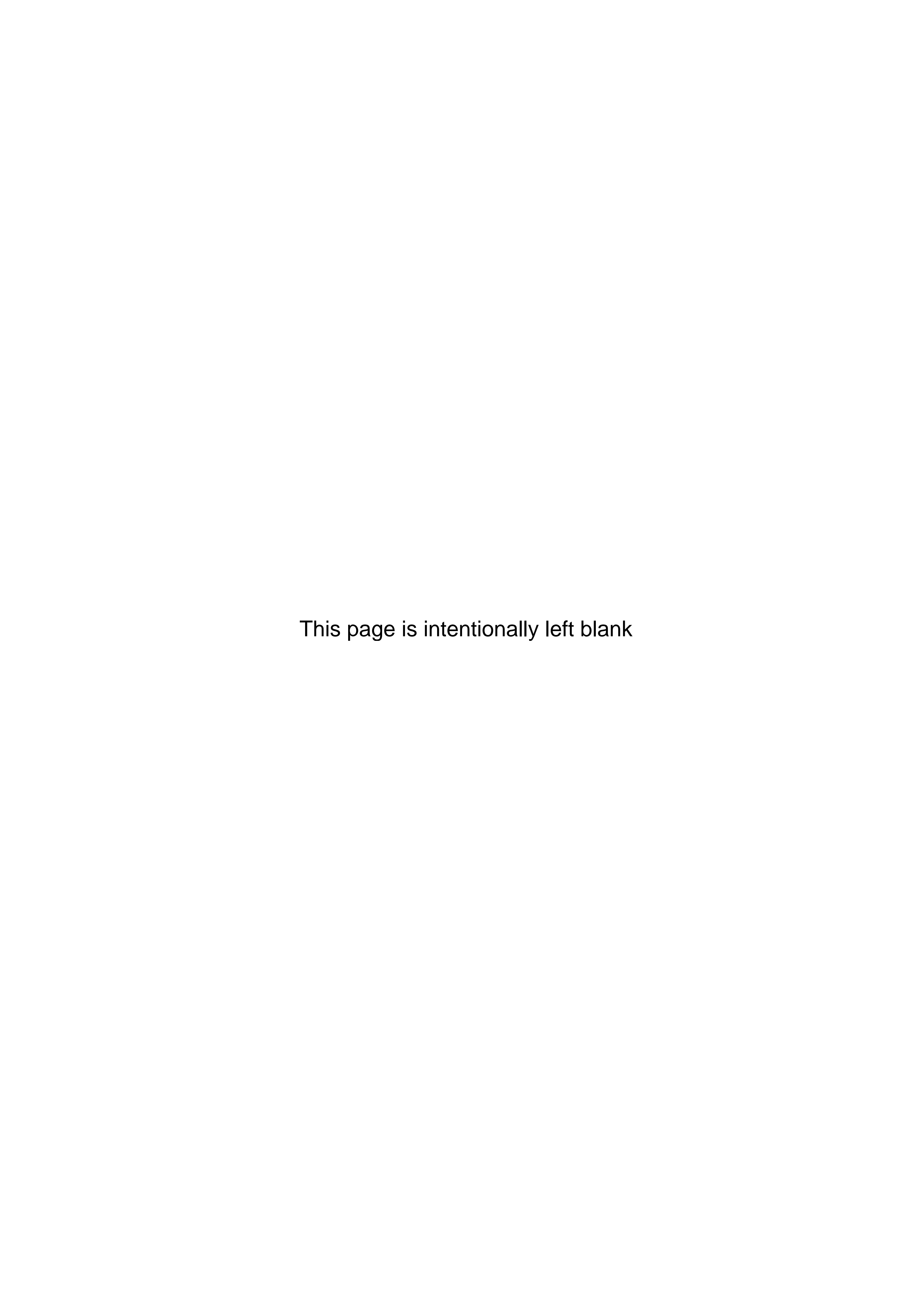
Acute care for severally ill adult mental health patients is inadequate nationally. There are major problems in admissions and in providing alternative care and treatment in the community; these two sets of problems are intimately connected and need to be tackled jointly. New measures include:

- New waiting time pledge is included in the NHS Constitution from October 2017 with maximum four hour wait to an acute psychiatric ward or acceptance of home based treatment following assessment
- The practice of sending acutely ill patients long distances for non-specialist treatment is phased out nationally by October 2017
- Service providers, commissioners and Health and Wellbeing Boards work together to improve the way the mental health system works locally – sharing information, simplifying structures where appropriate, and finding innovative ways to share resources and deliver services
- There is better access to a mix of types of housing – and greater flexibility in its use – to provide for short-term use in crises, reduce delayed discharges from inpatient services and offer long-term accommodation
- Patients and carers are enabled to play an even greater role in their own care: Service design, provision, monitoring and governance

Summary

There is a great deal of work to be undertaken to implement the Five Year Forward View in Mental Health. Locally we are part of the NHSE Vanguard whereby we are developing new models of care; teams wrapped around primary care to include mental health and social care as well as physical health services. We are working across the STP footprint as well as on a Fylde Coast basis to start to implement all the above to improve the provision and reduce the gaps in services that currently exist.

Helen Lammond
Head of Commissioning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Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Steve Winterson, Director of Strategic Partnerships and Engagement, Lancashire Care NHS Foundation Trust
Date of Meeting:	5 July 2017

LANCASHIRE CARE FOUNDATION TRUST: HARBOUR PROGRESS REPORT

1.0 Purpose of the report:

1.1 To provide an update about the work and performance of The Harbour (in-patient mental health facility in Blackpool), particularly focussing on the Lancashire Care Foundation Trust's responses to the National Staff Survey and the Trust's re-inspection by the Care Quality Commission (CQC) which took place during September 2016.

2.0 Recommendation:

2.1 To seek assurance concerning progress made and planned at The Harbour.

3.0 Reasons for recommendation:

3.1 To provide sufficient information to assure the Health Scrutiny Committee that the provision of Mental Health Services within The Harbour is robust, high quality, compassionate and safe.

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:

The relevant Council Priority is 'Communities: Creating stronger communities and increasing resilience'.

5.0 Background Information

5.1 Representatives from the Lancashire Care Foundation Trust (LCFT) and Blackburn with Darwen Clinical Commissioning Group (the lead commissioner for Mental Health Services in Lancashire) attended special meetings of the Resilient Communities Scrutiny Committee on 12 November 2015 and 14 April 2016 and Health Scrutiny Committee on 12 October 2016. A full report was brought to the Resilient Communities Scrutiny Committee on 12 November 2015 with subsequent update reports.

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

5.3 In total there are 154 beds at the Harbour, which is a little over 50% of the total adult inpatient capacity for LCFT across the county with the other units being based in Lancaster, Ormskirk, Blackburn and Burnley.

6.0 Update Information

6.1 The annual staff survey was conducted by the Picker Institute on LCFT's behalf in October and November of 2016. The survey was distributed to 1,250 staff and was completed by 442 - a participation rate of 35.9%.

6.2 The report covers staff working across all areas of the Trust. The report in Appendix 10 (a) relates specifically to Adult Mental Health Services, as the Harbour is LCFT's largest inpatient unit and this was considered of most interest to the Committee. Note - pages 10-18 of the report have been included as a summary of the findings. The full detailed findings are available as a background document and were circulated to Members.

6.3 The Trust's re-inspection by the Care Quality Commission (CQC) took place during September 2016, with the main inspection week taking place during 12-16 September 2016. The inspection process included a significant level of data collection and analysis by the CQC, interviews with senior managers and clinicians, focus groups with a range of front line staff and stakeholders, and on-site inspection visits across the Trust.

6.4 The CQC issued a press release on 11 January 2017 setting out the findings. The Deputy Chief Inspector of Hospitals, Dr Paul Lelliott, stated:

> "In November 2015, we found that the quality of some services provided by Lancashire Care NHS Foundation Trust to be requiring improvement and told them where they must make changes. Some of the trust's problems stemmed from staffing issues
>
> "Despite these challenges, the trust staff have shown a real determination to follow up the issues we had identified and they have made improvements across most areas of the trust. On this inspection, we found that they had a clearer sense of direction and was now more responsive to the needs of people using the service. They worked closely with other healthcare partners to identify those needs.
>
> "We were particularly impressed by the work of the staff training academy which is responsible for providing and monitoring all aspects of staff training and development. There is no doubt that this is improving the quality of patient care.
>
> "We were impressed with the improvements we saw, and Lancashire Care NHS Foundation Trust should be proud of their new Good rating."

6.5 A Quality Summit was held in February and the Trust discussed its plans for improvement work. It was agreed with the regulators and commissioners that the improvement work would be included in the LCFT Quality Plan for 2017-2018 and that the Trust would not create a separate CQC action plan. The Quality Plan is LCFT's single, overarching quality improvement plan and is monitored through its governance structures and reported to commissioners.

6.6 CQC's updated ratings for Trust mental health services are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Requires Improvement	Good	Good	Good	Good	Good
Forensic inpatient / secure wards	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Requires Improvement	Good	Good	Good	Good
Mental health crisis services and health based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires Improvement	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Community mental health services for people with a learning disability or autism	Good	Requires Improvement	Good	Good	Good	Good

6.7 Every area was awarded an overall rating of Good. Action plans are in place to address the four specific "requires improvements".

6.8 Does the information submitted include any exempt information? No.

6.9 **List of Appendices:**

Appendix 10 (a) - Staff Survey: Locality Report: Adult Mental Health (pages 10-18)

7.0 Legal considerations:

Not applicable.

8.0 Human Resources considerations:

There are no Human Resources implications for Blackpool Council.

9.0 Equalities considerations:

As the beds are managed across the county, there are no equalities issues.

10.0 Financial considerations:

There are no financial implications for Blackpool Council.

11.0 Risk management considerations:

Both the staffing and financial risks are being actively managed through the Trust's risk management and assurance processes.

12.0 Ethical considerations:

Not applicable.

13.0 Internal/ External Consultation undertaken:

This is not a consultation issue, but there is ongoing communication at an executive level with Commissioners, service users and their carers and other stakeholders.

14.0 Background papers:

12 October 2016 http://democracy.blackpool.gov.uk/ieListDocuments.aspx?CId=139&MId=4235

14 April 2016 http://democracy.blackpool.gov.uk/ieListDocuments.aspx?CId=237&MId=3521

12 Nov 2015 http://democracy.blackpool.gov.uk/ieListDocuments.aspx?CId=237&MId=3882

Summary of results

How do we compare to other localities?

We have used the positive score system (see columns below) to compare your performance to the average score for all localities in the organisation.

The survey shows that the locality is:

Significantly BETTER than average on	0 questions
Significantly WORSE than average on	6 questions
The scores are average on	82 questions

⊞ scores significantly better than average
⊟ scores significantly worse than average

Locality The positive score for your locality
Organisation Average score for all localities in the organisation

* For an explanation of positive scores and significant differences please see Section 1.
Note that **higher scores indicate better performance.**

The locality has scored significantly better than the average for the Trust on the following questions:

NONE

The locality has scored significantly worse than the average for the Trust on the following questions:

Higher scores are better

		Locality	Organisation
11a	In last month, have not seen errors/near misses/incidents that could hurt staff	75 %	84 %
11b	In last month, have not seen errors/near misses/incidents that could hurt patients	70 %	82 %
14a	Not experienced physical violence from patients/service users, their relatives or other members of the public	69 %	85 %
15a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	60 %	78 %
21d	If friend/relative needed treatment would be happy with standard of care provided by organisation	52 %	63 %
22b+	Receive regular updates on patient/service user feedback in my directorate/department	44 %	58 %

Section 2

Positive Score Summary

overview of results by section

Positive Score Summary

Positive scores are used as a summary measure. This report shows your positive score for each question and a comparison against the average score for all localities in the organisation. Significant differences between your locality and the average are indicated as follows:

⊞ scores significantly better than average
⊟ scores significantly worse than average

Locality The positive score for your locality
Organisation Average score for all localities in the organisation

YOUR JOB

		Locality	Organisation
2a	Often/always look forward to going to work	55 %	59 %
2b	Often/always enthusiastic about my job	78 %	76 %
2c	Time often/always passes quickly when I am working	76 %	82 %
3a	Always know what work responsibilities are	85 %	85 %
3b	Feel trusted to do my job	93 %	93 %
3c	Able to do my job to a standard I am pleased with	81 %	80 %
4a	Opportunities to show initiative frequent in my role	79 %	76 %
4b	Able to make suggestions to improve the work of my team/dept	80 %	83 %
4c	Involved in deciding changes that affect work	50 %	57 %
4d	Able to make improvements happen in my area of work	60 %	61 %
4e	Able to meet conflicting demands on my time at work	49 %	45 %
4f	Have adequate materials, supplies and equipment to do my work	54 %	52 %
4g	Enough staff at organisation to do my job properly	30 %	31 %
4h	Team members have a set of shared objectives	81 %	81 %
4i	Team members often meet to discuss the team's effectiveness	71 %	76 %
4j	Team members have to communicate closely with each other to achieve the team's objectives	83 %	86 %
5a	Satisfied with recognition for good work	58 %	62 %
5b	Satisfied with support from immediate manager	75 %	74 %
5c	Satisfied with support from colleagues	89 %	86 %
5d	Satisfied with amount of responsibility given	78 %	77 %
5e	Satisfied with opportunities to use skills	73 %	72 %
5f	Satisfied with extent organisation values my work	39 %	45 %
5g	Satisfied with level of pay	33 %	41 %
5h	Satisfied with opportunities for flexible working patterns	58 %	60 %
6a+	Satisfied with quality of care I give to patients/service users	80 %	83 %
6b+	Feel my role makes a difference to patients/service users	90 %	89 %
6c+	Able to provide the care I aspire to	63 %	67 %

YOUR MANAGERS

		Locality	Organisation
7a	Immediate manager encourages team working	79 %	82 %
7b	Immediate manager can be counted upon to help with difficult tasks	76 %	77 %
7c	Immediate manager gives clear feedback on my work	65 %	69 %
7d	Immediate manager asks for my opinion before making decisions that affect my work	62 %	64 %
7e	Immediate manager supportive in personal crisis	80 %	79 %
7f	Immediate manager takes a positive interest in my health & well-being	70 %	74 %
7g	Immediate manager values my work	77 %	79 %
8a	I know who senior managers are	75 %	82 %
8b	Communication between senior management and staff is effective	32 %	36 %
8c	Senior managers try to involve staff in important decisions	27 %	29 %
8d	Senior managers act on staff feedback	27 %	28 %

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

		Locality	Organisation	
9a	Organisation definitely takes positive action on health and well-being	30 %	32 %	
9b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	79 %	81 %	
9c	Not felt unwell due to work related stress in last 12 months	46 %	56 %	
9d	In last 3 months, have not come to work when not feeling well enough to perform duties	36 %	38 %	
9e	Not felt pressure from manager to come to work when not feeling well enough	80 %	81 %	
9f	Not felt pressure from colleagues to come to work when not feeling well enough	82 %	84 %	
9g	Not put myself under pressure to come to work when not feeling well enough	10 %	7 %	
10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	75 %	78 %	
10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	38 %	39 %	
11a	In last month, have not seen errors/near misses/incidents that could hurt staff	75 %	84 %	▬
11b	In last month, have not seen errors/near misses/incidents that could hurt patients	70 %	82 %	▬
11c+	Last error/near miss/incident seen that could hurt staff and/or patients/service users reported	[93] %	98 %	
12a+	Organisation treats staff involved in errors fairly	43 %	54 %	
12b+	Organisation encourages reporting of errors	85 %	91 %	
12c+	Organisation takes action to ensure errors are not repeated	62 %	70 %	
12d+	Staff given feedback about changes made in response to reported errors	68 %	63 %	
13a+	Know how to report unsafe clinical practice	98 %	96 %	
13b	Would feel secure raising concerns about unsafe clinical practice	71 %	74 %	
13c	Would feel confident that organisation would address concerns about unsafe clinical practice	53 %	60 %	
14a	Not experienced physical violence from patients/service users, their relatives or other members of the public	69 %	85 %	▬
14b	Not experienced physical violence from managers	98 %	99 %	
14c	Not experienced physical violence from other colleagues	96 %	97 %	
14d+	Last experience of physical violence reported	[100] %	95 %	
15a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	60 %	78 %	▬
15b	Not experienced harassment, bullying or abuse from managers	89 %	91 %	
15c	Not experienced harassment, bullying or abuse from other colleagues	85 %	87 %	
15d+	Last experience of harassment/bullying/abuse reported	[62] %	57 %	
16+	Organisation acts fairly: career progression	90 %	88 %	
17a	Not experienced discrimination from patients/service users, their relatives or other members of the public	92 %	95 %	
17b	Not experienced discrimination from manager/team leader or other colleagues	91 %	94 %	

YOUR PERSONAL DEVELOPMENT

		Locality	Organisation
18a+	Had training, learning or development in the last 12 months	81 %	74 %
18b+	Training helped me do my job more effectively	84 %	84 %
18c+	Training helped me stay up-to-date with prof. requirements	87 %	88 %
18d+	Training helped me deliver a better patient / service user experience	79 %	80 %
19+	Had mandatory training in the last 12 months	99 %	98 %
20a+	Had appraisal/KSF review in last 12 months	79 %	86 %
20b	Appraisal/review definitely helped me improve how I do my job	21 %	19 %
20c	Clear work objectives definitely agreed during appraisal	36 %	33 %
20d	Appraisal/performance review: definitely left feeling work is valued	21 %	24 %
20e	Appraisal/performance review: organisational values definitely discussed	35 %	34 %
20f	Appraisal/performance review: training, learning or development needs identified	63 %	68 %
20g	Supported by manager to receive training, learning or development definitely identified in appraisal	[48] %	52 %

YOUR ORGANISATION

		Locality	Organisation
21a	Care of patients/service users is organisation's top priority	62 %	68 %
21b	Organisation acts on concerns raised by patients/service users	74 %	72 %
21c	Would recommend organisation as place to work	47 %	53 %
21d	If friend/relative needed treatment would be happy with standard of care provided by organisation	52 %	63 %
22a+	Patient/service user feedback collected within directorate/department	98 %	95 %
22b+	Receive regular updates on patient/service user feedback in my directorate/department	44 %	58 %
22c+	Feedback from patients/service users is used to make informed decisions within directorate/department	38 %	47 %

BACKGROUND INFORMATION

		Locality	Organisation
27b+	Disability: organisation made adequate adjustment(s) to enable me to carry out work	-	72 %

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Lorraine Hurst, Head of Democratic Governance
Date of Meeting:	5 July 2017

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE WORKPLAN 2017-2018

1.0 Purpose of the report:

1.1 To consider the Adult Social Care and Health Scrutiny Committee Workplan 2017-2018, together with any suggestions that Members may wish to make for scrutiny review topics.

2.0 Recommendations:

2.1 To approve the Adult Social Care and Health Scrutiny Committee Workplan 2017-2018, taking into account any suggestions for amendment or addition.

2.2 To monitor the implementation of the Adult Social Care and 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 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 **Adult Social Care and Health Scrutiny Committee Workplan**

5.1.1 The Adult Social Care and Health Scrutiny Committee Workplan 2017-2018 is attached at Appendix 11 (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 **Adult Social Care and Health Scrutiny Committee Review Checklist**

5.2.1 The Adult Social Care and Health Scrutiny Committee Review Checklist is attached at Appendix 11 (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 Committee, prior to a topic being approved for scrutiny.

5.3 **Implementation of Recommendations/Actions**

5.3.1 The table attached to Appendix 11 (c) has been developed to assist the Adult Social Care and 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 and Children's Services Scrutiny Committee was previously responsible for Adult Social Care scrutiny. Actions requested by the Resilient Communities and Children's Services Scrutiny Committee were transferred over to the Adult Social Care and Health Scrutiny Committee to monitor.

5.3.2 Members are requested to consider the updates provided in the table.

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 11 (a), Adult Social Care and Health Scrutiny Committee Workplan 2016-2017
Appendix 11 (b), Adult Social Care and Health Scrutiny Committee Review Checklist
Appendix 11 (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:

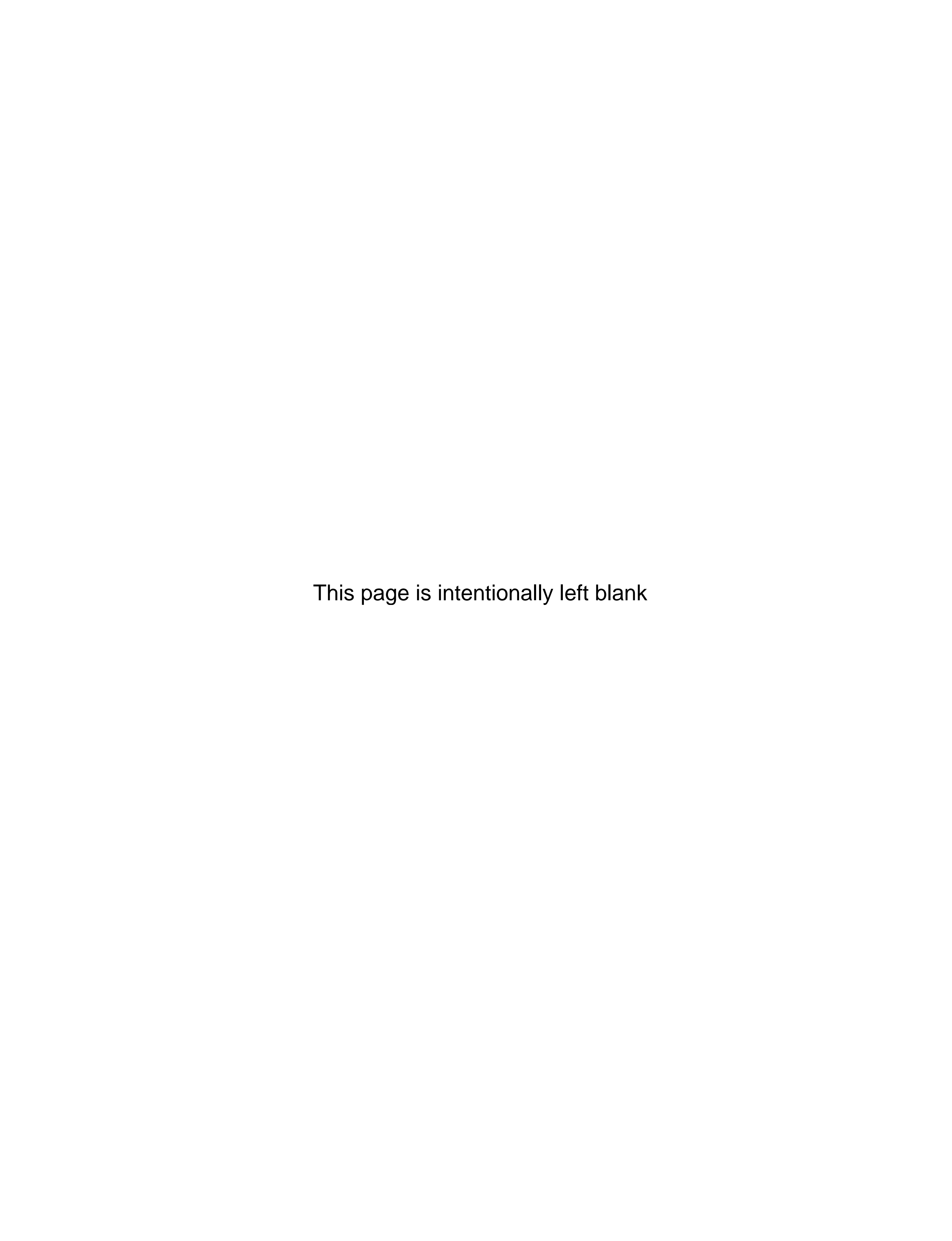
11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.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Adult Social Care and Health Scrutiny Committee - Work Programme 2017-2018

27 Sept 2017

1. **Adult Services Overview Report**
2. **Public Health Overview report** (include Health and Wellbeing Strategy 2016-2019 action plan, Due North progress and, if viable, Sexual Health action plan progress)
3. **Annual Healthwatch Progress Report 2016-2017 (Apr 2016 - Mar 2017), 2017-2018 Priorities Timeline**
4. **Clinical and Financial Sustainability - Blackpool Teaching Hospitals - Progress**
Follows Dec 2016 meeting and further assurance required following winter (pressures) performance
Deferred from 26 Apr 2017 due to Purdah.
5. **Health and Social Care Integration (focus on Sustainability and Transformation Plan) - Progress**
Sustainability Transformation Plan (including Projected Costings/Savings) and Healthier Lancashire. Update originally requested for mid-2017. Interim update circulated to Members - Apr 2017, comprehensive report summer 2017. Originally deferred from 26 Apr 2017 due to Purdah (follows STP training seminar).

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15 Nov 2017

1. **BSAB Annual Report 2016-2017** (supposed to be signed-off 5 Oct 2017 by BSAB otherwise 30 Jan 2018)
2. **Adult~~s~~ Services Overview Report** (to include dementia support)
3. **Transforming Care for Adults with Learning Disabilities progress**
4. **Priority Two - Key Priority report: Health and Social Care**
5. **Domestic Abuse Strategy action plan**

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24 Jan 2018

1. **Public Health Overview Report** (to include Lancashire/Blackpool Health and Wellbeing Strategy – Blackpool Action Plan and Progress; new Public Health Services (0-19); and new Integrated Drug and Alcohol Support Service)
2. **Blackpool Clinical Commissioning Group Performance Report**

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14 March 2018

1. **Adult Services Overview Report** (to include Quality and costs of Care Providers and Commissioning of Adult Services)
2. **Availability/Duration of GP Appointments** (Access to Services and Quality)
3. **Health and Social Care Integration Progress** (focus on STPs)

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9 May 2018

1. **Public Health Overview Report**
2. **Homelessness Strategy and action plan** (preventing, supporting and managing homelessness)

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4 July 2018

1. **Annual Council Plan Performance report on relevant Priority Two projects**, complete with 'Blackpool Outcomes' - for summer 2018.

Items covered during 2017-2018
5 July 2017 SHORT PROGRESS ITEMS 1. **Council Plan Overview Report** (Adult Services and Health indicators) - End of Year 2016-2017 (Apr 2016 to Mar 2017) to include healthchecks explanatory update and Daily Mile - see action tracker 2. **Blackpool Clinical Commissioning Group Performance Report - End of Year 2016-2017** for quality of care (for all commissioned services), CCG referrals and commissioned hospital and ambulance services, GP practices and financial performance (improved access to psychological therapies links to mental health item - provision and quality) PUBLIC HEALTH THEMED ITEMS (items 4-6 are linked) 3. **Young People's Mental Health.** Hear from young people concerning mental health concerns/support and the Child and Adolescent Mental Health Services (CAMHS) provider. Mainly consideration of the Transformation Action Plan (Young People's Emotional Health and Wellbeing, Resilience and Mental Health). This item was deferred from 22 Mar and 26 Apr 2017 (latter due to Purdah). 4. **Public Mental Health Strategy - Action Plan and Progress** (c/f) including improving feedback, speed, outcomes of GP mental health referrals for acute cases 5. **Mental Health Services - Provision and Quality** - outcomes of GP referrals for acute cases - speed of securing initial assessments, patient voice, information sharing feedback to GPs, quality of assessments, timely discharges with appropriate follow-on (commissioners / mental health parties discussion Jun 2017) SUSTAINABILITY AND INSPECTIONS THEMED ITEMS 6. **The Harbour - Inspection Progress** [links to mental health items] following the CQC report of the Sept 2016 inspection which provided sufficient good quality and safety assurance. The CQC provided a 'good' rating overall including quality of care but the 'safe' domain 'required 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. Staff survey outcomes and improvement actions also to be considered. Deferred to 5 July 2017 due to Purdah.

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:**

NOTE - THIS ACTION TABLE WILL BE COMPREHENSIVELY REDUCED FOR THE NEXT MEETING FOCUSING ON LIVE ADULT SOCIAL CARE AND HEALTH ACTIONS

REC NO.	DATE OF REC.	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICR	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	Sheralee Turner-Birchall	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	Originally scheduled for 17th 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	Green

					national targets with continuous improvement being pursued and was sustainable. 27 June 2016 - 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. 26 Apr 2017 - will be considered at summer 2017 meeting as part of CCG performance targets and mental health quality provision item - see Actions 17 and 18. 5 July 2017 – on agenda, treat as complete.	
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	Timescales currently unknown. Feedback will be sought in due course. To be transferred to Health Committee. Update requested 13 June 2016. 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. LCFT remains committed to being open and transparent with the Health Scrutiny Committee and senior Lancashire Care Staff will attend future meetings when invited.	Green

					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. 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	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. 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. A poster used within schools (for the two choices of milk) was also provided.	Green

					See comprehensive update at end of table.	
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 Project.	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
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	Green

					Roux, LCFT Clinical Director. Lessons learnt acknowledged, further assurance sought on implementation of lessons learnt. Subject to satisfactory assurance, action will be complete.	
13	HSC 06.07.16	To receive detailed information on the significant difference in non-opiate and opiate drug users completing treatment successfully at the next meeting.	28 Sept 2016	Ruth Henson	On agenda for 28 Sept 2016 as part of the Council 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.	Green
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]	Comprehensive update received from Lynn Donkin, Public Health Specialist, on behalf of Cllr Cain. 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. 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. See end of table for remainder of full	Green

					comprehensive update. Proposed that this action is considered complete unless further details required. Action complete	
15	HSC 06.07.16	To receive detailed information on attendance types of patients at Accident and Emergency.	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. 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.	Green
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	Helen Lammond-Smith, 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	Green

					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. 26 Apr 2017 - will be considered at summer 2017 meeting as part of CCG performance targets and mental health quality provision item - See Action 4. 5 July 2017 – on agenda, treat as complete.	
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] See Action 33.**	Amber (now due summer 2017)
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%.	Amber (effectively green)

					"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. Scrutiny Officer - this action could be considered complete, current data provided by LCFT (historic data of limited value).**	
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 12.10.16	Staff turnover rates.	Oct / Nov 2016	Steve Winterson	22.11.16 The turnover rate for the 12 months ending Sept 2016 for all staff working at The Harbour was 9.50%.	Green
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. 26 April 2017 - results part of LCFT meeting update.	Green
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 and provided for	Green

					26.04.17 meeting (supersedes Action 11). Scrutiny officer comment – this action should be considered complete, future updates can still be requested as necessary.	
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: "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;" This is reflected in the Draft Standard Operating Procedure for the Investigations and Learning Team.	Green
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	Green

					response. Further update in due course.	
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. 26.04.17 Interim update circulated to Members. Comprehensive report summer 2017. **27.06.17 Training seminar given on 12.06.17. Progress report scheduled for 27 Sept 2017 allowing sufficient time for a comprehensive report.**	Amber (now due Sept 2017)
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 / Liz Petch	17.04.17 Reminder to be sent, response expected before 26.04.17. **13.06.17 Reminder sent, response sought for before / at meeting.**	Amber
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. 26.04.17 - on meeting agenda, i.e. post-winter update received. Scrutiny Officer comment - action could be considered complete. Progress ongoing, Members may still request future updates as appropriate. **27.06.17 Progress report scheduled for 27 Sept 2017 allowing sufficient time for a comprehensive report.**	Amber
32	HSC 14.12.16	Future CCG performance reports should contain actual numbers and percentages for proper context as well as explanatory commentary.	Jul 2017	David Bonson / Kate Newton	**27.06.17 Members to consider if they are content with range and quality of info provided.**	Amber
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 Apr meeting. 26.04.17 **- quality of care indicators monitored by NHS England are reported in the normal performance report**	Amber

					[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] See Action 19.	
34	HSC 22.03.17	Explanatory report on NHS Healthchecks for people aged 40-74 years old at the Committee's July 2017 meeting as part of the regular report on the Council's health performance indicators.	Jul 2017	Liz Petch	**13.06.17 Reminder sent, response sought for before / at meeting.**	Due summer 2017
35	HSC 22.03.17	Young people who wanted to express interest in acting on any form of sounding board (set up by Blackpool Teaching Hospitals) relating to health needs of young people in care, could do so through Scrutiny channels who would forward on details to the Hospital's Looked after Children Team.	Jul 2017	All young people / Sandip Mahajan	26.04.17 - informal meeting held involving Scrutiny reps, young people and their reps to improve format for young people's views into Scrutiny. Young people and reps will be sent a reminder ref BTH interest. Scrutiny Officer note - after Jul 2017 meeting, this action may be considered complete.	Due summer 2017
36	HSC 22.03.17	Report concerning whether the 'Daily Mile' initiative would be progressing locally.	Jul 2017	Lynn Donkin	26.04.17 Public Health alerted local head-teachers and school reps (informal Schools/Public Health Working Party) to the Daily Mile initiative before Apr Scrutiny but up to individual schools whether to take up. Schools may have other practical work going on and will have staff capacity considerations. Primary schools due to be contacted (after 18.04.17). **27.06.17 information about the Daily Mile has been circulated to all primary schools (note - schools can be encouraged to pursue initiatives but up to them).**	Due summer 2017

					Feedback from schools has been requested but to date very few responses including from Marton School who are already doing the Daily Mile. **All primary schools in the town are also signed up to the 'Walk to Schools' initiative which is operated by the national charity Living Streets and has been established in Blackpool for a number of years.** **Blackpool Council is the lead authority for this national project and the councils Public Health Directorate hosts the local coordinator.** **Members may wish to consider if sufficient action is being pursued / monitored to treat this action as complete.**	

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

February 2016 - Resilient Communities Scrutiny Committee - Extract of Minutes
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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